

# The Post-Traumatic Gazette No. 17

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## Symptoms of Increased Arousal: Survivor Skills and Shortcomings by Patience Mason

How do you stay alive in a violent situation? How do you keep yourself safe from further violence or ensure that you come out on top if it happens again? The *Diagnostic and Statistical Manual IV* of the American Psychiatric Association lists five “symptoms of increased arousal not present before the trauma,” (1) difficulty falling or staying asleep, (2) irritability or outbursts of anger, (3) difficulty concentrating, (4) hypervigilance, and (5) exaggerated startle response, all of which are actually physical, body-based survival skills.

All five symptoms are part of the organism’s innate drive to try to stay alive. From that perspective they make perfect sense. If you sleep, you may wake up dead. Rage gives you more actual physical strength and makes it more likely you will survive. Hypervigilance means you can read your world for danger and react quickly. It also means your focus is on danger and you won’t be able to concentrate on the mundane. The “exaggerated” (a term obviously made up by someone who had never been traumatized—it should be “effective”) startle response moves you out of harms way instantly, a life saving, life giving quality.

Staying alive may mean moving fast, getting violent yourself, staying alert, not sleeping, not allowing your

attention to be taken up by trivial things. Each survival skill builds on the others. Being able to go into killing rage and the startle response probably start at the moment of trauma. To keep yourself safe, you become hypervigilant which also means not sleeping and not being focused on everyday stuff. At the same time, lack of sleep makes you irritable, which leads back to the rage. If you are alive, these five symptoms have proven themselves effective. The likelihood that your better-safe-than-sorry-system of a brain is going to give up such useful survival skills without a struggle is small. Especially since the part of the brain that has them doesn’t speak English and can’t tell time, unlike your frontal lobes.

According to Daniel Goleman in *Emotional Intelligence*, even in people who have not been traumatized, “the limbic brain proclaims an emergency, recruiting the rest of the brain to its urgent agenda,” which causes a “neural hijacking...[that] occurs in an instant, triggering this reaction crucial moments before the neocortex, the thinking brain, has had a chance to glimpse fully what is happening, let alone decide if it is a good idea.” Goleman discusses how the amygdala arouses the whole rest of the brain and body for action, fixing the attention on whatever is bringing up the

reaction (so other information is not even noted—stuff like I’m not actually back in the Vietnam). For more details, read Chapter 2 and Appendix C in *Emotional Intelligence*.

In *The Body Speaks*, by James and Melissa Griffith, Basic Books, 1994, p. 186. (This book is a treat for any therapist), it says “The noradrenergic system appears to be an alarm system that signals the presence of either novelty or threat in the surrounding world... When it discharges, it shifts the orientation of information processing systems throughout the brain to focus on scanning the person’s life-world for a potential threat, and it initiates a behavioral readiness to run or fight.” Your brain is so intent on physical survival, that in a sense, you “dumb down” to just survival. Your ability to concentrate on intellectual pursuits and relationships goes way down. Judgement may be skewed.

These normal reactions occur more easily and more rapidly in a person who has been traumatized, whether in a violent home or in a war. You can’t reason with brain chemistry, especially the part of it that happens before information gets to your frontal lobes where logic and reason live. That is why it is so important for trauma survivors to avoid triggers.

To other people it may not seem reasonable to stay in survival mode

long after the trauma is over, but that smug middle class idea that “nothing very bad can happen to a nice person like me” has been smashed by experience. The trauma survivor may view the universe as a dangerous violent place which is out to get him or her. This is reasonable. Survival skills saved his or her life. The brain believes “I need to stay safe, so I need these skills.” I don’t think this is a conscious process either, since it is in the part of the brain that doesn’t speak English or tell time, so the survivor may also be angry at his or her inability to let go of survival behaviors. They can be a real pain.

Meanwhile those who live with survivors may be saying, “But it was so long ago. Why do you still react like that?” Because it is reasonable, sez the brain. Happened once. Could happen again.

From the perspective of today, if it is years later, all these survivor skills may not be quite so useful. As a matter of fact they may be your biggest problems, driving you and everyone around you nuts. They have lost their usefulness and become liabilities, shortcomings.

As with numbing, I think it is important to look at what these survivor skills have done *for* you as a survivor, and what they may be doing *to* you today.

First of all, if you are operating on the level of just survival (physical survival), you will miss a lot of beauty, happiness, peace, quiet moments of contentment, etc., you may be very defensive, new things may seem like threats, and you won’t be using all of your intelligence to make decisions. Decision by startle response isn’t usu-

ally effective in running your life.

