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• "Your slides reflect our cultural deficits. The Greeks actually took days off from battle to openly grieve their losses. The vets say even if they lost a platoon member they did not know well, they still felt the loss deeply and completely because of the group identity versus individual. I will have the vets weigh in on your thoughts or should I say an accurate reality check. Your idea stands out as it recognizes that the problem with transitioning back home is a societal issue and not a disorder with those traumatized.

 If we are not in touch with those suffering from trauma, we cannot heal as a nation. I pray that your insights bring you the meaning and purpose you are looking for. You have taken the discussion to the next level and given the Vets a new path to understanding and healing. Thanks for that. have group on Monday and will present it to them." Chris Ziglifa

• "From the perspective of veterans, you again speak from a truth. "I find it impossible to heal isolated people inside an unhealthy culture when they feel excluded". I am sure this speaks to everyone and is not limited. You grasp with both hands my main concern. To heal we must forgive. The hatred and rage at the "enemy" is strong and the barrier very difficult to get through. I fear that it is a result of, if I see the enemy as forgivable then I must face what I may have done to them which I see as unforgivable in myself

• "The exposure therapies are very good for fear based trauma but how do we help with loss, betrayal, and the moral injury. They fear if they share what they did they will lose the safety of the relationship and cannot be accepted. You open the door to becoming aware and understanding this. You have sent me things before that required feedback. This is totally different from a work in progress. You do not fix inspiration.".".... Chris Ziglifa

• "I have not seen anyone who was not genuine. Vets report they have which is very distressing to them. I avoid using malingering and fictitious disorder because historically that is what PTSD was originally referred to as."....

• I think many 100% Service Connected Vets drop out is because of therapist turnover rates, lack of knowledge of military culture, intolerance of exposure therapies, lack of recognition of loss, betrayal, and moral injury that are not fear based traumas, the need for long term and multiple forms of therapy for childhood and developmental traumas.".... Chris Zaglifa

• "Grace and mercy are, and always will be, a radical shift from normal consciousness. We truly are entering a change of era. Until recently, Christianity has largely reflected the common consciousness instead of enlightening it. Nowhere is this more evident than in our preference for punishment over mercy.

"If we truly understood ("stood under") God's mercy, we would see how we've gotten everything "upside down and backward," as Fr. Thomas Keating loves to say. Most of us think and act as if God is a God of retribution and even eternal punishment. But the Bible, Jesus, and the mystics of all the world religions reveal that God is infinite love, which really changes everything."....

• "Most religious people have put the cart before the horse by imagining that we can earn God's love by some kind of moral behavior. Whereas, according to the saints and mystics, God's love must be experienced first--and then our moral behavior is merely an outflowing from our contact with that infinite source toward all other people and things. Love is the powerful horse; morality is then the beautiful cart that it pulls, not the other way around.".... Richard Rohr

- Combat is generally less traumatic than rape but harder to recover from. The reason, strangely, is that the trauma of combat is interwoven with other, positive experiences that become difficult to separate from the harm. *Treating combat veterans is different from treating rape victims, because rape victims don't have this idea that some aspects of their experience are worth retaining.*
- The best to the worst of times

• People who fail to overcome trauma tend to be people who are already burdened by psychological issues—either because they inherited them or because they suffered trauma or abuse as children. According to a 2003 study on high-risk twins and combat-related PTSD, if you fought in Vietnam and your twin brother did not-but suffers from psychiatric disorders—you are more likely to get PTSD after your deployment. If you experienced the death of a loved one, or even weren't held enough as a child, you are up to seven times more likely to develop the kinds of anxiety disorders that can contribute to PTSD, according to a 1989 study in the British Journal of Psychiatry. And according to statistics published in the Journal of Consulting and Clinical Psychology in 2000, if you have an educational deficit, if you are female, if you have a low I.Q., or if you were abused as a child, you are at an elevated risk of developing PTSD. These factors are nearly as predictive of PTSD as the severity of the trauma itself.

• Suicide by combat veterans is often seen as an extreme expression of PTSD, but currently there is no statistical relationship between suicide and combat, according to a study published in April, 2015 in the Journal of the American Medical Association Psychiatry. Combat veterans are no more likely to kill themselves than veterans who were never under fire. The much-discussed estimated figure of 22 vets a day committing suicide is deceptive: it was only in 2008, for the first time in decades, that the U.S. Army veteran suicide rate, though enormously tragic, surpassed the civilian rate in America. And even so, the majority of veterans who kill themselves are over the age of 50.

• Generally speaking, the more time that passes after a trauma, the less likely a suicide is to have anything to do with it, according to many studies. Among younger vets, deployment to Iraq or Afghanistan lowers the incidence of suicide because soldiers with obvious mental-health issues are less likely to be deployed with their units, according to an analysis published in Annals of Epidemiology in 2015. The most accurate predictor of post-deployment suicide, as it turns out, isn't combat or repeated deployments or losing a buddy but suicide attempts before deployment.

