The American Institute *of* Stress

COMBAT STRESS

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

Volume 10 Number 2 **Summer 2021**

Relentless Heroes in the Home of the Brave

Inside: **A Veteran's Relentless Hero – A Story of Unconditional Love and Camaraderie** *By Riina Rumvolt Van Rixoort and JT* • **You CAN Work It Out! Skills and Wisdom for Conflict Resolution in Relationships** *By Robert Kallus* • **A Chaplain's Perspective. Are Emotional Needs of Physical Trauma Victims Being Ignored?** *By David J. Fair* • **Combat-Related Near-Death Experiences (NDEs) are Common: Veterans Who Report Them Deserve Better Support** *By J. Scott Janssen* • **PTSD and Scuba** *By Kevin James* • **Dreams, Nightmares, and Disturbed Sleep** *By Jeff Jernigan*

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.

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

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.

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The American Institute of Stress

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The American Institute of Stress

This is to certify that

Heather Smith, MD

Having satisfied the requirements for education, training and experience,

is duly qualified and has been elected to the status of

Fellow of the American Institute of Stress

and is entitled to all of the benefits deriving therefrom

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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.

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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.

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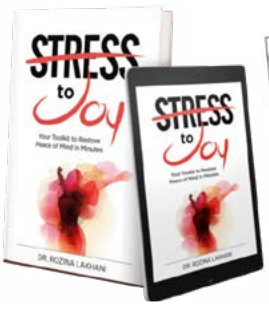

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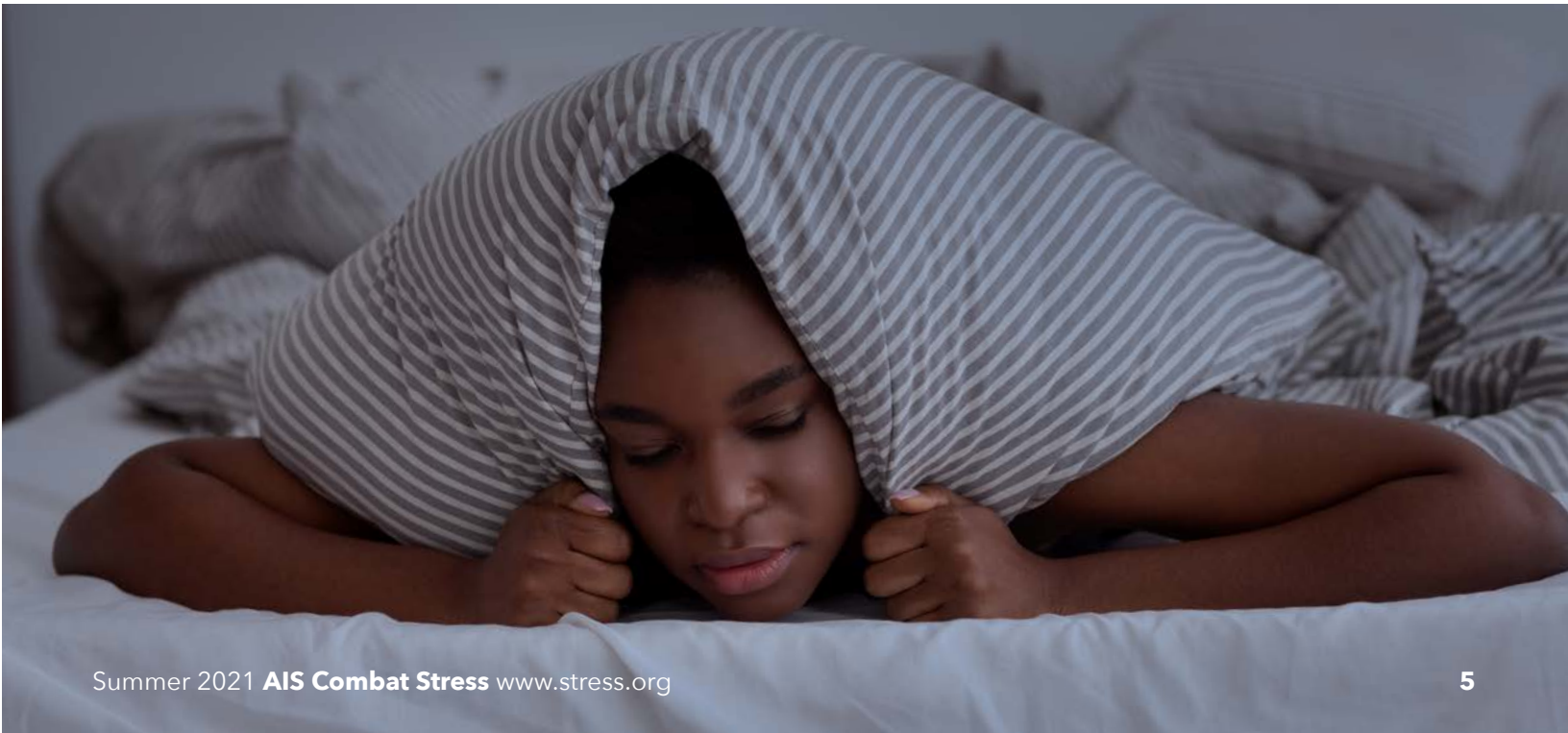


Editor's Message

Our gifted authors are in no short order for our summer issue. Though the VA refused to publish this magnificent piece, we found **JT's and Riina Van Rixort's** worthy of presentation as our lead article. This heart-wrenching story of one Veteran's ability to adapt and overcome unfathomable struggles and to find his road back from private hell, will take our readers along with JT and his beloved dog, Phoenix, on their exquisitely painful journey. Their unrivaled love for one another and what their pathway is meant to teach us, makes them truly **relentless heroes.**

Another of our unstoppable authors, **Robert Kallus, MS, LMFT,** remains one of our most revered midwestern clinicians. His expertise in clinical hypnosis, marriage and family therapies, and the management of trauma, only begin to define his legendary career. More recently, he has authored what may be an upcoming bestseller in the mental health arena, *You CAN Work It Out - Skills and Wisdom for Conflict Resolution*. We are most fortunate to be able to showcase one of his most compelling book chapters in our summer issue.

I first had the privilege of meeting **Chaplain LTC (RET) Dave Fair** at Fort Hood, Texas in the days following the Fort Hood Massacre in November of 2009. I will never forget his words of comfort and solace with which he gifted me following some of the most horrific moments of my entire life. Chaplain Dave has created a new column for each of our upcoming publications, entitled "***A Chaplain's Perspective***." His stunning piece regarding the emotional needs of those who have sustained physical trauma, too often readily overlooked and forgotten in the aftermath of crisis situations or traumatic events, is a must read for every first responder.

Clinical social worker, Scott Janssen, MS, MSW, LCSW, has distinguished this issue with a topic deserving of far greater and more widespread exposure. Few have had the courage to document or authenticate the topic of **near-death experiences** as this applies to combat Veterans and the trauma inherent on the battlefield and in the wartime theater. This subject matter is one of unequalled value to those of us who have witnessed and/or experienced this phenomenon. It is the wise clinician who will take note of this.

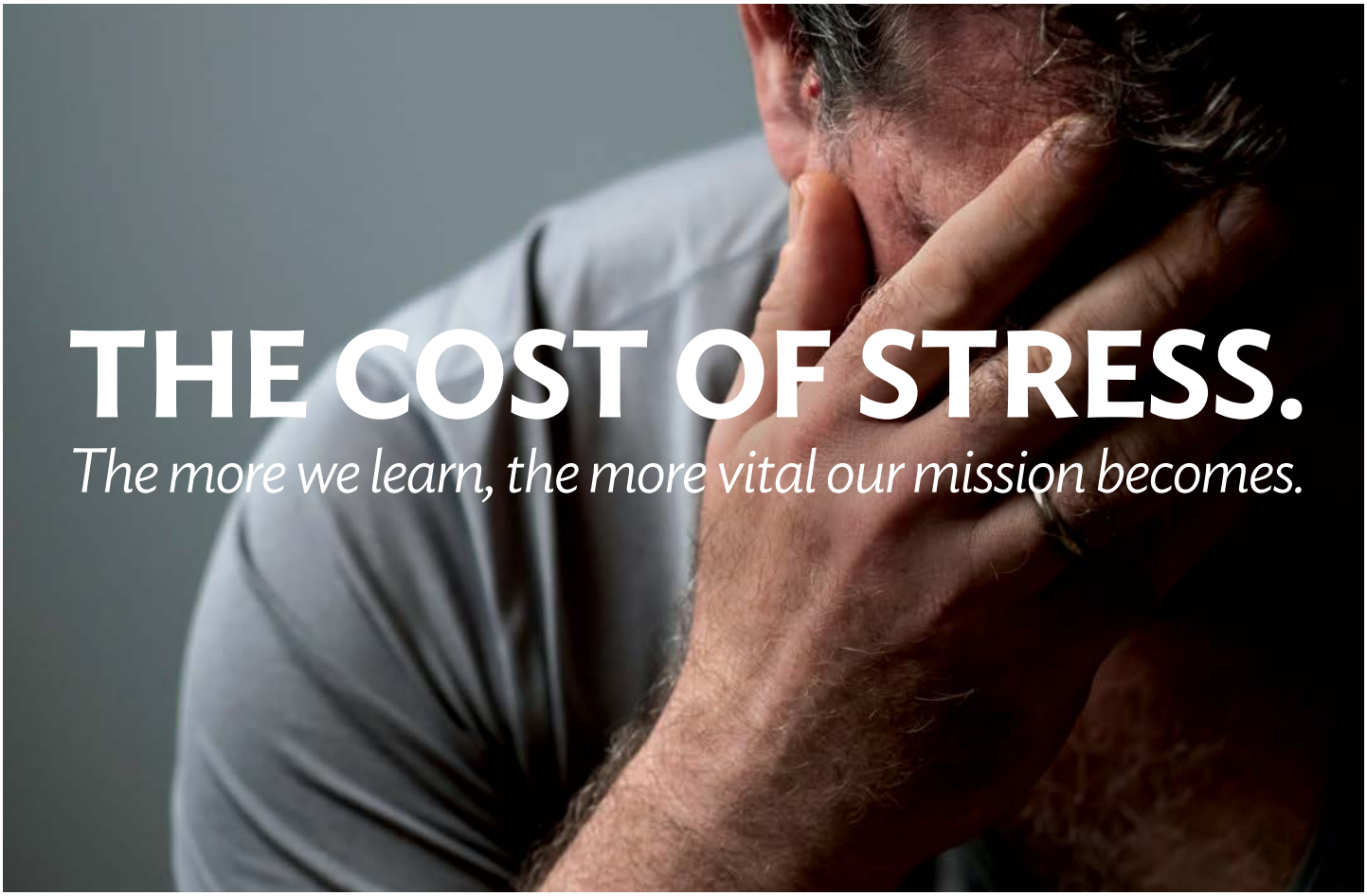
Returning again from Long Island in The Bahamas, **Master Scuba Diver, Navy Diving Supervisor,** and renowned expert of all things underwater, **Kevin James** has adorned our summer issue with the PTSD project he has created, based upon a Johns Hopkins University study involving sensation in paralyzed Veterans. Very sadly, there is another kind of paralysis for which Kevin has provided rather amazingly effectual and successful interventions under the sea: those whose wartime experiences have rendered them unable to function due to the plague upon the soul created by combat-related PTSD. He does so free of charge and based upon the generosity of those who have witnessed the extraordinary benefits offered by the PTSD program he has created.

The terrible affliction of sleep disturbances and their colossal prevalence within the

populations of Service Members, Veterans, and first responders, has been brilliantly chronicled by our very own, **Dr. Jeff Jernigan.** That the brain is so splendid an organ that it has devised a means for seeking solutions during the hours of sleep, often revealing truths that may otherwise be denied their existence, will enlighten the reader with Dr. Jeff's riveting findings. These will have extensive applicability for those who render treatment, as well as those who receive it.

Profuse thanks to our readership for tuning into Combat Stress!

Your Editor,
Kathy Platoni, PsyD, DAAPM, FAIS
COL (Ret), US Army
COL, Ohio Military Reserve
Member, Ohio Veterans Hall of Fame
Dayton SWAT



THE COST OF STRESS.

The more we learn, the more vital our mission becomes.

The American Institute of Stress is the only organization in the world solely created and dedicated to study the science of stress and the advancement of innovative and scientifically based stress management techniques. AIS provides the latest evidence-based knowledge, research and management techniques for stress and stress-related disorders.

Groundbreaking insights and approaches. World-changing mission.

Hans Selye, MD, PhD (1907-1982), is known as the father of stress research. In the 1920s, Selye coined the term "stress" in the context of explaining his pioneering research into the signs and symptoms of disease curiously common in the majority of people who were ill, regardless of the diagnoses. Selye's concept of stress was revolutionary then, and it has only grown in significance in the century since he began his work. Founded in 1978 at Dr. Selye's request, the American Institute of Stress (AIS) continues his legacy of advancing the understanding of stress and its enormous impacts on health and well-being worldwide, both on an individual and societal level.

A forthcoming AIS initiative – called **Engage. Empower. Educate.** – will leverage the latest research, tools and best practices for managing stress to make a difference in a world increasingly impacted by the effects of stress out of control. We hope you will consider supporting this critical outreach campaign.

Click to view The American Institute of Stress Case Statement

A campaign to Engage. Empower. Educate.

The AIS campaign will support three key initiatives:

Engage *communities through public outreach*

Improve the health and well-being of our communities and the world by serving as a nonprofit clearinghouse for information on all stress-related subjects.

The American Institute of Stress produces and disseminates a significant amount of evidence-based information, but there is a need to share this material with a wider audience in the U.S. and around the world.

Support for this initiative will provide funding to expand the organization's public outreach for its website and social media, documentary films, magazines, podcasts, blogs and courses.

Empower *professionals through best practices*

Establish credentials, best practices, and standards of excellence for stress management and fostering intellectual discovery among scientists, healthcare professionals, medical practitioners and others in related fields.

AIS provides DAIS (Diplomate, AIS) and FAIS (Fellow, AIS) credentials for qualified healthcare professionals.

The AIS seal means a practitioner has training and experience in stress management and access to the latest stress research and techniques. It designates their practices as advanced treatment centers for stress-related illnesses.

Support for this initiative will provide funding to continually update best practices in the field.

Educate *all through the development and dissemination of evidence-based information*

Develop and provide information, training and techniques for use in education, research, clinical care and the workplace. Some of the research-based information AIS develops and disseminates includes:

- Productions – Mismatched: Your Brain Under Stress, a six-part documentary featuring some of the world's leading experts on stress. Released in March 2021.
- Publications – *Contentment* magazine and *Combat Stress* magazine for service members, veterans and first responders.
- Podcasts, webinars and website resources – The free podcast series Finding Contentment

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The American Institute of Stress is a 501(c)3 nonprofit corporation. Your tax deductible gift allows us to continue helping you along with Service Members, Veterans, First Responders and civilians navigate stressful situations to have a healthier, more rewarding life.

Click to make a donation now!

A Veteran's Relentless Hero – A Story of Unconditional Love and Camaraderie

By: Riina Rumvolt Van Rixoort and JT | Editor and Board Members for Brodie's Phoenix Fund

A Soldier – JT

I served in the US Army in a reconnaissance platoon for a little less than 10 years. I took to being a Soldier very quickly. I loved the pride, the camaraderie and the sense of purpose – being a part of an elite group, all fighting, sweating and bleeding together for a singular purpose.

I lived by the creed to always keep myself mentally alert, physically strong and morally straight; to display the intestinal fortitude required to fight onto the objective and complete the mission, no matter the cost. After years of rigorous training cycles, multiple deployments and a high operation tempo, I was beginning to break down. I had witnessed more destruction and death than my mind could take. My mental health began to decline.