**Difficulty falling or staying asleep:** Whether it’s because daddy may come home drunk and beat you or molest you, or because the enemy may kill you as you sleep in your fox-hole, or the earth may shake again and bring down more buildings on top of you, better stay awake. Then you can jump out the window and get away, or be ready to defend yourself. Sleep is dangerous. Looters may get you. The bombs may fall on you this time. Stay awake! This wakefulness had a real survival value at the time of the trauma.

Sleep deprivation is actually a really efficient form of torture so it is very hard on you as well as those around you. Lack of sleep contributes to outbursts of anger and concentration and memory problems. It makes you grumpy, irritable, downright nasty and hard to get along with. It may affect all your relationships from family to work and may even deprive you of your family and other relationships, leaving you lonely and isolated. Things you dream may snap you awake night after night, filling you with pain and despair. Makes it hard to be nice in the morning

**Irritability or outbursts of anger:** Rage can keep you alive in traumatic situations. Rage keeps other people from messing with you. The flood of adrenaline that fuels the fight reflex is a powerful feeling. It can become addictive.

People who are addicted to this feeling of power may find themselves creating chaos in their lives in order to be able to go into rages. Even if you don’t see yourself that way, ask yourself what led up to your last outburst

of anger? Were you expecting other people to drive perfectly? Expecting someone else to do something they have never been able to do in the past? To be more than human? To read your mind? To act like a faithful person when you met them in a bar and they left someone to come home with you? It is bad enough to be triggered by experiences you haven’t caused, but to see that you might be providing yourself with triggers is eye opening.

Another result of angry outbursts is that you may be afraid of what you might do. Your family becomes afraid too. This leads to lots of dysfunctional patterns: walking on eggshells or everyone thinking they have to think alike.

**Exaggerated startle response** also has obvious survival value. (I prefer “**effective**” startle response). Moving fast is an asset in combat, in family violence, and even in natural disasters. Maybe you’ll get away. If you were in combat this may involve hitting the dirt when there is a loud noise or trying to kill anyone who touches you when you are asleep, both of which kept you alive in combat. If you were in a violent home, you may jump when touched unexpectedly and flash into fear or rage or both.

Hitting the dirt when you hear a backfire is embarrassing to most vets. Some of them withdraw. Some of them get pissed off and lash out verbally or even physically.

If your exaggerated startle response means you hit before you think, or when you react, you cycle into rage to cover your embarrassment, it probably interferes with your relationships. If you jump when

someone lovingly hugs you and then start yelling to cover up, you may hurt their feelings and damage your relationships, especially if the other person doesn't understand. Feelings of isolation and misunderstanding can result.

Intimate partner violence can be the result of startle responses instead of batterer-type thinking. If it is the latter, practice HEALS (Chapter 7) and read *Love Without Hurt* by Steven Stosny, Ph.D.

**Hypervigilance** is self protective. From the combat veteran who reads the ground for tripwires, sits with his back to the wall and can't stand to be in a crowd ("Don't bunch up"), to the adult child of an alcoholic or other abusive parent who can practically read minds and is always trying to be whoever you want him or her to be, hypervigilance is a learned skill, an automatic response, and an effort which takes energy away from living in the now. You may find yourself seeing danger even when it isn't there.

Here's a quote from *Healing A Broken Heart* by Kathleen W., adult child of an alcoholic (Health Communications, 1988) about the cost to relationships: "I still couldn't seem to keep from judging and fearing my husband. And he's the sort of guy who worked hard, brings his money home and doesn't fool around. Still, I suspected him of—I knew not what. Nor could I keep from doing it, or treating him like a dangerous enemy any time he acted angry, no matter how trivial the argument might be... I had a real sense that I was doing something compulsively, something I didn't want to do, but couldn't see and, therefore, couldn't stop."

Although hers was a natural reaction considering her childhood, she could see that it wasn't helpful today. As a matter of fact her uncontrollable reaction was damaging her relationships. Are yours?

**Difficulty concentrating:** Focusing on potential danger and on preventing re-traumatization is a good skill to have when you are in traumatic situations. The experience of danger creates a sort of persistent mobilization, an alertness which can make it almost impossible to pay attention to the everyday. "This very vigilance hinders escape from a dilemma, because it sacrifices opportunities for noticing unexpected events, reflecting thoughtfully, thinking creatively, and opening oneself up to new, more adaptive ways for solving the problem" (*The Body Speaks*, James and Melissa Griffith, Basic Books, 1994, p.70).

Maybe you don't do well in school (which also ties in with lack of sleep) and think you are dumb when you are traumatized instead.

Or you may consistently forget things your wife asks you to get at the store while coming back with what you needed. People tend to take that sort of behavior personally and get angry about it. Relationships suffer.

