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Dealing with Anger in Effective Ways

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One of the most terrifying things for trauma survivors is to fly into a rage without any warning. Family members friends and therapists can be terrified, too, although they may not show it. If you have read earlier issues of this newsletter, you know that irritability or outbursts of anger are one of the cluster of hyperalert symptoms that include not being able to sleep, lack of concentration, startle responses, etc. You may still be mystified or afraid that you will do something in a rage that you will regret for the rest of your life. And maybe you already have. I suggest using the pain from incidents you regret to motivate change.

The first task in dealing with anger is to distinguish between anger, which is an emotion, and violence, which is an action. Most people think they are the same thing. Extreme startle responses can be violent. The violence occurs in nanoseconds when the person is surprised by something, way before the amount of time it takes to process something that pisses you off in your forebrain and get mad. Violent startle responses are very upsetting to the person who has them. Often the person goes from shame and despair (what is wrong with me) straight into an eruption of anger at the victim of the violent startle response.

In one sense it makes no difference to the person you are yelling at or hitting, but it can make a difference in how you handle the incident. Instead of erupting in anger, you can learn to say, "I am so sorry. That was a startle response. I am not angry except at myself for having it."

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Anger is based in thinking. One person is treated rudely by a clerk and thinks "She must be having a hard day." Another person thinks, "She cant treat me like I'm nobody," and gets angry. Same behavior, one way of thinking results in compassion and the other in anger.

Anger is a signal that you have a problem to solve and you probably feel you are about to be harmed. The problem may be real (someone is hurting me) or it may be that what is going on today brings up feelings from the past (what is happening reminds me of my abuser or a traumatic event). Anger is an emotion, not an action like exploding into violence. Anger can be managed if it is brought to awareness and feeling is separated from action. Boundaries and knowing about emotional reasoning can help here. Say to yourself, "I am over

here. That person is over there. He or she has a whole history, feelings, thoughts of his/her own. I may feel pain but that does not mean that person is trying to hurt me (emotional reasoning, a cognitive distortion, says I feel it so it must be true). It may have nothing to do with me." Just saying this much to yourself will help you pause. When you can pause, you can also learn to act in new ways instead of reacting in old ineffective dysfunctional ways that get you into trouble, ways you may have learned in childhood or in combat. You can learn new skills. It ain't easy, but it can be done, one little bit at a time!

Several aspects of PTSD contribute to the problems trauma survivors have with anger.

Knowing you are angry: You may be so numb you can't tell when you are beginning to get angry. It seems to explode out of you but there may be early warning signs that you could learn to detect. Regularly scanning your body for physical signs can help you become aware of this: are you clenching teeth or fists? Is your stomach churning, throat tight, lips turning into a thin blue line? Ask your family or associates how they can tell if you're getting mad. You may start to twitch in a particular way that you are not aware of, moving your shoulders,

drumming your fingers, rubbing one ear. If you know your own signs, you can walk away or calm yourself down.

Knowing why you are angry: Once you start to be aware of what is going on inside you, I've found that it helps me to identify other feelings I have numbed which lead me to anger. Most people learn to cover up painful or frightening feelings by getting angry. Anger causes a surge of adrenaline and a feeling of power which is more tolerable for most of us than feeling helpless, afraid, hopeless, needy, fearful, despairing, lost, abandoned, guilty, ashamed, or whatever.

If this is true for you, as it is for me, paying attention to your emotional state will help you deal with the primary feelings under the anger. I find that I do better if I just feel them, no matter how painful, for a while, maybe write down what I feel. The feeling passes and I am okay. "This too shall pass," is a good slogan for me.

Another PTSD symptom, **hypervigilance**, constantly scanning for danger out there, makes it hard to concentrate on your inner life and be aware of what you are feeling. This can compound the effect of numbing. Using an affirmation like: "I am safe. I am ___years old and no longer in _____. I have more resources today than I did when I wasn't safe," can help remind you that hypervigilance may not be necessary today. Fill in the blank with your age and the place you were traumatized whether it

was Vietnam or your own home. Change the wording so that it works for you.