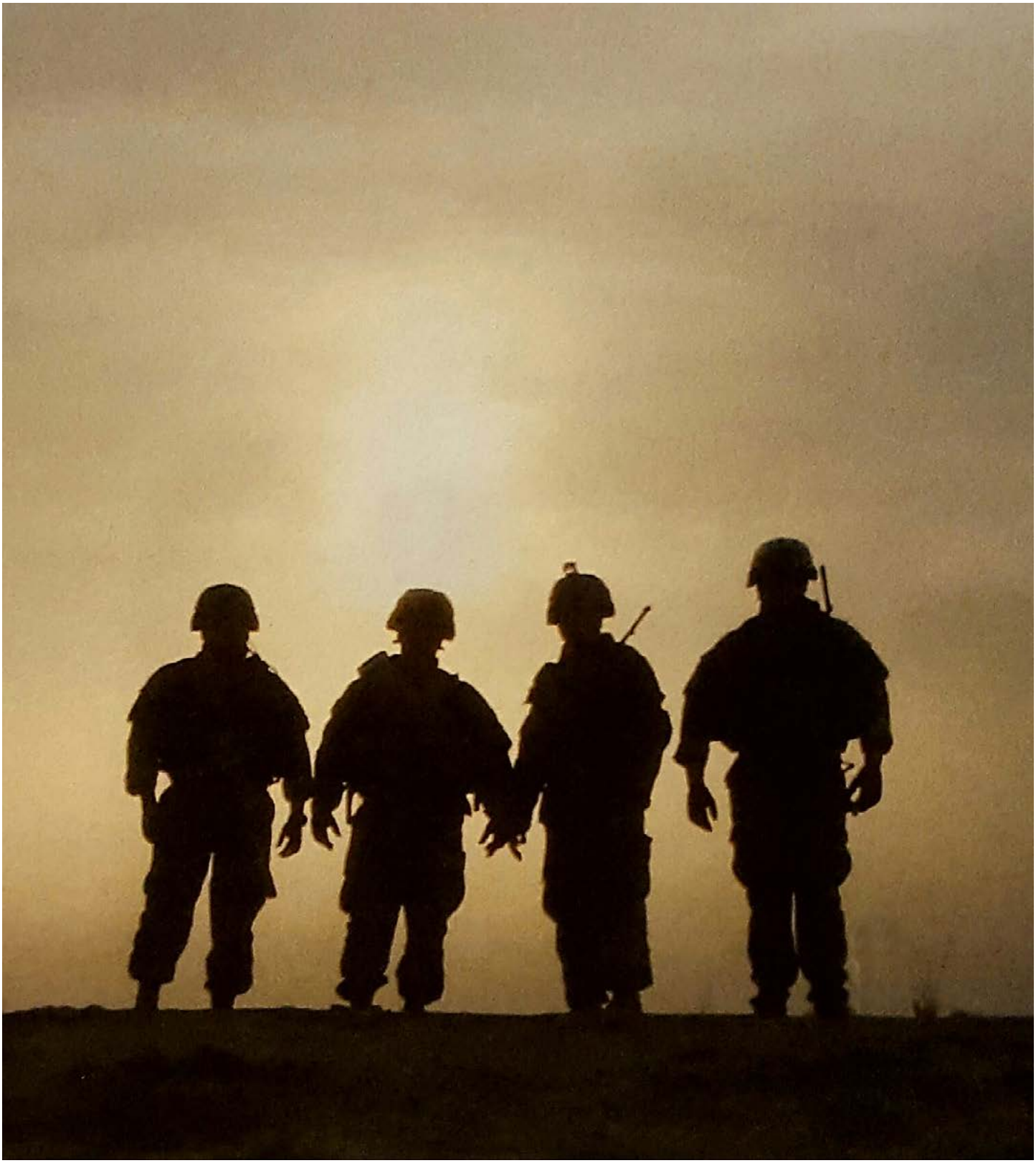
The physical toll was large as well. The injuries were stacking up and becoming more and more difficult to overcome without having adequate time to heal. Aside from all I struggled through, it was the pain and suffering I saw my brothers going through that broke the warrior inside me.

From Soldier to a Civilian and His Dog

I left the military and tried to transition back into civilian life. Most of the men from my platoon had also transitioned out, yet I still felt distressed. Was it guilt over leaving or was it the fear of being 'normal' again? I felt lost, void of emotions and completely unable to connect with people. I once believed that my days spent in the Army were the most difficult days of my life, but here I was, longing for it again. About a year after getting out, I was diagnosed with severe Post-Traumatic Stress Disorder (PTSD). I went through different treatment options and techniques, but nothing seemed to help at all. I was isolating from people, as I could not find a way to connect with them anymore. The only people I wanted to be around were the guys from my team, but they were scattered across the country, living their own lives.

One day, my psychologist made a radical recommendation! He asked if I thought a service dog would benefit me. The idea of a service dog was appealing. I had grown up with dogs my entire life and it felt like a dog would be a natural

fit for my lifestyle. I agreed to it and before long, I had a service dog. His name was Phoenix, named after the mythological creature, that rises from the ashes. He was a beautiful, big, black lab, and an incredibly special dog. Although I didn't realize it at the time, he would come to be the best thing that ever happened to me.



The Dark Days Illuminated by Relentless Love

Time went on and my mental health deteriorated even more. My PTSD was still strongly affecting my life. Physical pain from lingering injuries exposed me to the power of narcotic painkillers. I was being treated by a pain specialist, who was very unethical with his prescribing practices. I was not properly educated about the dangers associated with these drugs. Between my physical pain and my deep emotional scars, I had all the precursors to lead me into developing a powerful opiate-use disorder and that is exactly what happened.

Years later, that physician was arrested and charged by the FBI for illegal prescribing practices that led to the deaths of several individuals. For me, it was already too late, as the drug had its hooks in me. I had sunk to unimaginable lows. Before long, I had lost everything. I was broke and homeless. Many nights, I was sleeping in my car or in an abandoned old trailer that had no electricity or running water. The entire time, Phoenix was right by my side through everything. He never judged me, looked at me in disappointment or complained. He was always so happy just to be next to me. He was the only brightness in my life at that time….no matter if he was sleeping on the bare ground, hadn't eaten recently, or it was so cold at night that we both relied on each other for warmth.

I was once a member of an elite team of men capable of accomplishing any task put in front of them. Now I struggled to even take care of myself. My mind couldn't stay out of dark places and that darkness was consuming the light that illuminated my reality. I couldn't see clearly anymore, and I was convinced that I would rather be dead than to go on like this. The first few cuts were small, but surprisingly, I felt nothing. My instrument was a fish filet knife. My target was my forearms. I cut until red was all I could see. I leaned back in my chair, closed my eyes and waited to fall asleep.

Then the most incredible thing happened! Phoenix sensed my heightened stress level and acted. He did the only thing that he could do in that moment. It also happened to be the most powerful thing anyone could do in that moment. He walked up between my legs, sat down in front of me, laid his head in my lap and looked directly into my eyes. He was telling me, in the only way he could, that he still loved me. It was the simplest gesture but had such a profound affect.

Looking into those big brown eyes reminded me that I couldn't leave this world yet. I still had more to do here. I fashioned a tourniquet using a leash and large metal spoon, which happened to be right next to me. I was just able to slow down my bleeding and then I passed out. When I woke up, I was in the ER. I had approximately 30 staples and 20 stitches on both forearms from wrist to elbow, but I was still alive!

The Road Back

Phoenix's actions woke my warrior's spirit and I got back in the fight! I started my climb out of the darkness that consumed me and Phoenix was the light that guided me. I spent the next two years participating in various inpatient programs at my VA hospital to help rehabilitate myself. I spent 30 days in a substance abuse program. I went through a 90-day PTSD program twice and spent a full year in a transitional residency program.

I have been through many difficult, demanding and stressful times. I've experienced physical pain that borders torture. Dirt and sand in every crevice of my body, my skin became so raw that it felt like rubbing alcohol on an open wound. I carried 80-pound rucksacks for countless miles, and received friction burns from fast-roping that was so bad it left scars. Sleep deprivation so intense we zombie walked until we reached the objective and then it was time to begin the mission. I had been through all of that, yet ahead of me was my most difficult task, with a failure rate higher than that of any military school. I was in the fight until the very end, no matter the price to pay. Phoenix was right by my side the whole time, giving me the courage and strength to keep fighting. Knowing he was there helped me get through every single tough obstacle I had to overcome.

Giving Phoenix the Gift of Time

Just before Thanksgiving of 2019, I started noticing something strange about Phoenix. I didn't know exactly what it was, but I was connected to him enough to know something was wrong. This prompted a series of veterinarian visits and tests, but it wasn't until New Year's Eve that what was wrong was discovered. By this time, Phoenix's symptoms had gotten worse. He was dragging his back-left paw and was having some balance issues. I had taken him to see a veterinary neurologist, who conducted a brief visual examination and almost instantly, recommended that an MRI be done. The MRI was supposed to take 60 minutes but that turned into 90 minutes, then two hours, then three hours. As time dragged on, I knew in my heart that something horrible was coming.

The doctor finally came out and led me into her office where she broke the news. The MRI showed that Phoenix had a tumor growing on the base of his spinal cord right where it connected to the brain. I can't remember much of anything else that was said. All I could think of was getting next to Phoenix. He was still waking up from anesthesia for the MRI but I had to be next to him. I demanded that they take me to him. I sat on the ground in the exam room with Phoenix in my arms. He was just waking up and opening his eyes. Those big brown eyes looked up at me once again, except this time it was me telling him I loved him; that I still needed him here with me. Phoenix saved my life once and it was now my opportunity to save his. Nothing was going to stop me from doing everything that I could to make that happen.

Fighting for Phoenix

The doctor explained to me that the only possible option of fighting was radiation therapy to shrink and kill the tumor. I had spent everything I had in savings on the MRI and all the other diagnostic tests to discover the tumor. I decided to try to reach out to whomever

might potentially help. I made phone calls and sent emails to all the organizations I could find that might help with funding. I had petitioned over 50 organizations. Some responded, some didn't, but none could help.

I was more determined then I had ever been to succeed at my mission. At every turn or around every corner it felt like I was met with resistance. I had to keep working during this time, in order to make as much money as I possibly could. If it came to it, I was willing to give up every possession I had in order to make the money to pay for the radiation treatment. Phoenix's health was deteriorating more and more each day. I couldn't take him to work with me anymore and I couldn't leave him at home. I was fortunate to have a family member who knew what Phoenix meant to me volunteer to take him during the day. Their home was out in the country with lots of land to roam. Although it was difficult for him to walk now, especially in the cold and snow, Phoenix never let his illness slow him down. He loved being out in the woods. When I would pick him up at the end of the day Phoenix wore a great big puppy smile and wagged his tail in happiness because he got to be outside. Once again, his relentless determination was my example to follow. I couldn't stop fighting for him, he was to special of an animal to me. He was my warrior spirit and

so I fought on. Even when everyone else around me wanted me to give in and accept defeat, I fought on. I was never going to surrender, how could I? Phoenix had saved my life multiple times. There was no way I would stop short of doing everything I could for him. If it meant giving up everything I had and would ever have in the future I was prepared to do it.

That was until I received a call from a woman named Sally Williams. She was from a small group out of New Jersey called The Brodie Fund. They help people fund lifesaving cancer treatments for their pets. Sally proceeded to tell me that The Brodie Fund typically only helps with funding inside a small network of veterinarians in the surrounding New Jersey area. However, they had read my petition and were so moved by Phoenix's heroic story, that they knew they had to help in any way possible. Sally Williams and the Board of Directors at The Brodie Fund decided to reach out to another organization called Sidewalk Angels. This organization is administered by Rob and Marisol Thomas. Rob Thomas is the lead singer of the band, Matchbox 20. Sally told Phoenix's story to Marisol and Rob. They, combined with The Brodie Fund, immediately decided they would fully fund Phoenix's radiation treatment. With this news, I had done everything I could do. My mission, up to that point, had been completed.

Phoenix's Legacy

As much as I so desperately want to be able to end this story with saying Phoenix went through his treatments, recovered and is a happy, healthy puppy once again today, I cannot. Complications arose and sadly, I had to say goodbye to Phoenix. Nothing can take away the pain that I felt and will continue to feel, not even time. I feel like a parent that lost their child and that I failed to protect him when he needed me to the most. Even right now as I tell this story, a tear is sliding down my cheek.

Sally Williams and the rest of the amazing team at The Brodie Fund gave me another gift. They created a sister charity to The Brodie Fund in honor of Phoenix. That charity is called Brodie's Phoenix Fund and its mission is to help save Veterans' pets fighting cancer by offering funding for lifesaving and life-extending treatments. Knowing that I have that platform to continue to talk about Phoenix keeps me going. Even though he is gone, he is still awakening my warrior spirit and I will keep fighting on to the objective; because one never knows when even the simplest, smallest gesture, like a dog laying his head in his handler's lap, could save another person's life.

Phoenix, I love you. I miss you and I will NEVER forget you!

ABOUT THE AUTHOR

JT served just under 10 years active duty in the US Army where he attained the rank of Staff Sergeant in the MOS 19D. His first duty station after basic training and Airborne School was Camp Casey, Korea. While there JT re-enlisted with a reclassification and was then reassigned to 1/503rd PIR in their reconnaissance platoon. After completing his tour in Korea, he was re-assigned to Ft. Carson's 3rd Brigade Recon Team for deployment with 101st Airborne In Iraq from 2005 to 2007. Upon returning from deployment he would be re-assigned a third time to Ft. Riley with 5/4 Cavalry where he would become a Bradley commander and deploy for the last time before receiving a medical discharge from injuries sustained in combat. After service JT would go on to overcome severe PTSD, opiate addiction, homelessness and severe depression before he would go on to become a Certified Recovery Coach and Certified Peer Specialist at a nearby recovery center. JT was later approached by Veterans Treatment Court in conjunction with Veterans Mentor Program to create and implement a para-professional program to assist Veterans that where suffering from substance abuse and mental health disorders with psychotherapy. He would then go on to work as a Board-Certified Whole Health Coach. In addition, he serves as the Executive Director for a local non-profit as well as volunteers his time as an ambassador for PTSD service dogs and creating pathways for Veterans to be able to utilize them.

Phoenix was an 8 ½ year old black Lab PTSD Service Dog. JT picked Phoenix out of his litter and brought him home at 7 weeks old where they would remain side by side for the rest of Phoenix's life. He became a service dog in late 2012 and was trained by a good friend of JT's that was an ex-military dog handler. In July 2013 Phoenix keyed to JT's heightened stress levels and intervened while JT was attempting to end his life. This action ultimately saved JT's life. In addition, Phoenix was there for JT thru everything. All the good, the bad and the in between. It was his loyalty and determination to be next to his handler that gave JT the strength to overcome the many difficulties he faced. On December 31, 2019 Phoenix was diagnosed with a brain tumor and on February 16, 2020 their beautiful relationship ended. It was Phoenix's heroic and loving actions that prompted some amazing people along with JT to start a charity for Veterans pets called Brodie's Phoenix Fund.

You CAN Work It Out!

Skills and Wisdom for Conflict Resolution in Relationships

By Robert Kallus, MS, DAIS

Because psychological trauma leaves the survivor with unprocessed and unwanted emotions, such as sadness, anger and fear, the confusion which accompanies those emotions inevitably hampers one's ability to resolve conflict. A key idea to remember is this: as much we would like to put it in the past, trauma does not just go away. As one clever writer has phrased it, emotions are not biodegradable. It is also important to note that psychological trauma is not just one thing. It can be a single event, or it can be an ongoing situation or a series of events. Further, the resulting distress may be constant or intermittent.