• American airborne and other highly trained units in World War II had some of the lowest rates of psychiatric casualties of the entire military, relative to their number of wounded. A sense of helplessness is deeply traumatic to people, but high levels of training seem to counteract that so effectively that elite soldiers are psychologically insulated from even extreme risk. Part of the reason, it has been found, is that elite soldiers have higher-than-average levels of an amino acid called *neuropeptide-Y*, which acts as a chemical buffer against hormones that are secreted by the endocrine system during times of high stress. In one 1968 study, published in the Archive of General Psychiatry, Special Forces soldiers in Vietnam had levels of the stress hormone cortisol go down before an anticipated attack, while less experienced combatants saw their levels go up.

- Half of our Iraq and Afghanistan veterans have applied for permanent disability. Of those veterans treated, roughly a third have been diagnosed with PTSD. Since only about 10 percent of our armed forces actually see combat, the majority of vets claiming to suffer from PTSD seem to have been affected by something other than direct exposure to danger.
- This is not a new phenomenon: decade after decade and war after war, American combat deaths have dropped steadily while trauma and disability claims have continued to rise. They are in an almost inverse relationship with each other. Soldiers in Vietnam suffered roughly one-quarter the casualty rate of troops in World War II, for example, but filed for disability at a rate that was nearly 50 percent higher, according to a 2013 report in the Journal of Anxiety Disorders.

• Today's vets claim three times the number of disabilities that Vietnam vets did despite a generally warm reception back home and a casualty rate that, thank God, is roughly one-third what it was in Vietnam. Today, most disability claims are for hearing loss, tinnitus, and PTSD-the latter two of which can be exaggerated or faked. Even the first Gulf War—which lasted only a hundred hours—produced nearly twice the disability rates of World War II. Clearly, there is a feedback loop of disability claims, compensation, and more disability claims that cannot go on forever

- A recent investigation by the V.A.'s Office of Inspector General found that the higher a veteran's PTSD disability rating, the more treatment he or she tends to seek until achieving a rating of 100 percent, at which point treatment visits drop by 82 percent and many vets quit completely. In theory, the most traumatized people should be seeking more help, not less.
- Many combat veterans actively avoid the V.A. because they worry about losing their temper around patients who are milking the system

• The majority of traumatized vets are not faking their symptoms, however. They return from wars that are safer than those their fathers and grandfathers fought, and yet far greater numbers of them wind up alienated and depressed. This is true even for people who didn't experience combat. In other words, the problem doesn't seem to be trauma on the battlefield so much as re-entry into society. Anthropological research from around the world shows that recovery from war is heavily influenced by the society one returns to, and there are societies that make that process relatively easy. Ethnographic studies on hunter-gatherer societies rarely turn up evidence of chronic PTSD among their warriors, for example, and oral histories of Native American warfare consistently fail to mention psychological trauma

• If we weed out the malingerers on the one hand and the deeply traumatized on the other, we are still left with enormous numbers of veterans who had utterly ordinary wartime experiences and yet feel dangerously alienated back home. Clinically speaking, such alienation is not the same thing as PTSD, but both seem to result from military service abroad, so it's understandable that vets and even clinicians are prone to conflating them. Either way, it makes one wonder exactly what it is about modern society that is so mortally dispiriting to come home to.

• Part of the trauma of war seems to be giving it up. There are ancient human behaviors in war-loyalty, inter-reliance, cooperation—that typify good soldiering and can't be easily found in modern society. This can produce a kind of nostalgia for the hard times that even civilians are susceptible to: after World War II, many Londoners claimed to miss the communal underground living that characterized life during the Blitz (despite the fact that more than 40,000 civilians lost their lives).

• What all these people seem to miss isn't danger or loss, per se, but the closeness and cooperation that danger and loss often engender. Humans evolved to survive in extremely harsh environments, and our capacity for cooperation and sharing clearly helped us do that. Structurally, a band of huntergatherers and a platoon in combat are almost exactly the same: in each case, the group numbers between 30 and 50 individuals, they sleep in a common area, they conduct patrols, they are completely reliant on one another for support, comfort, and defense, and they share a group identity that most would risk their lives for. Personal interest is subsumed into group interest because personal survival is not possible without group survival.

- Our tribalism is about an extremely narrow group of people: our children, our spouse, maybe our parents. *Our society is alienating, technical, cold, and mystifying.* Our fundamental desire, as human beings, is to be close to others, and our society does not allow for that.
- Today's vets are not the first Americans to balk at coming home.

• A source of continual embarrassment along the American frontier-from the late 1600s until the end of the Indian Wars, in the 1890s—was a phenomenon known as "the White Indians." The term referred to white settlers who were kidnapped by Indians—or simply ran off to them—and became so enamored of that life that they refused to leave. According to many writers of the time, including Benjamin Franklin, the reverse never happened: Indians never ran off to join white society. And if a peace treaty required that a tribe give up their adopted members, these members would often have to be put under guard and returned home by force.