Other symptoms of PTSD can contribute to anger problems: lack of sleep makes you irritable. You may also carry an irritating residue of bad feelings from nightmares into the world of day. Trying to avoid feeling common feelings can be a constant irritation. Plus cultural conditioning says men can be angry; but they can't cry about things they need to cry about, like losing friends. And women are never supposed to be angry so we tend to stuff and stuff till we blow up.

Changing: If you want to change, the first step is to identify what lies under the anger. Keeping a list of common feelings handy can help you learn to name them. List the beliefs you have which get you mad. A lot of them will have the word should in them. Stopping to identify feelings and beliefs turns out to be a good pause-button for those of us who tend to go off like a rocket.

Knowing your own history is important here, too. If you can identify why that clerk pissed you off so much (like the lifers in Vietnam or the teacher who humiliated you in front of the class), it is easier to go on with the thought "but this isn't Vietnam. or school, and I'm older now and have more resources, one of which is to write a letter to his/her boss..." Taking a healing action is so much better than letting others push your buttons and jerk you around like a puppet.

When you want to yell, look

inside for the feeling beneath the anger. Is it fear that your kid was dead when he stayed out late and didn't call? It will be a lot more effective to tell him that than to rage. Is it feeling unloved and therefore unlovable because someone forgot something they said they'd do for you? If you can identify that you can be honest about it (I felt hurt when you forgot my sandwich/birthday) and you can also examine whether you are putting yourself in a position to be hurt over and over by relying on unreliable people or expecting someone human to be more than human. Then you can work on that pattern, too.

Much of anger comes from what are called "hot thoughts." We see someone's behavior as reflecting on us. I used to see my dog's unwillingness to let go of the ball after she fetched it as proof that I was no good (Couldn't even train my dog right!). It would enrage me. One day in the park, I found myself screaming at her, "This is not a game!" as I punched her for not dropping the ball! Me! Nice Patience! It got me to examine my rage and see what I was saying to myself about her natural playfulness vs. having the perfect dog. Today I try not to be perfect or have perfect plans, parties, newsletters, etc. It is a lot easier!

Hot thoughts can be as simple as "she should have dinner ready when I get home." If there is an emotional rush associated with a simple event, the uprush of emotion signals to me that this feeling is probably from a different time

zone and I need to examine it. For me, often the intensity of the anger is a cue that my needs were not being met, whether that zone is a traumatic childhood, recent traumatic events, or Vietnam. It helps to remind myself that I have more resources today.

There are a lot of **slogans and sayings which help to cool down hot thoughts**. “Easy Does it,” is an old AA one. “This is not a life or death situation,” is one many veterans use. “I can handle this,” helps remind me that I have more resources today than I used to have. “Chill out! Cool down! Slow down and take a breath. What is the problem here that I need to solve?” all are helpful phrases.

Disputing your thoughts can help too. Whenever I think “I’m no good,” (which is an old pattern for me), due to the fact that I’ve been working at recovery for nine years, I almost instantly say to myself, “Wait a minute, I’m fine. I’m not perfect but who likes perfect people? I’m okay the way I am.” It really helps. You can learn to do it, too.

Letting go of unrealistic expectations that other people will put your needs first can help. I’ve found that most people can be trusted to be human and think of themselves first. It is okay. So do I most of the time.

In 12 Step programs, we use steps four through nine to free ourselves of anger: not to suppress anger but to become free of it. This involves self examination (the inventory), becoming willing to let go of old patterns which

may have served us in the past but are ineffective today, asking for help from our higher power, listing people we have harmed, and making amends to them. (Sometimes it is human nature to be angriest at those we have hurt.)

Feeling vs. Action

I have come to believe that almost none of us sees anger used effectively in this society. And most of what we think of as anger are angry actions which are ineffective and dysfunctional. Yelling, hitting, throwing things, blowing up, hitting pillows, withering sarcasm, getting drunk to pay someone back, shopping till you drop, screwing someone because you were screwed either literally or figuratively are all ineffective actions. There may be a momentary feeling of power, but I don’t think it lasts very long. The effects of such actions usually do last.