The distress includes the following, all of which can block the ability to handle conflict effectively:

- *Painful emotions*
- *Frightening memories, nightmares and flashbacks*
- *Disturbing and intrusive thoughts*
- *Distorted beliefs*
- *Self-defeating habits*
- *Automatic physical reactions and negative thoughts*
- *An ongoing sense of dread*
- *Instant hyperarousal*
- *Extreme watchfulness for signs of danger (hypervigilance)*
- *Toxic relationships*
- *Anxiety, depression and anger, apathy and emotional numbing*
- *Loss of awareness of the here and now*
- *Physical health problems*
- *Avoidance of trauma reminders (drugs and alcohol for example)*

The spouse of a trauma survivor, particularly one suffering from Post-Traumatic Stress Disorder (PTSD), must exercise patience and understanding of the unique problems with which the survivor is grappling. It is absolutely essential that both the survivor and the spouse, children and extended family, if that is deemed appropriate, know that psychological trauma changes the workings of the brain. The brain of a traumatized person slips quickly into the state called, "fight-flight-freeze." Fortunately, solid research over many years has proved beyond a doubt that healing is possible. Furthermore, that a number of proven-effective approaches are available. Some of these approaches include the use of cranial electrical stimulation CES) – as delivered by the Alpha-Stim device – Eye Movement Desensitization and Reprocessing Therapy (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Other options do exist, and the reader is encouraged to seek them out. There is no such thing as a one-size-fits-all therapy.

One way to locate a trauma specialist in your area is to contact the International Society for the Study of Trauma and Dissociation (ISST-D) on their website: www.isst-d.org. I strongly urge you only to work with a licensed therapist who has been trained in an evidence-based therapies, such as the ones mentioned above.

Does conflict bother you, worry you or scare you? Do you and your spouse, partner or child go round and round and never get anywhere? Have you had enough of that nonsense?

We have all heard the saying, "it's a jungle out there." For all too many people, relationships feel dark and threatening, and it seems the light has disappeared forever. Would it not be wonderful if that jungle could be transformed into a sunlit garden?

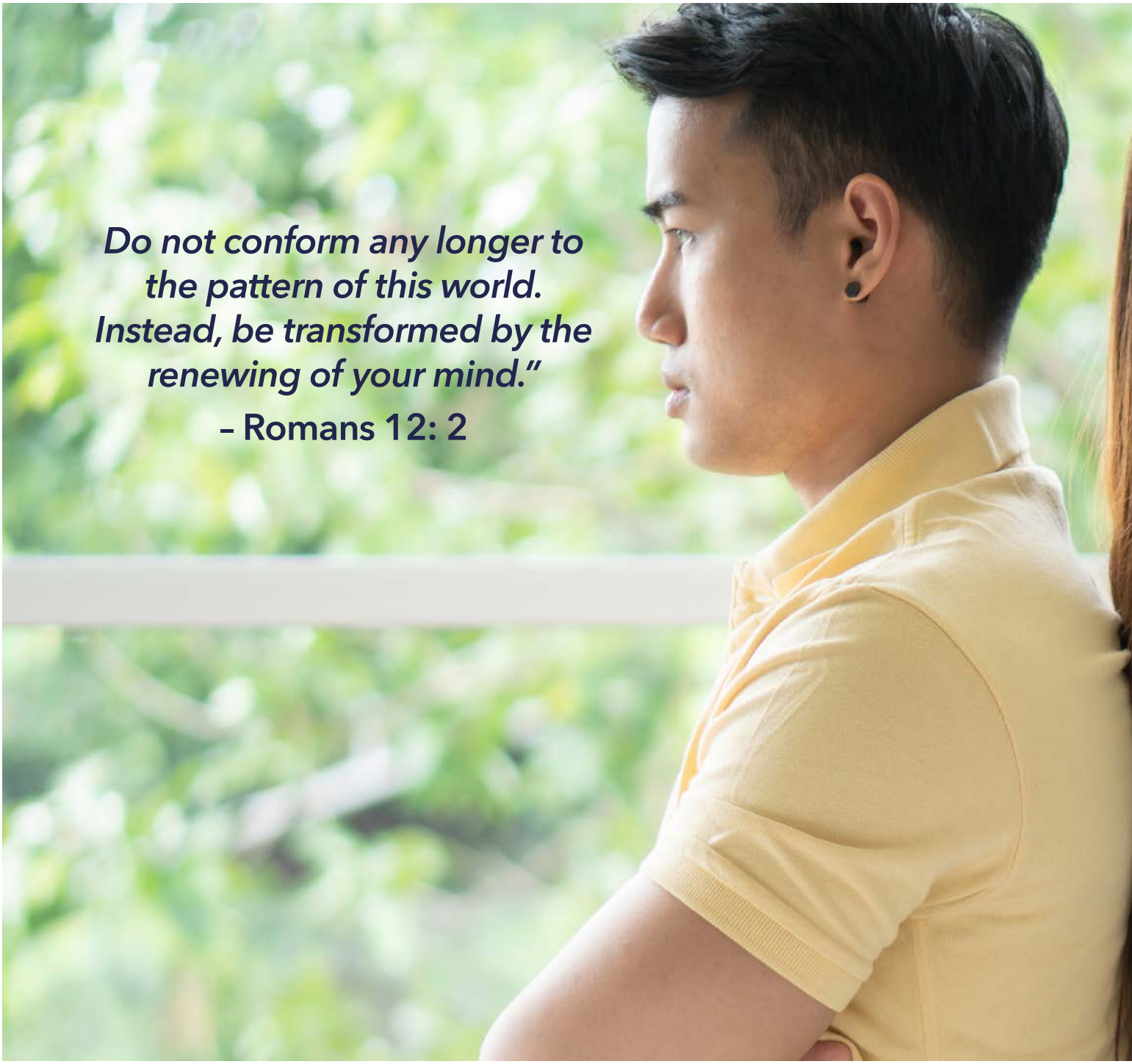
If the answer is yes, here is one fact that you should know, right now. Avoiding conflict, which most humans are conditioned to do, is not always the answer.

Habitual avoidance of conflict is a major cause of relationship failure. While it is true that certain conflicts should be avoided, others require attention. The trick is to distinguish one from the other.

This work is meant to help you feel confident and strong, so you never again avoid conflicts… that is, in those cases when the conflict should be addressed.

Now, unfortunately, humans do not intuitively handle conflict very well, and precious few of us are shown a healthy example by our parents. If we are wise, we can be proactive and learn the skills that get us to talk, listen and stay "cool" when conflict erupts. Oftentimes, this requires a change in attitude and behavior.

It is normal for change to feel uncomfortable but hang in there. Actually, you probably already know how to do that. You didn't give up the bicycle the first time you fell off, did you? Applying the skills and insights

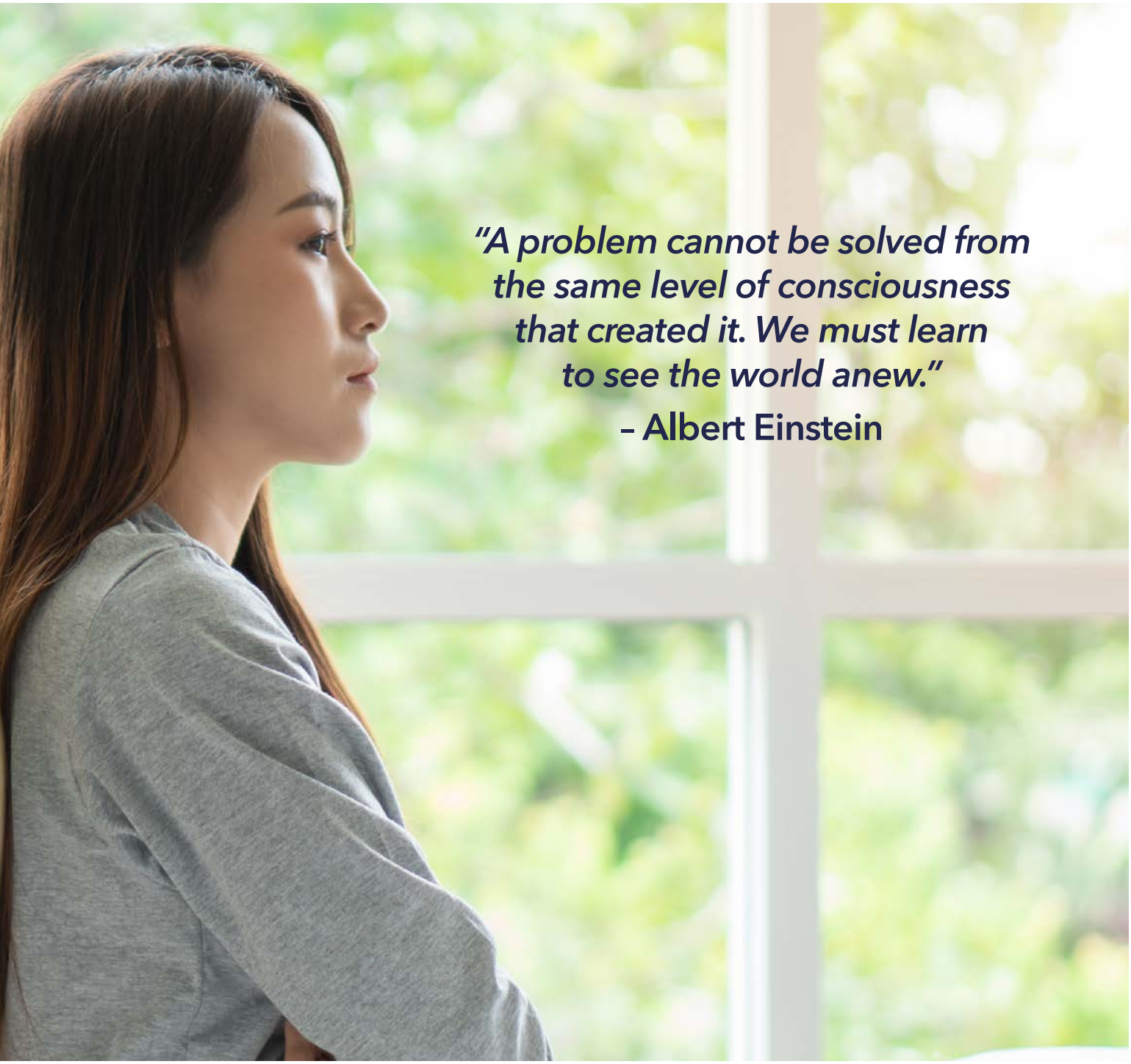


contained here will help you make the changes easier than you expected.

When you change just one behavior or attitude, you will build on that change. With every success, you will be more and more comfortable addressing conflicts directly, rather than avoiding them.

All anecdotes are based on actual cases, and all the names are fabricated, as you will soon notice. Some chapters offer conflict resolution tips while others do not. There is a reason for this. If you are motivated enough, you will go looking for answers yourselves. And when you uncover the answers – they are not hard to find - the changes you make are more likely to persist.

Check out books, audios, videos and the internet. In this day and age, anyone who can read can search out solutions in addition to what is provided here.



The Foundation of This Work

"The words of the reckless pierce like swords, but the tongue of the wise brings healing."
– Proverbs 12: 18

Proven treatment methods form the basis of this book. We know that neuroplasticity is a reality. That is, in most cases, the mind can be 're-wired' at any stage of life. Thus, there is hope for people who think they cannot change. We also know that behavior, mind, body and emotions are all interconnected. When one of them changes, the others can change, as well.

But the scientific foundation is just part of the story.

As a believer in the God of the Bible, biblical principles have also influenced this work. Additional influences include teachings from other legitimate religions. Some of them emphasize

mindfulness, compassion, gratitude, letting go and acceptance. Native American cultures teach us to cherish the natural world given to us by the Great Spirit. Other religions encourage us to honor the divine nature within each person. Interestingly, modern science often agrees.

A University of California study reports that people who carry an 'attitude of gratitude' enjoy a quality of life superior to people who do not. This teaching appeared in New Testament Scripture nearly two thousand years ago (See Philippians, chapter. 4:8). Transcendental Meditation, which originated thousands of years ago, was proven beneficial in numerous ways by Dr. Herbert Benson of Harvard University's College of Medicine. The same is true of mindfulness meditation, which is now recommended by many physicians for help with healing.

Having worked with countless couples of varied races, ethnicities and religions, one thing has stood out: couples who share a faith usually resolve conflict better than people who do not. Why? A faith-based life helps us focus on what we do have, rather than on what we are missing.

A University of California study reports that people who carry an 'attitude of gratitude' enjoy a quality of life superior to people who do not.

As you learn to handle conflict effectively, consider the possibility that a divine dimension does exist. Adding it to your life could bless you in ways you may have not yet experienced.

Plato, the ancient Greek philosopher, defines wisdom as "the conjunction of knowledge and virtue." The beauty of the healing which is provided by prayer and meditation – possibly the most effective of all stress management strategies – is that these practices also open doors to wisdom and peace.

I invite you to discover whether that is true for you.

Let's get started.

PART 1

A Two-Part Approach to Resolving Conflict

The Short-Term Approach: Coping with Conflict

If you attended public school in the United States, you took part in monthly fire drills. At the sound of the bell or buzzer, you and your fellow students knew what to do. And the staff followed the directions of the emergency manager. Everyone was trained by this regular procedure to act in an orderly way.

You may also remember that fire extinguishers were placed on the walls throughout the school – in the cafeteria, the kitchen, the hallways, the science lab, etc.

What if your school never practiced fire drills, and one fine day, you smelled smoke and heard the buzzer? Chaos might ensue: running, shoving, general confusion and even injuries.

The monthly fire drill – which is actually a kind of conflict management strategy – prepared us to react correctly, thus reducing the likelihood of turmoil.

Additionally, in the event of a fire, we also

need to know how to put it out. Hence, the fire extinguisher. That is how we cope with the emergency as it is happening.

We need to draw from both approaches. Through managing – the continuous training of good habits, right thinking and lifestyle choices – we are able to respond to conflict with increased ease. Coping – drawing from skills and knowledge to de-escalate – helps us settle a conflict as it is taking place.

The Short-Term Approach consists of five proven-effective communication and conflict resolution skills. As you use them, remember the following key principles:

1. ***In moments that matter, you must slow down the communication process. As you speak, take time to notice the other person's reactions. More importantly, after the other person has spoken, take time before you respond.***
2. ***Do not provoke a negative reaction from the other person. Such reactions include defensiveness, shutting down and lashing out with criticism or disrespect.***
3. ***Emotional self-regulation is essential. Do not attempt to handle a conflict or talk about an important matter when you are upset. At such times, the following skills are not usable. The Long-Term Approach describes how to restore relaxation and balance.***

Reading this section, imagine a fictional couple, Sam and Julie, who cannot seem to stop arguing.

The Five-Second Rule

When Sam or Julie senses that an argument is about to erupt, one or both of them will say or signal to the other to use the 5 second rule, which operates like this:

Sam talks, Julie listens. Julie gives Sam her full attention. There is no multitasking, no interrupting. She does not react in any way – no eye rolls, no sighs and no gestures, except to nod and let him know she is listening. If Julie hears something she wants to reply to, and she believes she may forget, she jots down a quick note. If Sam says something that is false or upsetting, she takes a deep breath to calm herself and keeps listening. When Sam is done talking, Julie waits for up to five seconds. In that time, she takes a deep breath before responding.

Next, Julie speaks. Sam listens calmly, just as Julie did. And this is how the plan unfolds until they believe they have cooled off and can start talking casually again.

When practiced with patience, this exercise can help to rid you of bad communication habits, such as over-reacting, preparing your answer and interrupting.

The Reflecting Statement

Now, after using the 5-Second Rule, what is the best way to respond?

During an argument, clear communication is vital. To promote a respectful conversation, Sam and Julie will be wise to communicate two important things to each other:

First, "I heard you."

Second, "I want to understand you."

In order to do that, they will reflect, or 'mirror' what the other person said. When Julie is finished talking, Sam might say something like:

"I want to be sure I'm understanding you. It sounds like you're saying, _____ _____, Did I get that right?"

