

# TRAUMA NEWSLETTER

## HEALING THE HIDDEN EPIDEMIC

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## Military Suicides: Part One

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Today marks the first in a new series about an appalling reality in our culture: the heart-breaking frequency with which United States military personnel are taking their own lives. What I have to say about this topic will be serious and challenging; the number of recent service member and veteran suicides and suicide attempts should be absolutely unacceptable to every American. I plan to not only share facts and statistics with you, but also to enlighten you about the underlying causes of this tragic epidemic from my over forty years of experience helping people resolve emotional trauma.

I recognize that this is a heavy subject. Please stay with me on this one. I'm going to primarily focus on suicides among combat troops of Iraq (OIF) and Afghanistan (OEF). I firmly believe this topic must be addressed. The men and women serving our country in our armed forces deserve to be heard before they use suicide to blast their way to our attention.

First, let me say that suicide attempts and completions are a symptom. This ultimate act of self-destruction is a symptom of emotional trauma, or what has come to be called "invisible wounds" in our post-9/11 world. As symptoms, suicide completions and attempts usually happen only after the development of other symptoms or warning signs, such as depression, reckless behavior, or substance abuse. I'll go into this later in more detail. For now, I want you to understand that to effectively treat the symptom of suicide, we'll need to comprehensively address and heal our military's invisible wounds.

The suicide statistics for veterans are truly alarming. I'm going to start with data from a Department of Veterans Affairs study completed in 2010. In his April 22, 2010 article for the Army Times, staff writer Rick Maze reported the following:

- 18 veterans of all wars and conflicts commit suicide every day (that's one suicide every 80 minutes)
- 950 veterans in treatment with the VA attempt suicide every month (that's 31 suicide attempts per day)

(continued on reverse)

## Financial Crisis, Trauma, & Reinvention

(Excerpts from: *Trauma: Healing the Hidden Epidemic* by Peter M. Bernstein, Ph.D.)

Since the start of our Great Recession about six years ago, the alarming trend of increased stress, burnout, and even suicide has been immediately clear to me. This tragedy has continued to play out, day after day, in the lives of my patients. It has been one of the strongest motivating forces driving me to complete my recently-published book, *Trauma: Healing the Hidden Epidemic*. Part of the hidden epidemic I refer to is the financial despair that many people still feel—an epidemic for which we desperately need healing and resolution.

Here's how I describe our nation's situation, from my chapter titled "Crises and Hard Times":

"To say that these are 'hard times' diminishes the suffering and difficulty that many are going through. Many people have had their worst fears come true. They have no income but plenty of financial obligations. They may have lost their homes and moved in with relatives or friends. Or worse, they may have lost their homes and have nowhere to go. Millions are struggling with what could ultimately be the most difficult years of their lives. If we want to emerge completely from this crisis—as individuals and as a nation—we must be willing to take care of each other and take control of our own emotional healing."

How in my own life and in the lives of my patients have I been able to help create emotional healing for modern-day crises, so we don't become suicide statistics?

(continued on reverse)

## 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.

### *What is emotional trauma?*

This profoundly misunderstood experience has reached epidemic proportions in our communities today. It has been one of the strongest motivating forces driving me to complete my recently-published book, *Trauma: Healing the Hidden Epidemic*.

In a word, trauma is damage. It is a wound, an injury, or a state of shock experienced as the result of a single event or prolonged series of events.

Physical and emotional traumas are related but not always dependent on each other. Physical trauma is obvious - it leaves a wound which usually heals over time, sometimes leaving a scar. You can point to it and say, "I've been injured. This happened to me, and it's real." Emotional trauma is not so obvious. It's harder to locate, it's harder to describe, and it's harder to prove that it is real.

(continued on reverse)

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](http://www.bernsteininstitute.com) or call (707) 781-3335.

## Military Suicides: Part One (continued)

- 98 veterans of OIF and OEF committed suicide between October 2008 and September 2009 (that's one suicide every four days)
- 1,868 OIF/OEF veterans attempted suicide during that same time period (that's five attempts every day)

Let me tell you why I think these numbers don't fully represent the magnitude of our veteran suicide problems.