The idea you should get anger out to get rid of it also seems to indicate that anger isn’t an acceptable feeling. It is to me. I am allowed to be angry. I prefer not to act in ineffective ways. I can “say what I mean but not say it mean.” I see a distinct difference between the feeling of anger and my old “let me tell you what is wrong with you!” shaming and blaming way of handling it. That was ineffective action. So today I try for the feeling, to sit with it, examine it, say what I need to to keep my side of the street clean (be honest).

Here’s an example from recent experience. Someone yelled at me recently. It really pissed me off. I

would have yelled back in the old days but I am really aware through experience of how ineffective that is. So I said to myself, yelling back is my old pattern. I need to use the principles of the 12 step program to find a new solution. She may not even know she is yelling. She also doesn’t know how I feel when she yells because I always act like it doesn’t bother me. In my mind I went from “Shut up, you _____! Don’t yell at me! You’re not perfect!” (my instinctive response) to thinking of saying “I know you don’t realize what an idiot you are being but blah blah blah.” Didn’t say that either because it was you-based and therefore blaming, not telling what I was feeling (not honest but defensive). I needed an I-statement. I ran through other possibilities in my head, shortening it each time. I wanted it to be short because I have a tendency to lecture (as you may have noticed if you read this newsletter). I wanted it to be honest. I did not want to argue the point she was making because, unfortunately, (and this really pissed me off) she was right. (And I had said she was right, but she went right on being mad!) I finally said simply, “I hate being yelled at.” That was honest. It was short. She didn’t like it. That was okay, too. She was allowed to be angry. I no longer want to control what other people feel (most of the time). After a while the yelling stopped. A few hours later she said to me she got carried away and hadn’t meant to yell, and I said “Thanks for saying that.”

Being yelled at is painful, but I

can be in pain and survive. Part of the reason it isn't intolerable anymore is because I know I don't deserve it. I may have made a mistake, but that is okay. Someone else may be having a hard day, and that is okay too (healthy boundaries and letting go of having to be perfect—or having to have others be perfect).

Like I said, I try to feel my anger today. I don't stuff and repress it but I also don't scream and yell. Some studies indicate that getting-it-all-out escalates and reinforces anger. A recent report in the *Mind/Body Health Newsletter* said that men who blow up and men who repress anger both have significantly higher cholesterol levels than men who were flexible in dealing with anger. Since both those styles are characteristic of PTSD, as is having rigid reaction styles and doing the same thing over and over, it seems important. **Flexibility** So how do you become more flexible in dealing with things that make you angry? One way is working on becoming more flexible in everything. I've heard the suggestion of driving home from work a different way every day, a small action that can have far-reaching effects. It may not be the one that works for you, but you can find some small new action to take that fits you better.

I can also use the upsurge of adrenaline I get when I am angry to help me do something healthy (for me) and effective. It is nice to have a number of choices. Keep a list for those desperate moments when you can't think. I can go for a walk, go outside

and let the birds and trees remind me that I am part of the world, clean house, write a letter to my congresswoman, call someone who will understand, motivate myself towards self-examination or simply feel the pain. For instance, when Bob is right about something I haven't done that I said I would, I can look at myself and see that I'm not perfect, but I can learn to do better one day at a time, starting now. I feel compassion for me, and it makes it a lot easier to be compassionate to others. Then I don't get mad.

Using the HEALS exercise mentioned in issue #7 (Vol.2, No 1) has helped me develop compassion for myself and for others. Here's how to do it:

"Healing" comes into my mind in flashing letters.

Explain to myself what hurt I am feeling (disregarded, unimportant, guilty or mistrusted, devalued, rejected, powerless, unlovable) and feel it for a few seconds.

Apply self compassion (because I made a mistake doesn't mean I'm worthless, because someone forgot me doesn't mean I'm nothing..)