Sam might repeat her words exactly or paraphrase them. The purpose of this exercise is to assure her that he cares enough to hear her out and that he wants to understand her – without judging, criticizing, or defending himself. This is a powerful technique. Add it to the 5-second rule and notice the benefits.

Stop ◆ Breath ◆ Re-Think

This third tool is another way of helping Sam and Julie respond calmly and thoughtfully when either of them feels triggered.

First and foremost, they must learn to stop the instant defensive responses. This is accomplished by first sensing that they have been triggered. Usually, this involves a physical sensation: a knot in the stomach, a tense jaw, clenched fist, tightness in the chest or burning ears. Such sensations cue them to do something to interrupt the stress response and move into the relaxation response. Sam might wear a rubber band around his wrist, which he snaps the moment he senses that he has been triggered. He might prefer instead to visualize a large STOP sign or smack himself on the forehead – but not too hard!

This is the STOP part of it. You know yourself. What physical STOP signal would work for you?

Secondly, the person who has been triggered takes a deep breath. Breathing deeply cuts short the stress response and activates the relaxation response. This is the BREATHING part of it.

Thirdly, re-think what just happened. After stopping the reaction and taking a deep breath,

we can think clearly. And only when we are thinking clearly can we positively re-think or re-spin what the other person said or did.

Here are some examples of thoughts that will help to re-think a negative reaction:

- Am I jumping to a conclusion?
- Am I assuming?
- Did she/he really mean that the way I think she/he did?
- Is this a battle I need to fight?
- Maybe I should ask for clarification.
- Did I do or say something to trigger her/him?
- Maybe she/he's upset with something I don't know about.
- How can I help her/him?

Do not judge or second-guess yourself with questions like, "Am I being petty or selfish?" Simply redefine what just happened after you have moved into the relaxation response. The more you do this, the more you will appreciate the benefits.

The Limited Time-Out

Arguments can escalate to a boiling point in seconds. Whenever you notice that emotions have taken over, stop talking and tell the other person you need a break. Tell him/her how much time you need and that you will be ready to talk again after you have calmed down. Literally, tell the other person something such as, "I need a half-hour. I'm going for a walk (or whatever you need to do) and I will be back and ready to talk again at _____ o'clock."

Communicating how much time you need in order to settle down reassures the other person that you are not giving up. Rather, you

are demonstrating self-control. This is a powerful positive message. On the contrary, when you exhibit a lack of self-control, you damage trust.

The "I" Statement

Trust is the foundation of any close relationship, and mishandling conflict breaks trust. Fortunately, trust can be regained. One sure way to regain trust is to show the other person that you mean them no harm. Never point out the other person's bad behavior. Allow yourself to be vulnerable and let the other person see and hear your vulnerability. Take off your emotional armor, let down your guard and be honest about what you feel. This can be risky if the other person is in an agitated emotional state. Wait until you are both calm and relaxed and then use the skill you are about to learn.

The "I" Statement helps to express upsets without provoking defensiveness. This approach works. This is simply a statement about what you are feeling emotionally; no judging, attacking, accusing, blaming or threatening.

At first, this may feel unnatural. Do not let this deter you. Throughout your life you have had to undertake things that did not necessarily feel natural. Much like learning to talk, walk or ride a bike, if you use this skill faithfully and correctly, you will begin to notice the benefits soon enough.

Stating your feelings honestly invites the other person to respond with his or her feelings. In addition, the other person will have to state whether he or she cares about how you really feel. This skill helps prepare the way for harmonious problem-solving.

When to use the "I" Statement:

When logic and reason and not your emotions are in control, I statements are most effectively used at an appropriate time and place. What would be the appropriate time and place? We may want to omit that part of the sentence.

Why to use it:

The "I" statement is a brief and simple way to express what you feel emotionally. When used correctly, it will not provoke defensiveness.

DO NOT USE THIS SKILL:

- **To de-escalate a heated conflict.**
- **To judge or evaluate others or to express an opinion or belief.**
- **To describe or define what the other person "wants" or "cares about."**

After expressing the emotion by saying "I felt" or "I feel", DO NOT ADD "like" or "that".

Incorrect: "I feel like you're trying to hide something from me."

Correct: "When you don't share our financial papers with me, I feel anxious."

Incorrect: "I feel that your behavior at Thanksgiving dinner was atrocious."

Correct: "When you raised your voice during Thanksgiving dinner, I felt embarrassed."

Hint 1: If you can substitute the words, "I think" in place of "I feel that" or "I feel like" and the sentence still makes sense, you are using this technique incorrectly. For example, if you were to say, 'I feel like you are trying to avoid talking', you could just as well say 'I think you are trying to avoid taking'. You can see that it still makes sense. If you are assuming the other person is trying to avoid talking, you are already making the error of assuming.

Hint 2: If the other person reacts defensively, it is possible that you did not really express an

emotion, unless the other person is just plain mean-spirited. Those people do exist.

Why does the "I" statement work? Remember Sam and Julie? Imagine that they are arguing, and Sam uses the "I" statement to say what he is truly feeling. Julie has two options. Either she cares how he feels, or she does not. The beauty of this way of communicating is that it creates a softer landing, so to speak, for the message you are trying to send. It is neither harsh nor threatening. Done correctly, it will not provoke defensiveness.

As you use these skills, you will notice that people will respond more positively than you expected. This will reinforce your motivation to turn these skills into healthy habits.

Finally, please remember that this skill is available only when you are in a calm and balanced mind-body state.

Robert Kallus is a licensed psychotherapist, who lives and works in Valparaiso, Indiana. This article is an excerpt from his book, *You Can Work It Out!* The book will soon be available for purchase on Amazon.

ABOUT THE AUTHOR

Robert Kallus, MS, DAIS, is a licensed psychotherapist, practicing in Valparaiso, Indiana. He is a Diplomate of The American Institute of Stress (AIS) and is an active member of The Chicago Society of Clinical Hypnosis (CSCH) and The American Society of Clinical Hypnosis (ASCH), America's oldest organization for licensed professionals who practice hypnosis. Mr. Kallus employs evidence-based approaches, including Cognitive Behavioral Therapy (CBT), Hypnotherapy, Neuro-Linguistic Programming (NLP) and cranial electrotherapy stimulation (CES). Trauma treatment includes Eye Movement Desensitization and Reprocessing Therapy (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Mr. Kallus has practiced transcendental meditation since 1971 and teaches mindfulness meditation to many of his clients.

In 2004, while serving as a therapist at a residential treatment center for teens, Mr. Kallus led his colleagues in creating workshops on communication, conflict resolution and stress management for families and their children. Later, as the director of this program and as Program Director of the facility itself, he wrote workshop manuals, hired and trained a team of workshop presenters, and taught thousands of people in hundreds of workshops given at the treatment center and at churches, schools and camps.

Mr. Kallus is the author of *You CAN Work It Out - Skills and Wisdom for Conflict Resolution*.

Further information about the author is available at his website: www.robertkallustherapy.com

Are Emotional Needs of Physical Trauma Victims Being Ignored?

By Chaplain LTC (Ret) David J. Fair, PhD, CTS, FAIS

As a First Responder (Crisis) Chaplain, I recently had a revelation, which came after comforting a critically injured man and consoling his distraught family. As the helicopter lifted off with the victim being rushed to a trauma center, his parents and daughter began the long 200-mile road trip. I could not help but wonder, "what now?" I knew the man's physical injuries would be addressed, but what about the injury to his soul? What about the psychological wellbeing of his family?

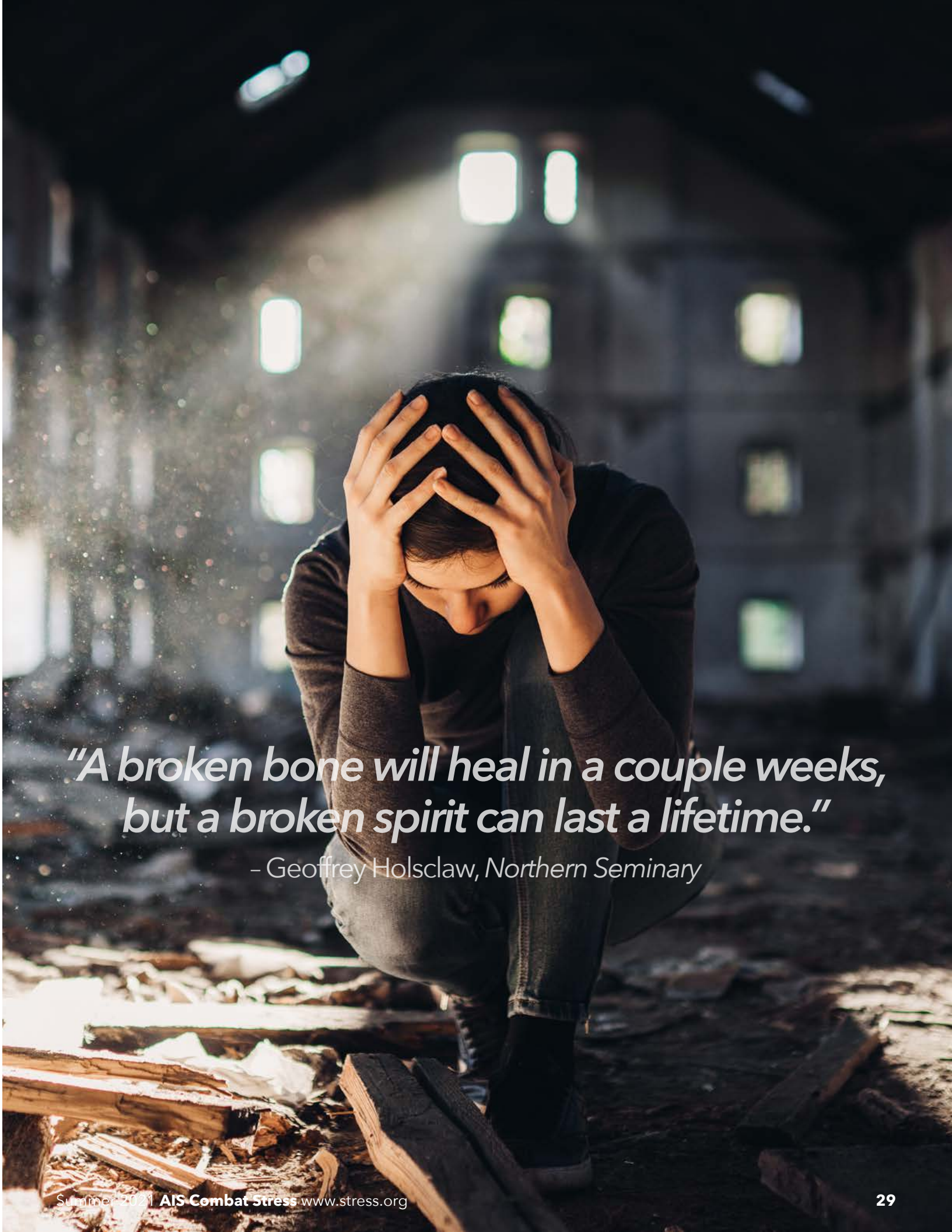
Since the late 1980's, much has been done to alleviate the emotional suffering of emergency service responders. In more recent years, Crisis Intervention Models were developed out of which came useful tools such as Critical Incident Stress Debriefings, Defusings, and one-on-one crisis intervention are being used more widely in the private sector.[1] Police, Fire, and EMS workers no longer must hide their pain. Witnesses to school shootings, mass casualties, and both manmade and natural disasters are being provided in a more widespread manner. These crisis intervention models and tools (such as Critical Incident Stress Management commonly referred to as CISM[2]) are often utilized in conjunction with Psychological First Aid in a mass casualty event.

In mass casualty events, chaplains typically have two groups to which they may be deployed. The first will be those first responders working the disaster (I will use disaster and mass casualty interchangeably). The second group will be those actual victims of the disaster. It would be this group that the crisis intervention model of psychological first aid would be employed.

Abraham Maslow was a 20th century American psychologist who was best known for creating Maslow's hierarchy of needs, a theory of psychological health predicated on fulfilling innate human needs in priority, culminating in self-actualization.[3]

Under Maslow's Hierarchy of Needs, the human mind must meet basic physiological needs (food, water, shelter, safety, security) before psychological needs (intimacy, relationship, friends, self-esteem).

In a disaster such as an earthquake or tornado, which literally tears a town to rubble, a chaplain may be deployed and asked to assist the victims of the disaster. If we look at Maslow's hierarchy of needs as a chaplain, prayer is not what the victim's immediate needs would be. Victims are going to be concerned with obtaining shelter, safety, water, food, family members. This will be the number one focus because under Maslow's theory, motivation is driven by deficits. Victims deficits in a disaster are meeting basic needs. Psychological


"A broken bone will heal in a couple weeks, but a broken spirit can last a lifetime."
– Geoffrey Holsclaw, Northern Seminary

First Aid, such as the program offered by National Child Traumatic Stress Network (see https://learn.nctsn.org), is a developed set of skills which help meet disaster victims' basic needs. The goal is stabilization of victims by providing for their basic needs. It is only after that when the victims can concern themselves with other higher levels under Maslow's theory.

Little is being said about meeting the same psychological needs of people who have been injured physically. It may be because we think hospital social workers are meeting these needs. After spending some 25 years as a chaplain I know firsthand the nature of peoples' emotional needs. Social workers have their hands full with logistics and paperwork and so few referrals to psychologists or psychiatrists are being made.

Chaplains with family

It is not because no one wants to help people bearing both physical and emotional scars. It is the old saying, "out of sight, out of mind." Doctors order CT scans and MRI's, but there is no device which can X-ray the soul. There may be some cursory comments made to the victim to breathe deeply and relax, but there are no clear-cut interventions to begin the process of healing traumatic memories and psychological injuries.

Of course, there are priorities: start the breathing, stop the bleeding, and with the hustle and tussle of the emergency department, there is little time for anything else before the next case comes along. Then, with managed care restrictions and denials of care, the patient is hurried out of the facility in a few days to recuperate at home.

Then we turn to home and the patient's family. What about the family? They are dealing with the emotional turmoil of their loved one's injuries and probable lifestyle changes. They may also be dealing with the stress of fearing that their loved one was going to die. We prepare family members of emergency workers in helping their families deal with the psychological aftermath, but what if anything is being done for the families of injury victims?

I have yet to see any discharge orders telling the patient what to do for their emotional well-being. To be sure, there are advocates, such as Victim Assistance[4] personnel, who will see to it that rape victims receive necessary counseling, and victim service coordinators will frequently inform crime victims of what services are available.

Yet, for the trauma victim of a fiery car crash, a severed body part or similar tragedy, precious little is being done to relieve their emotional

suffering. They are left to fend for themselves. The real shame comes when these people suffering from depression or a host of other ills stumble into a doctor or therapist's office with no idea of what has caused their problems. Likewise, there is virtually no support of a psychological nature for family members.

A group of Texas Chaplains is developing a program called Emotional Recovery from Physical Trauma (ERPT).

The ERPT program incorporates:

- A modified *defusing* technique,[5] this is a 3-phase, structured small group discussion provided within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation. It is a one-on-one crisis intervention/counseling or psychological support throughout the full range of the crisis spectrum.[6]
- *Guided visual imagery* technique is a method in which mental health professionals help individuals in therapy focus on mental images in order to evoke feelings of relaxation, based on the concept of the mind-body connection.[7]
- *Conversational medicine:* For example, when a survivor asks, "where is my son?" after an earthquake, how we respond as chaplains can cause the parent asking the question to have a positive or negative outlook. The chaplain may not know the victim had a child, let alone where the child is located. Perhaps the child was at football practice miles away from the tornado zone. Conversational medicine is choosing words carefully, not making long pauses to traumatic questions (long pauses often equate to negative perception by the survivor) and using rational knowledge of how to get the parent to a safe place first. After the parent has some of their basic needs met, sitting down calmly and logically asking questions to help the parent recall what they were doing before the tornado is critical in terms of trying to locate their missing child. "Communication matters in other ways," Ursula K. Le Guin has written, "Words are events, they do things, change things…"[8]
- There are other forms of *stress management*, such as meditation, yoga, exercise, and practicing breathing techniques.

