

TRAUMA NEWSLETTER

HEALING THE HIDDEN EPIDEMIC

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The Aim of *American Sniper*

Clint Eastwood's powerful film, *American Sniper*, has touched a nerve in our nation's psyche. Millions of people have entered their local movie theater and been transported into the hell of Chris Kyle's experiences in Iraq. The talents of director Eastwood and actor Bradley Cooper unite to vividly portray the cost of four deployments to the spirit and emotional well-being of a true American hero. *American Sniper* is providing a much-needed education on the real nature of this war that our traditional media coverage has been unable, or unwilling, to expose.

Over three years ago, I wrote a blog post about what I saw as a troubling lack of awareness among civilians about the nature and cost of the wars in Iraq and Afghanistan. I made the claim that our service members' stories were in "stealth mode," silently flying under the radar of our national consciousness. Here's a portion of that post:

"The wars in Iraq and Afghanistan have been going on now for almost a decade. Hundreds of thousands of Americans have served in some of the most physically and psychologically intense battlefields in our history, served repeatedly over multiple deployments, and none of them will come out of their stressful combat experiences without deep and lasting personal changes. Those changes will be both positive and negative.

"Along with the combat stress our returning service members and veterans have endured, they're experiencing health stress in disproportionately greater numbers than our general population. Technological advances in personal and vehicle armor have increased the ability of service

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Why the Wars in Iraq and Afghanistan Are Different

Excerpts from *Trauma: Healing the Hidden Epidemic*, by Peter M. Bernstein, PhD

The essential experience of combat never changes. One group or nation threatens another. Violence ensues and the lives of both warriors and civilians are at risk. For those on the front lines, days, hours and minutes dissolve into an essential question of survival.

The technology of warfare does change, however. Strategies evolve and logistics are adapted to often limited resources of men and material. This has been true of our nation's conflicts in Iraq and Afghanistan. The following excerpt from my book explains my thinking on these issues and the importance they have for combat trauma.

"A war we all hoped would be brief has continued since 2003. This conflict has employed a method of recycling troops that has greatly affected their ability to maintain emotional well-being and receive sufficient leave for psychological and emotional recovery. Deployments have been longer, and redeployment has been common. Dwell time between tours has been brief. Just as soldiers begin to adjust to normal life, they are called up again.

"For example, a patient of ours did three tours in Iraq. During Brandon's first leave, he struggled with bouts of rage and could not

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A WORD FROM THE DOCTOR:

Dr. Bernstein is the founder and director of the Bernstein Institute for Integrative Psychotherapy & Trauma Treatment in Petaluma, California. In his practice he uses an integrative approach to psychotherapy and the treatment of emotional and physical pain. His therapeutic approach incorporates a broad spectrum of services, including a new modality he developed called Reichian-Myofascial Release Therapy.

Peer Counseling for Combat Veterans

I greatly admire the men and women of our nation's military who want to help their wounded fellow service members when they retire from active duty. Assisting others in recovery from physical or emotional "invisible" wounds provide these warriors with a new battlefield on home soil. They continue in the proud tradition of "leaving

no man or woman behind." Unfortunately, many of these motivated caregivers are in need of care themselves. To be effective as clinical professionals, peer counselors or mentors, they need two things: training in therapeutic skills and a measure of personal healing.

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The Bernstein Institute for Trauma Treatment is located at 501 2nd Street, Petaluma CA, and specializes in the diagnosis and treatment of all forms of psychological and emotional trauma. For more information, please visit www.bernsteininstitute.com or call (707) 781-3335.

The Aim of American Sniper

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members to survive attacks both in battle and from improvised explosive devices. The downside to this is that more veterans come home with significant wounds and physical health limitations that will follow them the rest of their lives. Whether it's the challenge of losing an arm or leg (or both), loss of sight or hearing, or loss of mental clarity and memory from repeated concussions, the stress from physical health restrictions is and will continue to be a very real part of many lives.

"Studies of post-traumatic stress (PTS) rates in returning veterans vary, but I'd estimate maybe half will suffer some kind of emotional and psychological stress as a result of their service. Symptoms can run from mild—sleep disturbances, short tempers—to extreme—drug and alcohol addiction, paranoia, and suicide attempts and completions.

"There seems to be some kind of irrational disconnect between the community and our veterans who are coming back devastated from the wars, having faced atrocities we can't even begin to imagine. There doesn't seem to be real recognition by enough of us that we've been at war, and there's a lot of good people—service members, their extended families, and neighbors—who are truly traumatized and suffering. I'm a veteran of the Vietnam War era, and still I've never seen such a complete disconnect between the community and our military and the wars that are being fought. This hits very close to home for me; it almost breaks my heart."

Peer Counseling for Combat Veterans (continued)

What can get in the way for the best-intentioned combat veterans who reach out to traumatized brothers, as Chris Kyle did, are issues of survivor's guilt and a rescue mentality. Their own pain—for the lives they took, for the comrades they couldn't save—creates blind spots in their approach to helping others with trauma, PTSD, depression, and other behavioral health issues. They feel desperate to help and their desperation can prevent them from objectively seeing the risks and the nature of help that is truly needed. Men and women who wouldn't embark on a battlefield mission without cautious planning and strategy, after careful study of the enemy, rush into situations with troubled individuals without the plan or perceptiveness needed to succeed. And without preparation, tragedies—large or small—are often the outcome.

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Why the Wars in Iraq and Afghanistan Are Different

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connect with his family and friends as he once had. He found their conversations and complaints about civilian life tedious and irritating. He was anxious to go back. A month later, he was redeployed. With each deployment, Brandon's transition to civilian life became more and more difficult and compounded the effects of his psychological wounds.

"Many service members can identify with Brandon's experience as they return home with visible and invisible wounds. Although this is a high-tech war, it is still a violent one. Improvised explosive devices (IEDs) are a constant threat and have led to service members losing limbs or suffering traumatic brain injuries (TBIs). Many soldiers have been maimed or killed, and many who survived are traumatized because they witnessed these tragedies. As we have learned, it is very common for emotional trauma to accompany physical injuries.

"The threat of violence or attack is enough to traumatize even the most disciplined soldier. And the possibility of being wounded or killed or of killing another human being leads to a state of constant hyper-vigilance. Some soldiers may never fire a gun during their tour [particularly those serving in "non-combat" roles] but will suffer psychological wounds due to prolonged hyper-vigilance. Due to the constant threat of danger, they are in the first stages of the stress response at all times."

From Chapter 7, "A Note to Veterans and Their Loved Ones"

For years now, it has been my great desire to establish a professional therapeutic training program for retired service members. I want to share my years of experience in the field of emotional trauma treatment with the caliber of individuals I see leaving our military for service in the civilian world. Their background and character would uniquely qualify them to gain the trust of veterans with behavioral health challenges. Armed with psychotherapeutic skills, these caregiver-warriors could have a tremendous impact on the long-term health of our country and some of our best and brightest. I am pursuing every avenue to make my training program a reality. If you can assist me in this endeavor in any way, I would be grateful for your support.

Peter