#### **A word of hope:**

Brain chemistry is also based on thinking and can be changed by changing your thinking. That's why cognitive therapy and 12 step programs work. Physical activities (people who exercise are less stressed; people who watch a lot of TV are more depressed) also affect brain chemistry. Finding new ways of thinking and living can modify what triggers you and how you react to triggers so you can

begin to live in harmony with others. More about that next month.

If they can change their thinking—through therapy, talking it out, writing about it, or working the 12 steps or all of the above—many people have found their symptoms subside. Other people have found the symptoms lessened through physical actions like somatic therapies, meditation, sports, healthy eating, abstaining from alcohol and drugs. Each person is different. No single way works for everyone. If you keep an open mind, in time you will find a combination of approaches that works for you.

Next month : Suggestions for Recovery

# Report from a 12 Step Group of Veterans Wives

Dear Patience,

The first year we just talked. Several of us had considerable 12 step experience and were used to conducting meetings. We knew we didn't want it to be a gripe session. We wanted to concentrate on ourselves and how we could better cope with things going on in our families. We also wanted to make sure we did at least one thing a week for ourselves.

I also handed out many handouts and articles of interest. I guess it's the teacher in me, but I think keeping up with new treatments and trends in healing is essential to recovery. Different things work for different people as, of course, you know. Anyway I did all the education I could.

Then I received your book and the First Issue from Iva, and I ordered a subscription to PTG and then had to share it with the group. Then others ordered it, then the 12 Step Format for Veterans, Family and Friends got ordered and we decided to put structure into our meetings.

Here are the adaptations. If we have a newcomer, we read everything so the newcomer is in the same frame of reference as we regulars. Members get to group any time between 6:30 and 7:15. One woman drives 2 1/2 hours on two-lane pavement to get here, and then 2 1/2 hours home. That's wanting to go to group!

We read the "Welcome" as is. We skip the "Problem" and the "Solution," unless there is a newcomer and ask someone to pick one of the "Tools of Recovery" to read. We then take turns reading the 12 Steps. If there is a new person, we do introductions. If I am chairing, I ask the new people to tell their relationship to the veteran and the veteran's branch of service and unit if they want to tell us. Nothing is mandatory.

Then we have announcements, if any. Here we can tell if we know in advance we will be out of town, unavailable on the phone, or anything else. We have a group list we use to call others in between meetings. There have been some emergencies, so I highly recommend having a group list. If there is someone who doesn't want to be on the list, that's Ok, but they still get a

copy in case they need to use it. Then we ask if anyone has a pressing issue to discuss. Sometimes people arrive in tears, and we like to help them stabilize before we start the formal meeting. We're flexible

Then we do the program. We have gone entirely through the 12 Steps from the Al-Anon 12 & 12. We change alcohol to PTSD or "the behavior" or any alternative that works. We omit the story at the end, using only the step and the thought. We bought *Courage to Change* [Al-anon daily reading book] from group funds and read either the message of the day, or several from one topic, depending on who is chairing. We also have used sections of the PTG with coping techniques, self-help techniques, talked about journaling, used the "12 Step Review," given book reviews, passed out inspirational thoughts, poems, prayers from a variety of disciplines. We each have a Higher Power and each one of us freely shares how they use or work with their Higher Power. We have stressed that, while done, it's more successful for most people to have something other than a coffee cup for a Higher Power. We have been stressing the steps lately, and are alternating weeks with steps and things from PTG since we have been completely through the steps once. Also, we didn't want anyone to think they should be completing a step in a week just because we were doing one per week (yes, that did come up).

We read the "Statement on Sharing," but since our group is 6-8 people, we have let the person talking ask for help. We try to avoid dumping, but once again, since we have a small group and know each other pretty well, we tolerate the occasional dump, and I do mean occasional. Like I say, we're flexible. We don't keep time on people sharing, and seldom do people "pass." We try to share our experience, strength, and hope. We ask each person to tell what they did for themselves that week. That is because we are usually great caretakers of everyone but ourselves.

If we have had a pressing issue, we will do the talking part first, saving the step-related matter for the last part of group, usually the last half-hour, forty-five minutes.

Then we do the closing, selecting a topic and choosing a leader for next week, and passing the box for contributions, usually a dollar. We then read the closing statement, omit the traditions, but ALWAYS the promises. Usually Mary H. reads them because she says she loves them. We all join in on the "We think not" part. We join in the Serenity Prayer, adding "God" to the front by popular vote. If someone doesn't believe in god, they can omit it. We're flexible. While still holding hands, we say, "Keep coming back, it works when you work it, but it won't if you don't."

Occasionally we have refreshments. We can talk after we close until 9:30 or so when one of the husbands comes back from the VA AA meeting to pick up his wife. That's the official end of the meeting. That way no one has to wait alone in the dark.