Love myself (It is okay if I'm not perfect. I'm fine the way I am. It is okay if someone forgot what I wanted. I am still lovable and I can love myself).

Solve the problem. (since I don't have to blame, accuse or attack, I can use more of my brainpower to find a solution).

Another way to become flexible is **developing a sense of humor about your self and your life.** There is nothing funnier than the

way all of us sometimes behave when we are mad. I think of myself swearing "I'm not angry," as smoke was probably pouring out of my ears and I have to laugh. I didn't know I was angry but those around me sure did.

And isn't it sad that I thought a normal emotion, which I can use to signal that what's happening is a problem for me, was so terrible I couldn't admit to having it? So I'd lie to myself and to those around me until stuffing no longer was possible and then I'd blow up, all the time blaming their actions and not my own inability to see and use my anger effectively as a signal and a tool to change me.

Today I know I can't change you, but today if I feel angry I can walk away, write a letter, speak up in a nice way, take my business my friendship or my love elsewhere. I do have options, but I couldn't see them without self awareness.

Honesty about how anger affects us

Most people have no idea how scary they can be when they are mad, and I, at least, never used to mention it. Today I even try to be honest about that.

I find that I do best if I use my pause button before I try to be honest, keep it short, and I keep it in the "I."

Heard at a 12 step meeting:

An expectation is a pre-meditated resentment.

PTSD and Holidays

Holidays are anniversaries and one of the things most people do not realize about PTSD is that people have anniversary reactions. Holidays bring up a lot of pain. This pain is an anniversary reaction, which is one of the most painful forms of reexperiencing there is, partly because people don't recognize it as such, so they feel like Scrooge instead of like a normal human being who went through hell.

If your veteran spent a particularly horrible Christmas seeing villagers lose all they had, seeing friends die, seeing the fat cats in the rear partying while the troops were suffering, he may have a hard time with Christmas.

If your abusive father tore up the Christmas tree every year, if your uncle molested you at the family get together every year, if you got mugged while out Christmas shopping, or date raped after an office party, or if your violent family pretended nothing was wrong during the holidays these upcoming holidays may be a hard time for you. This is a normal reaction.

One of my first healthy actions in my marriage was to decide that Bob didn't have to celebrate Christmas after he came back from Vietnam. I loved it so I should celebrate it and let him be him. I have no idea where that idea came from but it saved me a lot of fights.

Today I look back on it as a miracle, accepting Bob as he was, and detaching in a healthy way. I think this is an important point for all trauma survivors and their families: Let the people who love the holiday celebrate it, and the people

for whom it brings pain don't have to. This may cause problems with the extended family or the kids, but treating someone with respect is one healing way to frame it:

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"We have to respect other people's feelings and limits," can be a very healthy way to put it.

We can also create our own ways of celebrating the holidays. We don't have to conform to a rigid commercial stereotype of piles of expensive gifts and big gatherings. As a matter of fact one thing that trauma can bring you face to face with is the value of people as opposed to things. We're starting a tradition in our crowd this year (a number of whom are trauma survivors and veterans) of homemade, recycled, or under \$5 gifts. Ingenuity and fun!

Many survivors are not comfortable in crowds or at parties, but a quiet meaningful celebration, say singing carols in the living room with just the tree lights on, may be something they can participate in. They may not want to trim the tree, but going out to cut it down or pick it out may be okay. I am

mentioning Christmas traditions here because that is what I grew up with, but I'm sure that Hannukah and Kwanzaa celebrations can be as low keyed and spiritual as the survivor needs them to be.

Survivors may need to create new rituals to help in their healing. For instance a veteran who lost friends in combat on Christmas Eve may want to feed the homeless (many of whom are combat veterans) instead of participating in a big family dinner with people who may not appreciate his service. He may need to go to a special place and tell his lost buddies how much he misses them and wishes they had lived. Someone else may want to help provide Christmas presents for children of poor families or for other survivors of trauma. The range of possibilities is limited only by the imagination.