First, this study is limited to information about veteran suicides that the VA knows about. These statistics cover veterans receiving some type of treatment within the VA system combined with statistics the VA has been able to collect from other sources about veterans outside the system. The VA's internal data may be accurate, but many veterans outside the system can "fly under the radar" and their suicides and suicide attempts may not be measureable in any truly precise way. For this reason, I would bet the VA numbers are low.

Second, I firmly believe that many suicides don't end up looking like suicides or being reported as suicides. An example of this that's been in the news lately is the phenomenon of "suicide by cop". In suicide by cop, an individual acts in such a way as to present a flagrant danger to himself or others, in an effort to be shot and killed by peace officers. Police responding to a scene of domestic violence, or burglary, or assault may find themselves face-to-face with a veteran desperate to end his suffering but unable to complete the act of taking his own life. The veteran acts in an aggressive, threatening way to the officers, who necessarily shoot in defense of themselves and/or innocent bystanders.

Another example of disguised suicides and suicide attempts are deaths from reckless behavior. A veteran feeling there's "no way out" climbs on his motorcycle and speeds past control into a fatal crash on a winding country road. Another veteran combines prescription medication with alcohol and no one really knows whether he slipped away by mistake or design. Many incidents like these are masked suicides and not all of them will find their way into our statistics and awareness.

I've treated many OIF/OEF veterans and I've seen that they don't want to draw attention to themselves. When I ask the veterans I've been able to help how I can find and reach out to other hurting veterans in the community, they all say, "They don't want to be found." This tells me the magnitude of our veteran suicide problem is probably significantly greater than we know, even with the most careful and conscientious reporting efforts.

What we do know is alarming enough. Next month, in Part 2 of this series, I'll present the results of another, recent military suicide report by the Center for a New American Security.

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### *What is emotional trauma? (continued)*

Emotional traumas, however, are every bit as real as physical traumas. The experience of trauma is far more common than most of us realize. Military personnel and survivors of terrorism, crime, accidents and disasters aren't the only people who suffer from PTSD. The loss of a home, a job, a spouse – abuse of all kinds – disease, divorce, disability – can leave any of us wounded and in need of treatment.

While I believe there is no cure, emotional, "invisible" wounds can be healed. I have dedicated my life's work to discovering practical, effective ways to heal my patients and give them hope for a better life.

Peter

## Financial Crisis, Trauma & Reinvention (continued)

Dealing with a crisis demands that we spend every ounce of energy, every thought, every effort trying to ensure our survival. Crises can build slowly or hit suddenly. Either way, by the time we recognize our crisis we may already be overwhelmed, feel unable to find answers and unequipped to go on. We are squarely faced with the following challenge: Is this crisis going to be the end, or is it going to be a turning point in my life?

No matter how helpless we feel, we always have choices. In order to make choices, to act, however, we must feel a sense of personal power. The strength we find within us in the face of a crisis makes the difference between "the end"—collapse—and "a turning point"—reinvention.

My message, after 43 years of clinical practice and 67 years of life experience, is that the choice between despair and hope, between giving up and growing up, requires three things: a belief in the possibility of something better, the courage to make a decision, and the strength to turn that decision into action.

Where does trauma come into this picture? Trauma in the present moment, trauma from our past lives, and, especially, a potent combination of the two, can sabotage every step of the reinvention process I've outlined above. Again, quoting from "Crises and Hard Times":

"Previously traumatized individuals most often feel the fear and anxiety during a crisis more intensely. When we enter stressful times in our lives, traumatic experiences from the past are often brought to the surface. Even if those events happened years, even decades, earlier, the unresolved energy and emotions from those experiences often intensify the emotions associated with our current circumstances. When we experience this, responding to our situation appropriately becomes even more difficult than usual."

In other words, we can have every intention, every desire to move forward in life in spite of crisis, pain, and difficulties, and never fully understand that the wounds of trauma we carry inside keep getting in our way.

That's the hidden epidemic I'm talking about. And, as with other health epidemics, professional help is often needed to survive and heal. Many experienced counselors and therapists and many valuable resources are available. Dr. Bernstein's book, *Trauma: Healing the Hidden Epidemic*, can be ordered from Amazon.com. For more information, visit [www.bernsteininstitute.com](http://www.bernsteininstitute.com)

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