This program has been established to start the patient on the road to emotional recovery while still in the hospital. It also addresses aftercare and assistance for the family. It is hoped the program will become widely accepted, spread and spawn new ideas to heal the whole patient and the family, in addition to facilitating healthy coping for both patients and their families.

References

1. Jeffrey Mitchell, PhD along with others through observation when Dr. Mitchell was a paramedic and firefighter, began to develop a theory about critical incidents and how those incidents could affect individuals if the individuals did not have opportunities to reflect on what exactly happened. Dr. Mitchell with others formed what is now the International Critical Incident Stress Foundation which utilizes a crisis intervention model known as Critical Incident Stress Management, began to have success with tools developed to help mitigate in some the onset of PTSD after experiencing a critical incident. For more information, see https://icisf.org.
2. Ibid.
3. Maslow's Hierarchy of Needs – see https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs.
4. Victim Assistance has become a unique program of providing support to survivors of traumatic experiences. For more information about Victim Assistance and training, go to https://www.trynova.org/.
5. Under Jeffery Mitchell, PhD's crisis intervention model, Defusing is but one of many techniques an individual trained in Critical Incident Stress Debriefing can apply to help mitigate the potential onset of PTSD for a survivor of a traumatic experience – see https://icisf.org and search for "defusing."
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ABOUT THE AUTHOR

Chaplain LTC (Ret) David J. Fair, PhD, DMin, CTS, FAIS, has served in law enforcement chaplaincy for over 30 years and has been and continues to be an innovative leader in police chaplaincy, crisis intervention and in building relationships. He is President of ChaplainUSA, a nonprofit corporation providing training and education to officers and chaplains. Fair is a veteran law enforcement officer, and a former reserve deputy sheriff.

Fair served with the Texas Military Forces, TXSG-HQ, as a Lieutenant Colonel (LTC), and was chaplain for the 111 EN BN for two years. He served with the Standing Joint Interagency Task Force (STIATF-TX). Fair earned his Military Emergency Management Specialist (MEMS) designation.

Chaplain Fair has served as a briefer on Operational and Combat Stress for the Camp Bowie Training Center. He was deployed on state active duty for numerous hurricanes and served with Operation Lone Star. He is the recipient of the Texas Adjutant General's Individual Award Ribbon for "Meritorious Conduct" in performance of outstanding service during Hurricane Dolly, response, and recovery. He was certified in Homeland Security at Level V (CHS-V) and carried certification in Disaster Preparedness and Sensitive Security Information. Fair was a presenter for the Board of Certification in Homeland Security, and developed the course, Terrorism Trauma Syndrome. Chaplain Fair served on the Editorial Advisory Board for Inside Homeland Security Magazine where he authored a regular Chaplain's Column.

Dr. Fair is a member of the Board of Professional Advisors for the National Center for Crisis Management (NC-CM)/ American Academy of Experts in Traumatic Stress (AAETS). He holds their Board Certifications as Expert in Traumatic Stress, School Crisis Response, Crisis Chaplaincy and Forensic Traumatology. Fair is a past member of the Ethics and Professional Policy Committee of the American College of Medical Quality. A longtime emergency medical services technician and volunteer firefighter, Fair served on the City of Brownwood (TX) Emergency Services District Committee, as well as the police and fire committee.

Dr. Fair is an ordained minister and holds a PhD is Pastoral Counseling and Psychology from Bethel Bible College and Seminary as well as a doctorate in Clinical Christian Counseling from Central Christian University. He was on the facility of Wayne E. Oates Institute, a former professor at Bethel Bible College and Seminary, and former member of the Commission on Forensic Education.

For over 20 years, Dr. Fair served as a member of the Brownwood City Council and is a former Municipal Judge and Justice of the Peace. Dr. Fair is Chaplain Emeritus of the Brownwood Police Department having recently retired after 20 years of service. He is also retired from Brownwood Regional Medical Center (now Hendrick Brownwood) as Chaplain following 25 years of service. He was also a volunteer Chaplain for the Texas Department of Public Safety. Fair is past CEO of Crisis Response Chaplain Services and is CEO of the Homeland Crisis Institute.

During police chaplaincy and military service, Dr. Fair was deployed to New York following 911, to east Texas for the Space Shuttle Columbia Disaster, and to Hurricanes Katrina, Rita, Dolly, Gustav, and Ike. Dave has written dozens of articles concerning chaplaincy and trauma as well as authored a book, Mastering Law Enforcement Chaplaincy.

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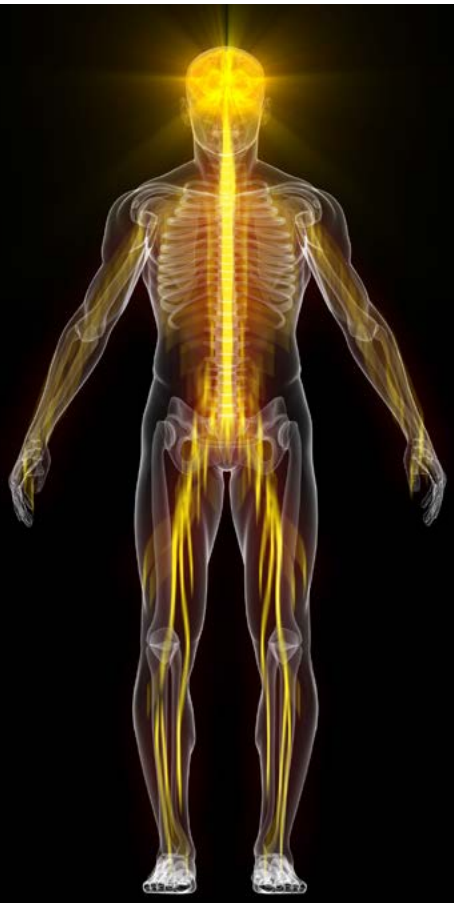

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Combat-Related Near-Death Experiences (NDEs) are Common: Veterans Who Report Them Deserve Better Support

By J. Scott Janssen, MA, MSW, LCSW

During World War I, American author Ernest Hemingway was wounded during fighting in Italy. Years later, he described the experience: "A big Austrian trench mortar bomb, of the type that used to be called ash cans, exploded in the darkness. I died then. I felt my soul or something coming right out of my body, like you'd pull a silk handkerchief out of a pocket by one corner. It flew around and then came back and went in again and I wasn't dead anymore."[1]

Sensing one's consciousness 'or something' separating from and returning to one's body during a close brush with death is a core feature of what we now call near-death experiences (NDEs). Other reported features include sensing movement, alterations in time, enhanced mental clarity and/or expanded spiritual awareness. Many report seeing a light or lights, experiencing a panoramic life review in which one relives life events, unitive consciousness in which one feels connected with a larger reality, and interacting with deceased loved ones or spiritual beings who often express unconditional love.

Approximately 20 percent of those who survive a life-threatening event report one or more features of an NDE. Though the origins of these experiences are a source of debate, it is clear, from decades of research, that they are usually profound, meaningful and real to those reporting them. An NDE has the power to permanently alter a person's attitudes, values and worldview. Common aftereffects include diminished fear of death, increased spirituality, a heightened sense of life purpose and appreciation for others.

NDEs Are Common During Combat

Given that exposure to death is an inherent part of combat, it is logical to speculate that many Veterans have experienced an NDE. Research suggests that between 25 and 48 percent of combat Veterans have had an NDE; an estimate considerably higher than among the population in general.[2,3]

Despite potentially positive aftereffects, NDEs can be so at odds with conventional beliefs and assumptions about the world, that they can be disorienting, requiring time to become integrated. Some hesitate to share them for fear of being labeled as 'crazy' or having the experience dismissed as stress-induced hallucinations or the physiological effects of serious injury.

Unfortunately, many who share an NDE are met with ridicule, defensiveness or attempts to explain them away. This includes those who disclose them to professionals working in healthcare and psychological services.[4] Dismissive or insensitive responses can shut down further attempts to seek assistance and support in processing and integrating these events, leaving the person experiencing them to feel stigmatized, betrayed, isolated and/or unsafe.

It is my clinical observation that fears of disclosing NDEs and pressures to remain silent are significant and commonplace among Veterans. In fact, many of the Veterans with whom I have worked experienced combat related NDEs and had never disclosed them until I specifically inquired about them in the context of a trusting therapeutic relationship.

Combat training and military culture can present barriers to talking about NDEs. Such training prizes tight control of emotions, mental discipline and focus, stoicism, unit cohesion and the ability to identify and respond to threats quickly. If one becomes mentally or emotionally distracted by an NDE while deployed and during combat, they and their fellow Soldiers might wind up dead.

As one Veteran put it, "Hell no I never told anyone. I knew they'd be sending me back to my unit. I was a twenty-two-year-old kid, trying to keep myself and my buddies alive. The last thing I needed was to get distracted by thinking about what had happened when I died."

Retired Army Corporal Bill Vandenbush was wounded and experienced an NDE during the Vietnam War. According to him, "Vets don't talk about it because they are afraid others will think they are crazy or weak. Veterans don't want to come across as being weak. But it's not weak, it's not crazy. It happens and it's important to connect with others who have experienced the same thing."[5]

Moreover, combat NDEs may be negatively associated with post-traumatic stress, moral injury, traumatic bereavement or the debilitating impacts of life-altering injuries, such as traumatic brain injuries. Such associations may cause Veterans to avoid thinking about an NDE at all costs. In some cases, an NDE might even reinforce doubts about one's mental fitness or serve as a painful trauma reminder.[6]

A study by Goza, Holden and Kinsey found that Veterans who experienced NDEs were less likely than non-Veterans to share them with healthcare providers. Compared with civilians who experienced NDEs, Veterans expressed 'more fears of repercussions from disclosing their experiences, including loss of active duty status, unwanted or unnecessary treatment with medications, and (psychiatric) diagnoses.'[7]

The fact that Veterans appear to have higher incidence rates for NDEs and more potential barriers to sharing and processing them, has led the International Association for Near-Death Studies to conclude that: "Veterans who have had near-death experiences (NDEs) may experience a gap in healthcare. Most healthcare providers have little training in recognizing NDEs and frequently confuse it with post-traumatic stress disorder (PTSD) or mental illness. Therefore, Veteran 'NDE'rs' may be ignored, misdiagnosed, over-medicated, and provided costly, yet ineffective treatment."[8]

The following case offers an illustration of the potential challenges Veterans who have experienced NDEs face, in addition to strategies for enhancing support and using NDEs as a source of psychological growth and healing.

Jonas: An Illustrative Case Study

During World War II, Jonas had served in the Air Force, flying bombing raids over Germany. At the time of his admission to Hospice services, he appeared to be coping well and was able to identify areas of meaning and life satisfaction, as well as demonstrating a good sense of humor.

As his illness progressed, however, he began having panic attacks and episodes of hyper-reactivity, including intense anger at seemingly small frustrations. He also began having nightmares about the war and an increasingly

exaggerated startle response. These symptoms suggested post-traumatic stress disorder. Research has shown that stressors associated with aging and illness, such as physical symptoms, age-related losses, invasive medical care or diminished independence may trigger or intensify underlying posttraumatic stress.[9,10] Such stressors can even result in delayed-onset PTSD.[11,12,13]

During a counseling session, I asked Jonas if he had ever been close to death during the war. When he nodded, I asked if he had experienced anything at that time that seemed hard to explain or that was at odds with conventional reality. He hesitated then asked why I wanted to know. After providing education about NDEs and after-death communications (ADC) in which a person has perceived communication from a deceased friend or loved one (which I have found to be common among combat Veterans), he stated that he actually did recall such an incident.

Jonas had been the bombardier for the crew of a B-17 bomber. They were flying in heavy anti-aircraft fire, the sky vibrating with explosions, flashes of fire, and planes being 'blown to pieces' in every direction. When an explosion shook his aircraft, he sustained a head injury. "I just blacked out and felt my spirit leave my body. The plane went one way and I went another." He remembered moving toward a light, "just floating without trying to move or make any effort." He was suffused with relief to be away from the war and found himself in the presence of "the most loving Being I'd ever met."

With the Being's encouragement, he looked through the same bombsight he had been using to destroy German cities. "When I looked down, I saw the sight trained on my hometown." He recoiled at the thought of dropping bombs on friends and family. He searched for other targets, but every time he sighted one, it was always his hometown.

Watching from above, he saw images of his life and of loved ones rising up from the town.

"Then it hit me," he recalled, "every time I dropped bombs on a German city, I was bombing my hometown. We were all connected. It was the strangest feeling. It made me sad to think about what I'd been doing." He recalled looking at the Being, afraid he was about to be punished. "But there was no judgment, just unconditional love." At that moment, he was transported back into his body. Jonas had never shared the story. When I asked why, he offered several reasons: dismissing it as a hallucination; fear that his buddies would think he was crazy or could not 'hack' the stress of combat, fear that since the message of the Being was at odds with what he and his crew had to do. "It might have gotten us all killed if I thought about it too much." By the time he returned from the war, he had 'locked it all away.'

Jonas asked if I thought he was 'nuts.' I assured him I did not and offered reflections on the research literature and written accounts attesting to the frequency of NDEs, including during combat. I encouraged him to reflect on his NDE further, but he resisted. When I asked what was driving his hesitation, he said he was afraid that if he 'took it too seriously' he would "have to face how miserably I failed to stand up for the idea that we're all connected." He then shared some horrific details of what he had seen and done during the war and a belief that "I've got oceans of blood on my hands."

I asked him to visualize himself once again with the Compassionate Being. After letting the visualization 'sink in,' I asked what he was feeling. Wiping away tears, he said he was feeling "a sense of being understood, being safe and loved." He also felt the stirring of compassion for the 'scared young kid' he had been during the war.

Using a technique often utilized when exploring moral injury, I facilitated an imagined conversation between Jonas and this Being. I asked Jonas to express what was in his heart and to imagine what the Being's response would be. Over our next few sessions, Jonas reflected more on his NDE. Though he continued to struggle with anxiety and hyper-reactivity, sharing and integrating the NDE spurred therapeutic changes. For example, he decided that his NDE was not an indication that he had cracked under pressure, perceiving it instead as "some kind of a gift from God." The message of this gift, he believed, was universal acceptance of human imperfection and unconditional love. Jonas's panic attacks and nightmares stopped. Any fear of death dissolved, and he expressed genuine curiosity about what 'was on the other side.' He even began sharing his NDE with loved ones, which enhanced his sense of relational safety and intimacy.

More importantly, his imagined conversations with the Being, along with strategies I taught him for settling his nervous system and engaging mindful self-compassion, significantly reduced feelings of shame, guilt, moral pain and anguish. This allowed him to safely begin to express previously undisclosed survivor guilt and grief for buddies who had been killed during the war. Grief he had "stuffed down my throat" decades earlier and never expressed.

As a clinician, I have worked with dozens of Veterans who have experienced NDE's. An Iraq War Soldier, for example, was a caregiver for his dying father. In remembering back to his unit being ambushed, he recalled being wounded, leaving his body and looking down on the scene as medics worked to save him; then meeting a friend who had been killed in a mortar attack a few weeks earlier. "When I saw him, he looked good as new. The mortar had blown away half of his body, but he was whole again and smiling at me." In the case of a Vietnam War chopper pilot, he reported feeling himself being pulled through a tunnel of light before experiencing a life review in which he witnessed "everything I'd ever done."

It is time that all professionals working with Veterans learn about NDEs and take them seriously in order to provide more sensitive and effective care for those who have experienced them.

Veteran Who Have had NDEs Deserve Better Support

It is commonplace for combat Veterans to experience NDEs.[2,3,14] Unfortunately, there may be barriers to sharing these experiences and pressures to remain silent.