If all you want to do is stay drunk or stoned through the holidays, it might be good to find help instead. No one wants to be providing traumatic memories for the next generation. What you do while drunk or stoned can be pretty unpleasant for others, and especially painful for family members of both the spouse variety and the small fry variety. 12 step meetings happen even on holidays like Christmas and New Year's. I'm going to be at my ACOA meeting Christmas Eve. Sobriety is better than big presents. Harder, too.

Crass commercialization and shop till you drop take the fun out of the holiday for me. So does having religion shoved down my throat, but I find that I can celebrate the birth of a child who represents all children to me and use it as an opportunity for me to do good in the world. Perhaps you and your family can do the same.

ISTSS Conference Notes

The 12 th Annual Meeting of the International Society For Traumatic Stress Studies in San Francisco, November 9-13th was a wonderful experience. It was impossible to cover everything that went on but here are some of the highlights:

One of the hits of the conference with the therapists I know was the workshop presented by people who use Marsha M. Linehan's **Dialectical Behavior Therapy** to help people who have PTSD. Her books, *Cognitive Behavioral Treatment of Borderline Personality Disorder* and *Skills Training Manual for Treating Borderline Personality Disorder* are both available from Guilford (800-365-7006) along with two videos. Linehan says, "the fundamental dialectic is the need to accept the patient as he or she is at the moment within the context of trying to help them change." DBT takes the extreme beliefs and behaviors that trauma survivors often have (ie where they are at) and teaches them to synthesize them into effective and meaningful ways of dealing with life. DBT assumes the nature of reality is change so learning to be comfortable with change is an important part of healing. I couldn't agree more.

Stage 1 of DBT focuses on skill acquisition. Stage 2 focuses on exposure based trauma treatment. The approach is useful in all types of PTSD.

Nancy Errebo of the Missoula Vet Center says: "For me, the following five things about DBT are best:

"DBT is comprehensive. DBT combines behavioral principles

(which give us the methods of change), dialectical philosophy (which tells us that truth is contained in opposites—releases us from polarization rigidity), and Eastern (Zen) meditation tradition (which tells us that transcendence is attained by accepting suffering). Combining these seemingly incompatible positions frees us to tolerate our distress long enough to solve our problems. [Yes!—P.M.] According to DBT, self-destructive behavior is impulsive behavior whose purpose is to avoid pain. Think about it—substance abuse, gambling, sexual promiscuity, compulsive spending, barroom brawls, reckless driving, walking off jobs, compulsive eating, domestic violence, walking out on relationships, self-mutilation, and suicide attempts are all attempts to avoid distress. For many clients, just the idea that they might be able to tolerate distress is enough to curtail a lot of impulsive, self-destructive behavior. Distress tolerance is one of the skills we teach in DBT. [Hurray! -P.M.] The others are mindfulness (being aware of thoughts and feelings as they occur and being present in the moment), interpersonal effectiveness (maintaining a relationship with another while obtaining your objectives and keeping your self-respect), and emotion regulation (modulate your emotion. Learn to behave independent of your current emotion).

"DBT is humane. It provides a non-pejorative position from which to operate. I no longer regard the patient as manipulative and incomprehensible. DBT says, 'These are subtle, difficult skills that you, as an

intelligent, worthwhile member of the human race, can learn, practice, and master. And if you do master them, you will feel better.' DBT is humane and accepting towards the therapist also. As it accepts the client's thoughts and feelings, it accepts my thoughts and feelings while it encourages me to tolerate distress and regulate emotion.

" DBT is practical. It sets a hierarchy of target behaviors that we all can live with. The hierarchy is as follows: 1) suicidal behaviors and self-harm (if this is where the client is, we are not going to address anything lower in the hierarchy), 2) therapy-interfering behaviors, including the relationship with the therapist (we want to keep the client in therapy where we have a fighting chance of helping him/her), 3) skills (see above), 4) quality of life-interfering behaviors (nutrition, substance abuse, homelessness, etc.) 5) PTSD (I use EMDR as the exposure component. DBT and EMDR have made me a more hopeful person. A Vietnam veteran stated that DBT taught him interpersonal effectiveness and emotion regulation while EMDR turned a "Technicolor memory into black and white."), 6) self-esteem issues. The guideline is that we address the hierarchy in order, not moving on until the higher-priority target is addressed satisfactorily.