• It is incredibly hard to measure and quantify the human experience, but some studies have found that many people in certain modern societies self-report high levels of happiness. And yet, numerous cross-cultural studies show that as affluence and urbanization rise in a given society, so do rates of depression, suicide, and schizophrenia (along with health issues such as obesity and diabetes). People in wealthy countries suffer unipolar depression at more than double the rate that they do in poor countries, according to a study by the World Health Organization, and people in countries with large income disparities—like the United States—run a much higher risk of developing mood disorders at some point in their lives. A 2006 cross-cultural study of women focusing on depression and modernization compared depression rates in rural and urban Nigeria and rural and urban North America, and found that women in rural areas of both countries were far less likely to get depressed than urban women. And urban American women-the most affluent demographic of the study—were the most likely to succumb to depression.

- The Journal of Affective Disorders in 2012, concluded. "In effect, humans have dragged a body with a long hominid history into an overfed, malnourished, sedentary, sunlight-deficient, sleep-deprived, competitive, inequitable and socially-isolating environment with dire consequences."
- The behaviors that had high survival value in our evolutionary past, like problem solving, cooperation, and inter-group competition, are still rewarded by bumps of dopamine and other hormones into our system. Those hormones serve to reinforce whatever behavior it was that produced those hormones in the first place. Group affiliation and cooperation were clearly adaptive because in many animals, including humans, they trigger a surge in levels of a neuropeptide called oxytocin.

- Hominids that were rewarded with oxytocin for cooperating with one another must have out-fought, out-hunted, and out-bred the ones that didn't. Those are the hominids that modern humans are descended from.
- According to one study published in *Science* in June 2010, this feedback loop of oxytocin and group loyalty creates an expectation that members will *"self-sacrifice to contribute to in-group welfare."* There may be no better description of a soldier's ethos than that sentence. *One of the most noticeable things about life in the military is that you are virtually never alone*

- The level of intimacy duplicates our evolutionary past very closely and must create a nearly continual oxytocin reward system
- When soldiers return to modern society, they must go through—among other adjustments—a terrific oxytocin withdrawal. The chronic isolation of modern society begins in childhood and continues our entire lives
- Many soldiers will tell you that one of the hardest things about coming home is learning to sleep without the security of a group of heavily armed men around them. In that sense, being in a war zone with your platoon feels safer than being in an American suburb by yourself

- *Trauma is usually a group experience, so trauma recovery should be a group experience as well.* But in our society it's not
- Our whole approach to mental health has been hijacked by pharmaceutical logic
- PTSD viewed as a crisis of connection and disruption
- It's an open question whether people's problems are located in the individual. *If enough people in society are sick, you have to wonder whether it isn't actually society that's sick.*"

- In experiments with lab rats, for example, a subject that is traumatized—but not injured—after an attack by a larger rat usually recovers within 48 hours *unless it is kept in isolation,* according to data published in 2005 in Neuroscience & Biobehavioral Reviews. The ones that are kept apart from other rats are the only ones that develop long-term traumatic symptoms. And a study of risk factors for PTSD in humans closely mirrored those results.
- In a 2000 study in the Journal of Consulting and Clinical Psychology, "lack of social support" was found to be around two times more reliable at predicting who got PTSD and who didn't than the severity of the trauma itself

- PTSD is a disorder of recovery, and if treatment only focuses on identifying symptoms, it pathologizes and alienates vets
- If the focus is on family and community, it puts them in a situation of collective healing.
- Israel is arguably the only modern country that retains a sufficient sense of community to mitigate the effects of combat on a mass scale. Despite decades of intermittent war, the Israel Defense Forces have a PTSD rate as low as 1 percent.

- The perceived legitimacy of a war was more important to soldiers' general morale than was the combat readiness of the unit they were in. *And that legitimacy, in turn, was a function of the war's physical distance from the homeland*
- America's distance from her enemies means that her wars have generally been fought far away from her population centers, and as a result those wars have been harder to explain and justify
- The people who will bear the psychic cost of that ambiguity will, of course, be the soldiers.

- America is a largely de-ritualized society
- The shocking disconnect for veterans isn't so much that civilians don't know what they went through—it's unrealistic to expect anyone to fully understand another person's *experience—but that what they went through doesn't seem relevant back home.*
- Given the profound alienation that afflicts modern society, when combat vets say that they want to go back to war, they may be having an entirely healthy response to the perceived emptiness of modern life.

- Healing needs to be...
 - COMMUNITY-BASED
 - UTILIZING PEER SUPPORT
 - INVOLVING HEALING RITUALS
 - WITH SPIRITUAL CONNECTEDNESS
- This might also begin to re-assemble a society that has been spiritually cannibalizing itself for generations. We keep wondering how to save the vets, but the real question is how to save ourselves. If we do that, the vets will be fine. If we don't, it won't matter anyway.