Many medical and counseling professionals have no training in this area and may have biases that cause them to dismiss or misdiagnose those who report NDEs.[4,7,15]

It is time that all professionals working with Veterans learn about NDEs and take them seriously in order to provide more sensitive and effective care for those who have experienced them. When Veterans are able to share and process NDEs in a safe context, and to receive accurate, objective information on their features and incidence rates, this goes a long way toward helping them integrate experiences. These may then become sources of tremendous growth and resolution.

Readers who want to learn more about NDEs and Veterans are encouraged to visit the International Association for Near-Death Studies' links below:

- https://iands.org/resources/support/combat-veterans.html
- https://www.youtube.com/watch?v=gLBLa7ILiqM

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PTSD and Scuba Diving – Something Wonderful is Certainly Happening Underwater

By Kevin James, Master Scuba Diver Trainer, Navy Diving Supervisor

This article has been written to inform readers about Therapeutic Scuba Diving and how this has provided significant benefits to 3 Servicemen suffering from varying levels of Post-Traumatic Stress Disorder (PTSD). It focuses mainly on Diver C, who had no previous diving experience and who had been suffering from complex PTSD symptoms. This had required a 6-week stay in a psychiatric facility.

Nothing in this piece is claimed to be conclusive, other than the 3 divers' accounts regarding their arrival on Long Island in The Bahamas while suffering from PTSD symptoms and thus, claiming to leave symptom-free after a completion of 8 to 10 days of diving operations. The author believes that this work could be of interest to others who may be more able to move this emerging work forward scientifically and/or clinically, using these single case studies as a starting point or baseline.

The dive report concerning Diver C's PTSD Therapeutic Scuba Diving plan is documented in his own words as the first part of each sub-section below.

Disclaimer: The author does not have a medical or psychological background, but does have a profound experience of 40 years as a scuba diving professional (instructor, dive master, expeditions and salvage etc.) This also includes a full military career in the British Army. As a Veteran, the author's interest in helping PTSD sufferers has become his dominant force where scuba diving is concerned for the last decade.

Introduction

This project began when the author reviewed a Johns Hopkins University Hospital study by Adam Kaplin, MD, PhD (2011),[1] regarding an improvement in sensation due to the utilization of scuba diving with paralyzed Veterans by as much as 15 percent. The study suggested that 10 of the candidates realized an improvement on average of 80 percent as this applies to PTSD symptoms, while diving at an average depth of 60 feet (18 meters). This was immediately considered worthy of further investigation by the author.

The Project Begins

The PTSD diving project actually began following 7 years of attempting to interest wounded warrior and PTSD organizations worldwide through the author's offer to help sufferers based on the Johns Hopkins study. These messages included the offer of location, (Long Island in the Bahamas), a boat, a full range of modern scuba diving equipment, together with the author's expertise and experience in taking disabled individuals scuba diving. This was all offered gratis in the hope of further investigating the validity of the initial study. None of the agencies contacted showed any interest in gaining more knowledge and most did not even reply. With this negativity in mind, a decision to go it alone was made and the author posted a message on a Veterans' social media page. This is when Diver A decided to pay his own expenses for a trip to the Bahamas, accompanied by his wife, to discover if perhaps scuba diving might help to reduce his symptoms. This is a quote from his wife in 2018:

"He seemed to have a wall up with everyone

apart from the guys that had been over in Iraq with him. Then the night tremors and mood swings came, which had no effect on his day to day life, so he just got on with things. Last year he started to get short flashbacks during the days, which were pretty graphic and then he started to have what he described as little 'daydreams' where he would be brutally killing someone/ thing. It was clear to me that his symptoms were worsening year on year and he needed some form of help quickly."

Diver A had completed 12 scuba dives prior to his arrival through a British Sub Aqua Club (BSAC) Sports Diver Course. It was ascertained that he was medically fit to dive. At the time, he was taking no medications that would disallow scuba diving. Following his scuba diving trip, Diver A claimed to leave the island PTSD symptom-free.

Diver B was selected to attend the course, also having scuba dived before (10 dives). He had also completed a BSAC sports diver course. The same medical and health checks were made for this diver as for Diver A. His selection was based on a previously failed attempt with a United Kingdom-based scuba diving charity, with which he had labored to find a way to deal with his symptoms. This is a quote from Diver B's wife, also in 2018:

"His main symptoms were, night terrors, night sweats, lashing out in his sleep, nightmares reliving Afghan times. Depression, suicidal thoughts, often angry, he regressed into his own bubble. He also had daytime flashbacks. fireworks or gunshots made him hit the floor as if he was being attacked. He threw himself into his work as a police officer to the detriment of his own mental health."

Air miles were donated by a friend of the authors to fly Diver B round trip to the Bahamas. It was decided by the donor that because Diver B was flying home alone, a first-class flight should fortify any success achieved by the PTSD therapeutic scuba diving. All other expenses for this visit were paid for by the author. Following the scuba diving experience Diver B also claimed to leave the island PTSD symptom-free.

Foreword by Diver C

"Initially when I was first asked if I wanted to go scuba diving in the Bahamas, I grunted 'no thanks.' I couldn't think of anything worse than leaving the safety of my couch or the security of my house. I couldn't begin to think about anything more adventurous than attending my mandated medical appointments or making the occasional trip to the local shop for milk."

Diver C was selected for two reasons. Firstly, he was extremely ill, according to his wife and his psychiatrist (he had participated in a very recent 6-week inpatient admission to a psychiatric facility). Secondly, he had never scuba dived before, even though he is a strong swimmer. By choosing a non-diving and very ill candidate, it was believed by the author that having any kind of success with this individual was both worthwhile and desirable for the emerging track record and the planned future possibility of helping non-diving PTSD sufferers. Most importantly was the wellbeing and potential symptom relief for Diver C himself. After making contact with the candidate's wife, it became clear that he was not well enough to travel alone to the Bahamas. Funds for travel and accommodations for their visit were not available in the initial stages of their prospective trip.

A crowdfunding page was set up for the prospective diver's flights and accommodations. It was, however, considered inappropriate for a non-PTSD sufferer's flight expenses (diver's wife) to be paid for by the fledgling PTSD scuba charity (presently attempting to become registered), which is set up only to only actual PTSD diving candidates themselves. Therefore, a friends and family message was sent out by the author in order to successfully raise enough money for Diver C's wife's flights.

One Step at a Time

"So, before I knew it, I was on a 'try dive' in a swimming pool in Bristol, UK. If I'm honest, I still wasn't that enthusiastic about doing it, but it definitely beat staying in my house feeling bad about myself, I did agree that giving it a try was a fair request of me. Wetsuit on, Buoyancy Control Device (BCD jacket) on, mask on, fins on, I was then asked to take that first breath underwater; it felt strange and alien, I was told to breathe long and deep and relax as much as I could, I followed this advice on my next attempt, and all of a sudden I was under! I was staying under; it felt good, really good, it felt like I was cheating nature!"

It was decided that because Diver C had never scuba dived before, it was necessary to determine whether he could function and make progress underwater before raising the funds and therefore paying for his trip. This is why a 'try dive' is always needed before travel for all non-scuba divers. A full diving medical examination was also required, together with an agreement from his psychiatrist that none of his medications were going to be a problem where scuba diving was concerned. His psychiatrist did, however, indicate that he was never to become dehydrated because of the medications he was prescribed. This was followed scrupulously morning, afternoon and evening. Mandated drinks of water or juice were both available and consumed while actually on the island. It was decided that 3 liters spread out over the periods mentioned was appropriate.

Be in the Moment

"We carried out some skills and I felt calm and relaxed doing them, I tried to stay underwater as much as I could for the duration of the try dive; for some reason it just felt right. When the hour was up, my head felt a little bit clearer, all of the worries and the other 'stuff' were still there in my head, but it felt diluted somehow. I approached the dive school and asked how do I keep doing this? The only way was to sign up for the PADI Open Water course, with the plan to do the confined water swimming pool sessions and the classroom requirements in the U.K. and then completed the 4 qualifying ocean dives with Kevin (PTSD scuba diving) in the Bahamas."

Proof does not yet exist that embarking on any activity while underwater in a swimming pool helps PTSD sufferers in any way. However, Diver C clearly felt that he did gain some benefit from the try dive in the swimming pool. The need to take care of himself safely while being under the water (his focus) may be the reason he felt some gains, but his comment was that the pure serenity of the experience did, in fact, help. Diver C's view was that in the shallow end, there was no challenge

or gain, as he felt completely safe and not at any risk. Therefore, there was no reason to focus his attention on anything important. In his mind, this was not particularly useful. However, while in the deep end with a need to either "do it right, or die", using his words, he noticed an improvement in how he felt while underwater. On the way home, he said there had been some benefit. He described achieving something of use (new skills perhaps) for the first time in a while or maybe he was simply able to focus on something interesting to him for the first time in a long while.

Keeping the Wheels on the Bus

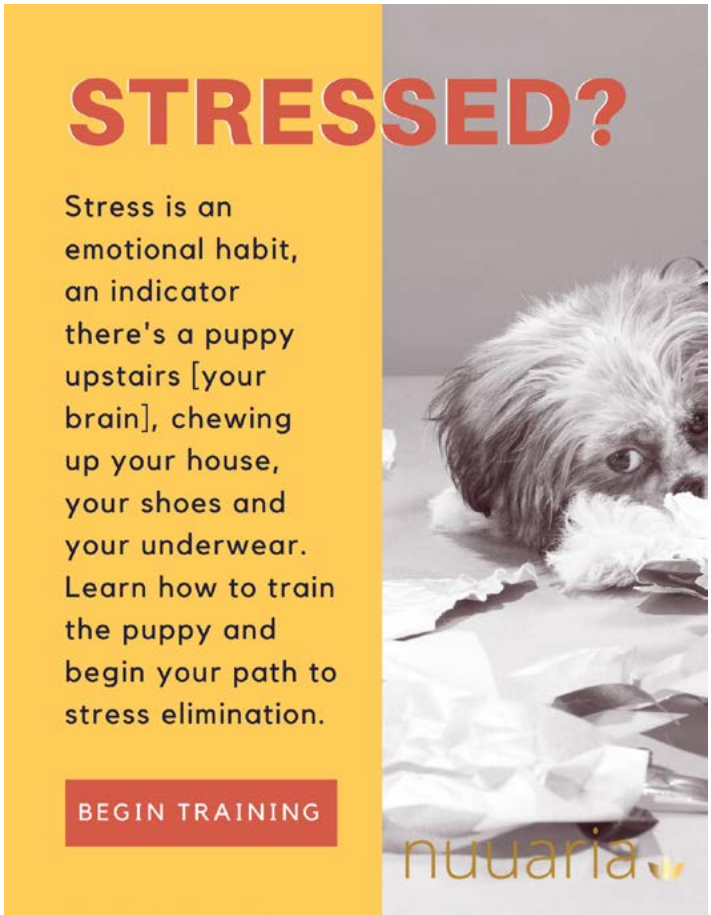
"The PTSD scuba charity started ramping up the fundraising with just a giving page to get me out there. Now that they had a 'green light' and I could actually do the physical aspects of diving they checked in with my doctor and psychiatrist, ensuring that I also passed a dive medical. From before the try dive and during the training in the UK, Kevin and the PTSD scuba diving set up were there for me every single step of the way, from Kev giving advice and help at any hour of the day or night, together with a serious amount of banter, which I had missed. There were regular phone calls checking in with me, making sure that 'the wheels were still on the bus' and I felt that lots of people were rooting for me."

It was very apparent from the beginning of the journey for Diver C, that being gentle was the way to go with him. There was not a large amount of interaction with him by the author initially, apart from regular check-ins. Most of the discussions and the required pre-visit preparations were completed with his wife. He was too ill to react to anything, other than lighthearted (not too heavy at this stage) banter, which is military jargon for joking with each other. The author felt it was very important to keep Diver C's hope of getting better; a big part of every conversation. Also, to be considered in the pre-travel preparations was the winter weather in the UK at that time, Christmas, the New Year, and 6 children between husband and wife. These potentially stressful issues were a huge added burden to Diver C's PTSD symptoms. As Diver C was accompanied by his wife for the flights and an overnight transit stay, it was felt that no help was required from a PTSD scuba diving charity point of view for their travel from the UK through Nassau and onward to Long Island, Bahamas the next day.

The Process Begins

"The first dive in the Bahamas was a 'shake down' dive, a shallow one to about 15 feet (5 meters) initially, to get used to the equipment and to get my weights right. This also involved becoming familiarized again with scuba diving following a few weeks' break. After all, it is the ocean and salt water now instead of a swimming pool in Bristol. So the gear was on; I felt good, I felt so lucky to be there, Kev asked me to put the dive regulator in my mouth, put my face in the water and have a swim about in about 3 feet (1 meter) of water, I couldn't do it! I had forgotten everything... I was panicking, couldn't breathe, I was hyperventilating and getting frustrated with myself, to the point of extreme anger. 'I've wasted everyone's time and money,' I thought to myself over and over again, the PTSD fog creeping into my mind and brain. 'I'm not capable anymore,' I used to be 'on the ball' before I admitted to everyone that I had PTSD. I was a great Soldier. Now look at me, scared of 3 feet of water!"

Diver C was required to complete his 4 Open Water Qualifying Dives, demonstrating what he had been taught in the swimming pool, but now in the ocean. This is required in order to embark on the therapeutic PTSD dives. As can be seen from his text above, a serious challenge was immediately being faced. Therefore, dive number 1, in the author's mind, naturally became a PTSD therapeutic opportunity, as well as a PADI qualifying dive. If the author pressured too hard or created any negativity in Diver C's mind, the pathway to overcoming Diver C's PTSD symptoms could easily become an impossible one to follow, culminating in a lack of any achievements being made by this diver.



Solving the First Challenge to Any Symptom Relief

"Then Kevin appeared in front of me. 'Marc, look at me. All we have to do is train your brain, and we'll do that together.' Now I had no idea what this meant but thought that this bloke is supposed to know his stuff, so I went with it. So, we added a bit more weight to my belt, had a swim on the surface with the regulator in my mouth and my face in the water, 15 feet (5 meters) then 30 feet (10 meters), up and down the beach in 3 feet of water (1 meter) and that was as much as I could manage. I was trying really hard to suppress the brain that was telling me, 'You can't do this; PTSD has made you who you are now; useless, and it's how you're going to stay.'"

Clearly being empathic and coaxing Diver C to go underwater was going to garner so much more success than going into drill sergeant mode. This does, in fact, often work with regular divers who just need a nudge to convince them they can in fact do it. A firmer route was believed by the author to be very dangerous in this instance and should be avoided where a diver suffering from PTSD is concerned. What appeared to be guilt and worry could physically be seen on Diver C's face during the early stages of dive 1, so, it was very much a wait and see approach. There was still lots of time, as Diver C was going to be on the island for very close to 2 weeks; so, there was no need to rush anything at this point.

Training the Brain

"We'd been in the water about 30 minutes and by this point, Kevin asked me to let out a big breath and exhale with my face in the water and regulator in. I did this and descended to the seabed about

5 feet (1.5 meters) below me. I was under at least and breathing and not panicking. After coming back up, Kevin then asked me to do the same again, but to swim to the edge of the slope down to the seabed where the dive would take place, and stare down to the bottom, which was 15 feet (5 meters) below me. I did this, swam to the top of the ledge and looked down to the seabed. Something was stopping me; nothing physical, just the very loud PTSD noise in my head, my own voice telling me that it couldn't be done, not by me anyhow. I surfaced to speak to Kevin, who was standing next to me, I told him 'I want to go, I really do,' before I admitted I needed help. I would have pushed through and gone straight down. Kev looked at me. He listened, told me not to worry, 'We're just training your brain. We can do as much or as little of this as you feel you want to do today. Oh, and by the way we have 2 weeks to get you down there,' he said with a chuckle."