"DBT is fun. It allows the therapist to be genuine, humorous, and fallible.

"DBT is effective. Clients report changes that they deem significant to them. Here is a testimonial from a Vietnam veteran: 'I have a lot of certificates. I don't have them on

my wall. I don't even have my college diploma on my wall. My DBT certificate is on my wall. It is the last thing I see at night and the first thing I see in the morning. Now I can recognize depression and head it off before it [incapacitates me]."

Richard Johnson, PhD, Team Leader at the Missoula Vet Center says that two groups of veterans who were too disruptive to get help from either individual or group therapy have taken the yearlong structured learning group. "DBT has been very helpful with near hopeless clients, some of whom have been in and out of therapy for more than 10 years," he said. "Most of them gained significant skills and are doing very well, communicating with their spouses and families, regulating their emotions, and aware of what they think and feel. After the year of skill building, they can do the trauma work." I like this idea of giving someone effective skills to replace what has kept them alive (survivor skills) before doing the trauma work.

Elizabeth Simpson, MD, of Butler Hospital in Providence Rhode Island says "We had some clients who were giving us a lot of trouble and we put them in weekly DBT skills training. The results were phenomenal. My attitude changed. It revolutionized the way I think and act. People can get stuck in the past, in pain. DBT is about getting a life worth living. What's the point of doing trauma work if all you've got to come back to is a painful present?"

Meggan Moorhead, Clinical Assistant Professor, University of North Carolina and Staff Psychologist at Umstead Hospital, who is one of Dr. Linehan's trainers, says: "We established our program about five years ago to give

individuals (80 percent of whom have reported histories of trauma) the skills that they need to get out of the hospital and stay out of the hospital. DBT gives us the ability to validate a person's emotional and cognitive responses to the world while teaching new skills where they are relevant. Our staff morale has been raised a great deal. We feel that for the first time we really have a way to help individuals learn what they need to learn and a way for all of us to understand what it is we need to understand in order to be helpful."

Sue Johnson, Ed D and Lyn Williams-Keeler, MA from Ottawa, Canada presented a workshop on **Emotionally Focused Marital Therapy**. Studies show that the capacity to derive comfort from the presence of another human being was a more powerful predictor of improvement in PTSD than the type or severity or duration of trauma. EFT focuses on replacing old underlying patterns and cycles with ones that strengthen attachment bonds. A common pattern in PTSD families, the attack/defend pattern causes the attacker to feel abandoned, enraged and alone and the defender to feel helpless, overwhelmed and to pull back which further diminishes the feeling of being able to depend on one another. I identified! Transforming old ineffective patterns is a skill that can be learned over time (about 2 years of EFT). The relationship becomes a safe haven imbued with compassion for each other. Together the couple can fight the common enemy, the trauma and the old self-defeating cycles. It's a real struggle and relapse is expected and worked through. Dr. Johnson has published a book, *The Practice of Emotionally Focused Marital Therapy*:

Creating Connection (1996, Brunner/Mazel).

Jennifer Freyd, PhD, gave wonderful a keynote address about **Betrayal Trauma Theory** which predicts that amnesia or repressed memories about trauma in childhood including sexual abuse will be associated with and caused by seven variables; one that it is a parent/caregiver; two, that there are explicit threats demanding silence; three, that the abuse takes place in a place different than where the person is not abused; four, isolation; five, youth; six, the offender says it didn't happen or isn't painful (alternate reality); and seven, it is not talked about. Dr. Freyd discussed how repression and denial function to buffer pain by skewing attention. When you need to preserve a necessary relationship amnesia has a very useful function. *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*, Harvard University Press, 1996, is the name of her new book

Oddly enough these seven variables apply exactly to the experience of Hugh Thompson, the helicopter pilot who tried to rescue civilians at My Lai. (Issue # 4) People in authority ordered My Lai: Lieutenants don't plan missions. There were threats demanding silence when he reported it. The village was away from the base-camp. He was isolated from anyone else who thought as he did. He was a WO1, the lowest ranking officer. The offenders said it didn't happen and if it did it was okay. No one would talk about it.