With continuous talking, encouraging, and support of Diver C, the author believed that this would help solve his minor mental reservations of submerging below the surface to the planned depth. It appeared he was likening the situation to being in the shallow end of the swimming pool in Bristol, where he felt ultra-safe. Once this was identified as being the probable issue he was facing, it was assumed by the author that the pathway to completing the dive became clearer in the diver's mind.

Down We Go

"I said I'd like to try again. I descended to the seabed at about 6 feet (2 meters), got to the edge and stared down. My head was screaming at me, the self-doubt creeping in again. It was getting louder and louder and louder; I was still staring down into the deeper sea where I desperately wanted to go. I remember it vividly now in my head. I screamed in my mind 'F$&# OFF, JUST F#$& OFF' and the noises suddenly went silent. All I could hear was the sound of my regulator; all I could see was an underwater playground in front of me. I looked to my right and Kevin was there. He signaled if I was ok, I signaled back 'yes, ok.' I then gave him the descend thumbs down sign, he gave an underwater 'YES!' shake of his fists, I then went over the edge and completed the majority of that dive to a maximum depth of 20 feet. (6 meters) and the next one on the PADI referral course to 30 feet (10 meters)."

During this period, Diver C continuously said, "I'll just push through my fear and do it." Whereas the author is not a psychologist or medical professional, it felt right to tell him that he should not do this and risk any progression beyond his absolute comfort zone until he felt it was right and proper to do so. The author knows that handling scuba skills, if not feeling 100 percent relaxed, is neither safe nor desirable. It was very gratifying to see Diver C achieve the level of comfort needed to progress from the shallows, without using anything other than his calm decision to do so. Hand signals in scuba diving, ok, down, up, are always questions such as, "Are you ok?" "Would you like to go down?" "Shall we go up?". Clearly, if given vigorously, they command or convey a decision made or a pressing desire. Once the diver gave a relaxed, "shall we go down" signal, the author realized all was well and progress could be made accordingly.

Quantifiable Progress Made

"After surfacing from the second qualifying dive, I felt a huge personal victory. I realized that I can be in charge of my thoughts, fears and feelings. My worries of inadequacy and being incapable were also starting to fade; maybe I am a great Soldier after all. I still felt the brain fog but had a considerable amount more hope onboard. The next 2 qualifying dives

were in the Deans Blue Hole area, being tested on skills for the PADI Open Water qualification and gaining experience in becoming an open water diver. There was one dive in particular that I remember; just feeling an overwhelming sense of 'You know what, I reckon everything is going to be ok!' After completing my initial PADI course we were diving at around 30 feet (10 meters) in Deans Blue Hole and Kev asked me if I was ok to descend, I signaled, 'Yes, good to go,' and we descended slowly to a broad sandy ledge within the hole itself. I remember Kevin sitting me down on the sand, at the front of the ledge, showing me where he was and that we weren't going anywhere, then signaling me to look around, breathe calmly and relax. Now, I sat on that ledge only for a maximum of 4 or 5 minutes, but those minutes were the calmest that I had felt in as long as I could remember. All my negative thoughts were gone as quickly as they appeared, complete medicine for the mind, perhaps I was training my brain after all."

Once Diver C was able to progress further forward after the initial PADI open water qualifying part of his visit (he completed a further PADI Advanced Open Water course after first gaining some more experience), the author was then able to focus more on the therapeutic side of his trip. This was started with a dive to 60 feet (18 meters), where he could begin mirroring the depths mentioned in the initial study. Diver C said that while completing the dive to 60 feet (18 meters) and afterwards in the vehicle while returning to the hotel, he could feel the 'brain fog,' using his words, 'clearing from behind his eyes' (which, incidentally, were of a yellow hue in the center when he arrived at the island, instead of normally light blue according to his wife).

It's just a Helicopter After All

"Over the next two weeks, as my experience progressed and we increased the amount of dives I was doing for me to maybe become a divemaster or instructor one day, which is my long term plan now that I have discovered scuba diving. I also managed to qualify as a PADI Advanced Open Water diver, having completed the 5 required dives for that qualification. This now meant we could dive a little deeper, all the time with Kevin by my side with all of the safety measures and spare air-tanks/regulators/masks/ dive watches and computers we could carry.... ha ha! Now this is where, for me, the real magic started to happen. It was on the deeper dives to a maximum depth of 130 feet (40 meters). After being at that depth and then slowly ascending, the same feeling I had experienced on the ledge earlier during the shallower dives came back but was more amplified. No bad thoughts or feelings even entered my head, either during these dives or after on the surface. I felt complete relaxation. For example, one of my PTSD symptom triggers used to be helicopters; my pulse would race, I would start sweating, and generally just want to run away and hide somewhere. I saw a helicopter after the second deeper dive and just logically thought to myself when I saw it, 'Oh look, a helicopter, it's just moving parts of machinery,' when that happened, I knew something had 'clicked' back into place, the old Soldier perhaps was coming back?"

The pace of the trip picked up as Diver C was reporting success. Once the PADI Advanced Open Water qualification was finished, Diver C could now enjoy dives up to a depth of 100 feet (30 meters), which he did. After completing a

number of dives to that depth, the author felt that accompanying him on dives to a maximum of 130 feet (40 meters) was both safe within a one-on-one scenario and desirable from a PTSD symptom resolution point of view. This was because both Divers A and B claimed the deeper dives were, in their opinion, more beneficial for PTSD symptom relief than the shallower excursions. Diver C continued to claim that deep dive after deep dive, that his PTSD symptoms were becoming less and less evident.

Final Thoughts from Diver C

"The rest of my time in the Bahamas I spent in a relaxed and happy bubble, I felt present, I felt confident and most of all I didn't feel scared anymore for my future. I'd gotten my excitement and 'go for it' attitude back. All that's left to say is thank you so much to the Progress Through Scuba Diving Team, who work tirelessly and with no pay or remuneration of any kind. Also, a big thank you to all of the kind and wonderful people who donated money for me to have this opportunity. Especially to the people who donated outside of the charity so I could be accompanied, otherwise I would not have been able to travel so far."

It became very clear that as the scuba diving continued, Diver C's PTSD symptom resolution improved with each deep dive. Therefore, more of the same was the selected course of action. All three of the divers that visited, but especially Diver C, were encouraged before, during, and after their dives to focus on very positive thoughts. For example, they were encouraged to consider how fortunate they were to have this opportunity, think of their families and friends and about anything else of a positive nature that they could bring to mind. At the end of his stay, Diver C also claimed to leave the island PTSD symptom-free.

Summary of the PTSD Scuba Diving Story So Far

The author makes no claims of curing PTSD regarding the three divers that have visited Long Island so far in an effort to lessen their PTSD symptoms by scuba diving. However, what can be proven (contact details for Divers A, B and C are available from the author) is that the divers stated, with both medical and family confirmation, that they were suffering from varying levels of PTSD symptoms when they arrived on the island before any diving began. They claimed, upon leaving the island (and this was confirmed by their wives, often their barometer), that they felt symptom-free. As of February of 2021, including each of these divers, it has been over 2 years, 18 months, and more than 12 months respectively since Divers A, B, and C completed their diving programs. On the morning of this composition, they confirmed to the author they still remain PTSD symptom-free.

Next Steps and Aims

As a retired British Army Veteran, the author hopes to continue helping PTSD sufferers to seek resolution of their symptoms. As long as funds continue to be raised, the author's plans remain the same in terms of giving time, energy and expertise free of charge.

At the time of writing this piece, Diver D is presently on Long Island in The Bahamas, attempting to lessen or eliminate her PTSD

symptoms arising from domestic violence and sexual assault. If the author can assist her, it is felt that the opportunity to help a much wider audience than just Veterans via scuba diving will be evident.

Diving Information

All of the scuba diving equipment used for this project is serviced and maintained within industry standards. The dives were all completed with 80 cubic foot (12 liter) aluminum tanks. All dives over 100 feet (30 meters) were completed with an extra 40 cubic foot (6 liter) tank clipped to each diver, in addition to an extra regulator and contents gauge to ensure relaxed, enjoyable and safe dives. Dives were ended leaving a minimum of 500 pounds per square inch of air (50 bar) in the scuba tanks. Every dive was completed with regular air 21 percent Oxygen (O2) and 79 percent Nitrogen (N2). At no time were any exotic gasses or other percentage O2 mixtures used. Prior to the commencement of every dive, redundant practices (use of spare tank and regulator) were rehearsed before leaving the shallow water of 6 feet (2 meters). At no time were decompression limit" times (NDL) exceeded. However, completing a lengthy safety stop of 15 to 25 minutes enjoying the coral and fish around the Blue Hole rim at between 10 feet (3 meters) and 25 feet (7 meters), made it safe to leave the deepest depth selected close to some NDL or no stop times. Diver C used environmental clothing protection because the water temperature was cool enough in February to require a thin wetsuit to remain comfortable. Divers A and B did not use any wetsuit protection against the elements.

The author has completed over 3,300 logged scuba dives, with a minimum of 1,500 of them to 100 feet (30 meters) or deeper. An Advanced Diver, who is also a British Sub Aqua Club Instructor and a PADI Dive Master provided surface cover for all 'PTSD' dives.

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ABOUT THE AUTHOR

Kevin James joined the British Military at 18 years of age as a Military Policeman. Following a 5-year period, he transferred to the Army Physical Training Corps and spent 10 years as an instructor, specializing in recreational scuba diving. During this time, he acquired a number of qualifications from the British Military including Sub Aqua Diving Supervisor and British Sub Aqua Club Advanced Instructor. Following his departure from the British Army, he followed a scuba diving and private island management career and became qualified as a PADI Master Scuba Diving Trainer and Technical Diver. Kevin now lives and works on Long Island in The Bahamas.

Dreams, Nightmares, and Disturbed Sleep

By Jeff Jernigan, PhD, BCPPC, FAIS

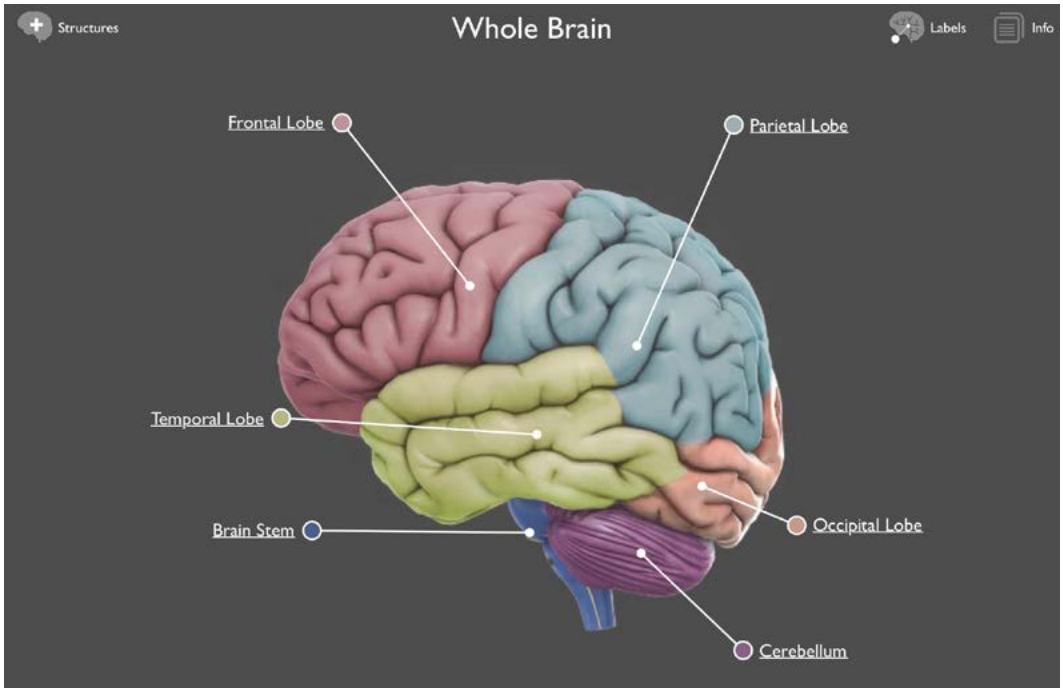
Our family tree is inhabited by five generations of combat Veterans, going back to WWI with 153 years of cumulative service acknowledged, with 73 combat-related decorations, in addition to the usual collection of campaign ribbons, shooting badges, wings, parachutes, and dolphins. We talk a lot about dreams and nightmares…a lot. Among siblings and cousins, aunts and uncles, parents and children: it has been an ongoing cross-generational conversation for as long as I can remember. All of it is difficult because it is not the usual bantering and exaggerated storytelling brothers and sisters-in-arms are known for throughout history. This is the stuff of wet eyes, deep grief, lingering guilt, haunting shame, and very few answers. We have learned some answers lay in the community formed by our pain and being listened to, understood, and taken seriously by those who KNOW. This is where acceptance can be found when we are not accepting of ourselves and we want the dreams and the nightmares to stop.

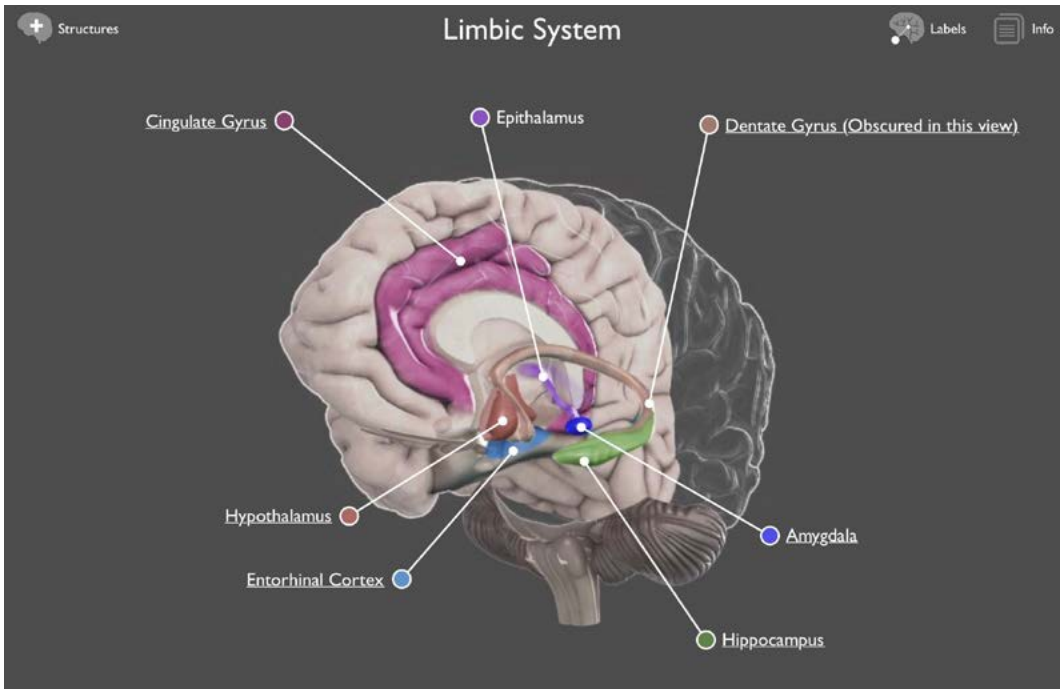
Dreams are a natural product of our physiology and psychology and play a healthy role in our lives.[1] Dreams can be responses to our external environment. For example, a noise heard in the night that doesn't fully wake us up but requires a rational explanation. Dreams can also be a response to our internal environment: too much pepper on too much pizza we had for dinner that is now talking back to us with discomfort. Again, it is a physical stimulus our mind requires an explanation for and uses imagination and creativity to produce an answer. Our mind always seeks congruity.[2] It likes balance, calm, and tranquility like a pool of undisturbed water, reflecting mirror-like the peace and balance it needs.

Dreams are a natural product of our physiology and psychology and play a healthy role in our lives.

Dreams are also a mechanism for working out solutions while we sleep. How many times have you awakened in the night with an idea, a solution, an answer and turned over and gone back to sleep, telling yourself you will remember it in the morning...only you don't! That's one reason I keep a notepad on the night table beside the bed. Stress is usually the culprit when this happens. But stress can get out of hand. It depends on what your unconscious mind is trying to work out.

Often, our unconscious mind shifts into problem solving mode while we sleep but is missing a few pieces of the puzzle. When we sleep, problem solving can be more difficult than when we are awake because working memory (where thinking goes on) must access short-term memory and long-term memory, as well as other structures in our brain that may be off-line. When there is a mix-up, our mind will borrow a bit of recollection from something else and slip it into the empty spot it is trying to fill.[3] This can create some very interesting associations in our dreams! This hiccup in trying to rationalize our thoughts while sleeping

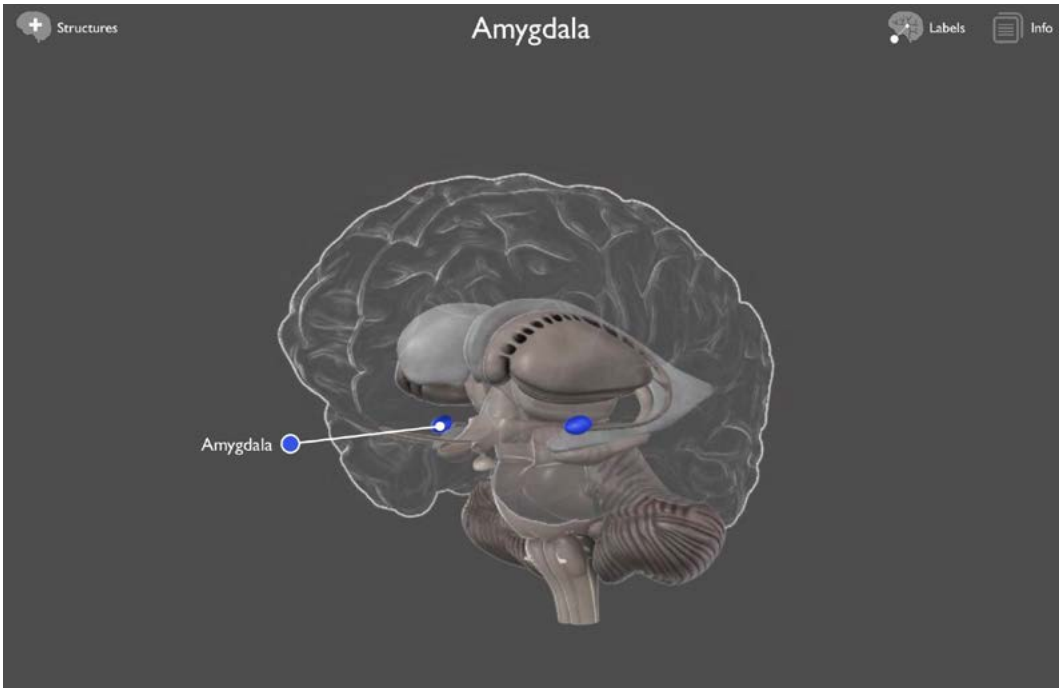


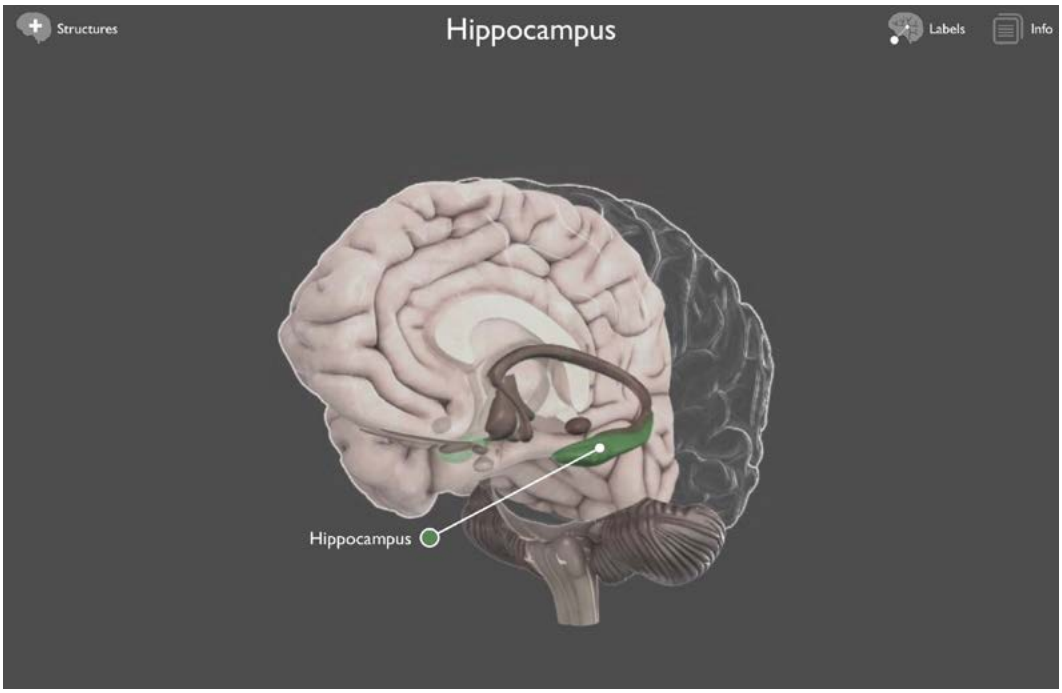


happens because our brains work differently in some respects while we are asleep.

While we sleep and dream, our brain is working without the benefit of our logic filter.[4] This can make for some spectacular dreams! Recently I had a dream where I was piloting a jet fighter. Ready for take-off at the end of the runway, I was cleared for departure. It was a very vivid realistic dream! I could hear the engines spool-up, feel the uneven thumping of the landing gear as the aircraft began to gain speed down the runway, and saw the nose lifting as I pulled back on the stick and the runway fell away below. And then I crashed. My wife was awakened by my hand and leg motions, and when I leapt out of the bed, diving up into the air only to crash to the floor, hitting my head on the side table, she panicked. To make matters worse, I was awake now, leaning back against the bed, laughing aloud as I realized what happened. She thought I had lost my mind. Dreams can be very realistic and very persuasive to the dreamer. This will be important when we get to nightmares.

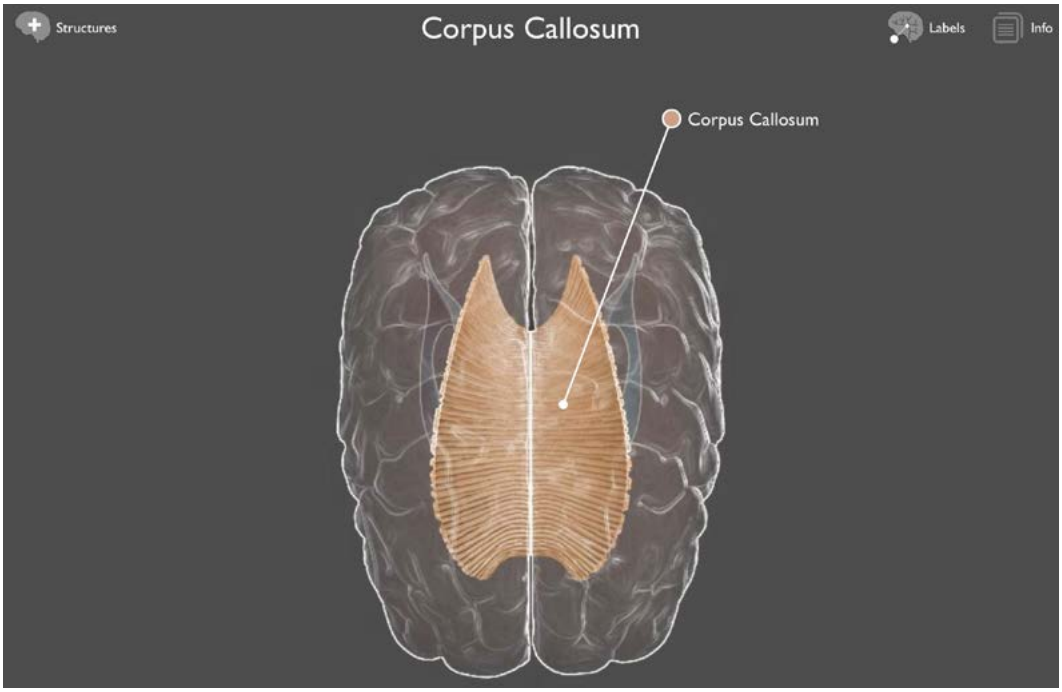
The brain is a magnificent organ.[5] When we dream, the Temporal Lobe and Limbic System are involved. The Temporal Lobe is where much of our ability to remember, imagine, and dream resides. It has a large number of substructures dedicated to other things as well. Related to dreaming, some of these structures involve perception, facial recognition, understanding language, and emotional reactions. The Limbic System fires up during dreaming as well. This is where processing and regulating emotions goes on. Our response to stress is centered here, as well as self-regulation and pursuit of pleasure and avoidance of pain.





The Amygdala and Hippocampus are located in the Limbic System and play an important part in dreams, especially nightmares.[6] The Amygdala acts like a sentry and sounds the alarm when it senses danger. It doesn't know the difference between being awake or asleep and sounds off in response to any perceived threat. Among other things, fear-learning starts here and triggers responses in areas of the cortex that process cognitive functions as well as brainstem systems that control physiological responses; like taking off in a jet fighter, for example. This is where our flight or fight response comes from. The Hippocampus is the structure in the brain most closely aligned with memory, formation. It turns long-term memory into permanent memory, which plays a role in nightmares related to trauma and which can endure much longer than an ordinary dream. It is also involved in spatial navigation, which is why we can do so many seemingly miraculous things in our dreams, like fly unaided through the air, create fire with the snap of our fingers, or disappear in one room and appear in another. Logical thinking and reasoning are located in the Frontal Lobe and not directly involved in dreaming, so dreams become a place of marvelous adventures, and also can become a place of unnatural terror.

All these structures in the brain are tied together by the Corpus Collosum which acts as the wiring connecting all the parts. We call this white matter, while the structures in the brain connected in this manner are referred to as grey matter. There are any number of things that can affect the white and grey matter in our brain, including diet, exercise, and sleep.



Neurotransmitters in our brain, for example, facilitate this communication along neural pathways. These neurotransmitters are created in our body from the food we eat. Exercise is important for many reasons with one of special importance to the brain. While we exercise intensely, an enzyme is produce in our muscles, which travels to the brain, where it stimulates the production of a Brain-Derived Neurotrophic Factor (BDNF) which, in turn, acts to clean up our brain while we sleep. Bad diet, lack of exercise, and sleep disturbances can trigger dreaming.

Dreaming has a signature that can point to what you are dreaming about.[7] The "pointing" is to something our mind is trying to resolve. It could involve confronting the emotional dramas in our lives. It could be working out solutions to practical problems involving real world challenges. School or work-related challenges like understanding fractions or conquering the new software just rolled out at work. It could be simply trying to remember something that was handed off to our unconscious mind by our conscious mind as we fell asleep, or in other words, what we were thinking about just before we fell asleep. Or, it could be the struggle with feelings of betrayal, especially when it involves deeply held values. It could be repeated attempts of our mind to reconcile deeply held beliefs about ourselves, others, or the world we live in, to the trauma we have been subjected to by that very same world. This is the stuff of nightmares.

Nightmares are disturbing feelings of anxiety, fear, perceived guilt or shame, and danger.[8] Post-traumatic nightmares involve the region of the brain involved in fear behaviors, including the Amygdala, which perceives the potential for harm and sounds the alarm, lighting up the brain, just as it would if an angry bear were chasing us through the woods in real time. Fight or flight kicks in; fear, anxiety, and panic take over.[9] If this occurs regularly enough over a long period of time, the Amygdala becomes sensitive, especially to over-exposure to trauma. Bad dreams and nightmares can become so regular by this point, that one can actually be afraid to go to sleep. This is where the Hippocampus gets involved through moving recalled traumatic experiences, like combat, into permanent memory.[10] Common triggers for nightmares are stress, anxiety, irregular sleep, medications, mental health disorders, and especially PTSD. So, what can we do about nightmares?

Diet, exercise, and sleep have already been mentioned. So has processing, though obliquely in the beginning of this article. Processing refers to the conversations with others you know accept you without criticism and are not judgmental. You can trust them with anything you share, knowing they will keep your confidence. They will actively

listen and engage you in conversation with empathy. This is the kind of sharing my family has done for generations regarding our traumatic experiences. It brings deep issues to the surface, where they can be understood more clearly. It provides a framework for rebuilding self-image and world view. It provides a verbal blackboard for asking questions, sharing answers, and exploring options. What remains under the table cannot ever be fully known, resolved, or healed. Processing is a benevolent yet sometimes difficult way to get things on top of the table, seen for what they are with the promise and hope of healing through being listened to, understood, and taken seriously.

This experience became the impetus for research into recovery coaching for Veterans and a four-year pilot program recently recognized as peer-to-peer coaching approved for use with military personnel, Veterans, and their families.[11]

There are other things to consider as well. Check the side effects of any medications being taken. Avoid reading, watching, or listening to any media that has content you know or may suspect triggers your nightmares. If a dream awakens you, don't lie in bed trying to go back to sleep. Get up, walk around a bit, drink some water and then return to bed. This will help kick in your logic filter and reset things. Look for any changes in behavior that are unusual and

represent a change. A pattern of unusual sleep disturbance and behavior is an early warning sign for stress fatigue which, if unchecked, can trigger bad dreams and nightmares. Be proactive and seek help from a qualified healthcare professional if nightmares persist.

Understanding the biology of dreaming demystifies them and lessens their power over us. There are practical things we can do to maintain a robust physiology, beginning with diet, exercise, rest, and staying engaged in community. Taking care of our body also takes care of our mind. However, it is a two-way street, and our psychology can impact our physical health as well. Understanding the psychology of dreaming takes it out of the realm of hocus-pocus and frees us from the burden of suspecting something is broken beyond repair. This is where peer-to-peer processing can help free us from a cycle of bad dreams and nightmares.

Trauma comes in many forms. It can be the result of moral injury (a response to acting or witnessing behaviors that go against an individual's values and moral beliefs) or the result of major traumatic events. Sustained stress and uncertainty over a long period of time can produce the

same results. Even witnessing how other people, especially significant others, respond to trauma in their lives can produce vicarious trauma in us. Depression and anxiety often accompany trauma as we attempt to move past the experience. Self-medication, avoidance and isolation from others, and pursuing pleasure as a means of escape complicate things further. This is a cycle that can be broken, but not without help from others.

Dreams are our friends. They help us figure things out, resolve issues, find solutions, and explain the unexplainable. They even can be recreational. When they are no longer friendly or helpful, it is time to figure out why. What are they pointing to that you can do something about? May all your dreams be the stuff of warm days, good times, and cool breezes.

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Jeff Jernigan, PhD, BCPPC, FAIS is a board-certified mental health professional known for influencing change in people and organizations by capitalizing on growth and change through leadership selection and development. Jeff currently serves Stanton Chase Pacific as the regional Life-Science and Healthcare Practice Leader for retained executive search and is the national subject matter expert for psychometric and psychological client support services.

A lifetime focus on humanitarian service is reflected in Jeff's role as the Chief Executive Officer and co-founder, with his wife Nancy, for the Hidden Value Group, an organization bringing healing, health, and hope to the world in the wake of mass disaster and violence through healthcare, education, and leadership development. They have completed more than 300 projects in 25 countries over the last 27 years. Jeff currently serves as a Subject Matter Expert, Master Teacher, Research Mentor, or Fellow in the following professional organizations: American Association of Suicidology, National Association for Addiction Professionals, The American Institute of Stress, International Association for Continuing Education and Training, American College of Healthcare Executives and the Wellness Council of America.

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