Seeing PTSD in the context of betrayal fits with Jonathan Shay's discussion of the "betrayal of what's right" In *Achilles in Vietnam* (Issue #1) that many veterans felt in Vietnam, and with my experi-

ence of talking to many combat veterans who couldn't remember large parts of their tours.

All trauma survivors are in the fight over repressed memories together. If they say that incest survivor can't possibly have forgotten, what's to stop the VA from saying a veteran couldn't have been traumatized if he doesn't remember. Of course traumatic amnesia is one of the symptoms of PTSD!

One cheerful note for veterans: I met Tom Schumacher, the director of the State of Washington outpatient community-based PTSD program which also provides support for families. He told me counseling is available at 21 places around the state. Although it was designed around the needs of Vietnam and Desert Storm vets it is intended to provide support for veterans of all wars and their families. For information 1-800--562-2308 or 360-709-5261.

I enjoyed a workshop on three different ways of **dealing with traumatic nightmares**. Sandplay, a wonderfully effective and innovative method, is used by Lori Daniels, MSW (Director of the Traumatic Stress Recovery Program/ PTSD Outpatient Clinic at the VA in Honolulu). Using a large tray of sand and a bunch of small figurines, soldiers, civilians, houses, trees, the vet models the situation in a concrete way. This allows veterans to see "some of their own roles in a traumatic incident once they see the situation played out in the sand." We saw a video of a veteran, who in working on a war-zone nightmare in the sandplay, realizes it would have taken tanks, Phantoms and gunships to do what he had been blaming himself for not doing while he was alone and severely wounded.

Lori wrote me: "It's an effective way for the veteran to communicate the nightmare experience, to process trauma-related issues ("I should have done something different") and to see the realities of some traumas in a way that the therapist and client can both see. It is a very powerful technique with clients that can be very healing, as long as the process is respected and the veteran is open to working in this medium. I have found that with veterans who have worked on a nightmare (either in the sandplay or on the chalkboard - another technique that I have used) their nightmare rarely takes the same course that it has for several decades. The veteran either never reexperiences the nightmare again, or if they do— they admit that the nightmare lacks the same distress-level that it once had. Dreamwork can contribute to reduced fear of sleeping (since they aren't as scared about having the nightmares) and therefore a higher quality of sleep time.

One of the best ways to fully understand the impact that sandplay can have in a therapy session is for the therapist to actually create their own sandtray someday - this usually allows one to experience how powerful this process really is, and you can learn quite a bit about yourself. "

Lori Daniels does not try to change the dream because they usually are of real historical incidents.

Success was also reported by Karin Thompson, PhD of the New Orleans VA in using lucid dreaming techniques to change parts of veterans' nightmares in group treatment. Planning and rehearsing a change in the dream so that it comes out differently is the

object here. There is some resistance among veterans to changing the dream, however, if it is a dream that is of real historical events. Still, the number of nightmares per week went down from an average of 7 to 2 1/2 and the feeling of disturbance decreased, too.

Art Blank, MD of the Minneapolis VA also does nightmare work in group also using relaxation and rehearsing a change in the dream. First the leader and the group participate in examining the nightmare. This is done by breaking down the dream into small components and asking for details and the feelings in each part. This trains the vets in identifying emotions besides anger, rage and fear. (They usually get those.) Dr. Blank encourages them to look at the nightmare for wisdom for their life today, because the nightmare is an attempt to heal which is stuck.

In group the veterans get to work through processing the event with new skills by mobilizing the observing ego to look for lessons, feelings and how it really was. Group security and mastery counters the helplessness many vets feel about nightmares. Looking at the dream for lessons and not as punishment seems to help also. The dream is happening now and now can be changed. This makes the distinction between past and present more concrete.