Over the past year and a half that we have been meeting, we can see our members grow and change. We consider the 12-steps to be indispensable to our group. It's nice to have formal structure and the PTG, thanks to you. I believe you have done useful, pioneering, important work we all can use.

Patience, your dedication to helping yourself and your family and then sharing that with all of us is outstanding. Just to do the book reviews, write the newsletter, etc., and keep everything going basically single-handed is totally amazing, and very much appreciated. There is no way to adequately thank you for all you've done to help the trauma survivor families. [Yes there is: subscribe and tell your friends!]

Probably there are 3 things I would stress about our group. One would be the 12 Steps from whatever source--AA, Al-Anon, PTSD, whatever, just do 'em. Two would be, as our group list once said, "Before you kill, call someone."\* Use the phone list. And three, be flexible. Blessed are the flexible, for they shall not be bent out of shape.

Sincerely,

Joy

November 24, 1997

\*The whole thing was, "Before you kill yourself or others call someone!"

# Open letter to a battered person

I received an email from a battered woman who wrote that she wanted “to get back to normal” as soon as possible. Here is what I would say to anyone in that situation:

You wrote that you have been battered or abused and want to get back to normal as soon as possible.

I think you are normal if you have been affected by what you have been through. If you’ve been unsafe at home with someone who was supposed to love and support you, whether it is a partner or a parent, it is normal to be hypervigilant, to feel rage or moments of pure terror, to feel defensive and raw, to be untrusting (normal people expect to earn your trust over time), to have trouble sleeping, concentrating, etc.

If you haven’t shared the painful incidents with someone who can listen and NOT tell you to “get over it,” it is normal for such incidents to fill your mind to the exclusion of everything else. It is normal to need to talk about them. They may ambush you in the form of bad dreams, physiological reactions to things that remind you of the trauma (freaking out when you see a guy who looks like your ex, or pass a house that looks like the one you suffered in) or even flashbacks.

It is also normal to feel numb (alternating with feeling like you are all pain.) Nature designed the numbness to help you get through traumatic situations. You had to numb yourself a lot to endure the situation and try to keep from getting hurt by reading your abuser’s moods (which is part of the hypervigilance

of PTSD.) This numbness can be a useful tool in recovery, allowing you to feel a little pain and not become overwhelmed, but eventually you must feel some pain and learn to tolerate it while also knowing you don’t deserve it and you are more than your pain.

Not that this is easy. It is one of the reasons “put it behind you,” is so ineffective. Numbing yourself enough to not feel the pain will make you so numb you can’t read danger signs from people and situations that others can see clearly (why so many abused kids wind up in abusive relationships). Drug and alcohol abuse are classic ways to numb pain. Sharing about trauma when you have been drinking, smoking pot or using other drugs doesn’t work. The feelings are blocked by the substance and so is the healing, even if you cry. On top of that, drinking and drugging are unsafe behaviors. You can’t make healthy choices for yourself while under the influence.

Recovery is about learning to make healthy choices for yourself.

You are not responsible for your abuser’s violence. You didn’t cause it no matter what the abuser says or believes. Abusive people can ALWAYS find an excuse for violence when they need one. You can’t control your abuser’s violence by walking on eggshells, trying to be perfect and read his or her mind, although most partners or parents will tell you that if you really loved them, you could. This is bullshit. What is more, it isn’t your responsibility to be good so that someone

else doesn’t lose his or her temper. Human beings are by nature imperfect, so abusers need to learn to live with imperfection. The abuser is responsible for his or her self-control and for finding help and developing self control. NOT YOU. You can not cure an abusive person either. That is their work.

A word about new relationships: When someone has been abused or traumatized, he or she puts up a wall. Normal people see this wall and respect it. Abusive people see it as a challenge and try to get through it by being the nicest, most loving, sweetest, most caring person in the world, the best friend you ever had. If someone seems too good to be true, he or she probably is, and may become abusive. Abusers are always sooo nice while they are getting through the wall, but that level of niceness is impossible to maintain because they are people pleasing and manipulating to the max, often without knowing it. Many abused people wind up feeling everyone is abusive (all men hit women, all women are bitches, etc.). It is not that everyone is abusive, but that mostly abusive people take up the challenge of the wall.

To recover, you need to be willing to take the time to learn to take care of yourself, to learn the skills of self parenting, self-regard, self-compassion, kindness to yourself. When you have learned self-care and self-compassion, you may actually feel compassion for abusers, but you won’t feel like you deserve or caused their abuse.

You won’t take it either.

# 10 things to do for yourself today

## 1. Make quiet time for yourself.

Get up earlier, or skip lunch with the crowd, or turn off the TV, and spend some time relaxing in a way that does not involve food, drink, drugs or compulsive thoughts about others.

## 2. Buy yourself a recovery book.

You are worth the money. Go to a bookstore or a 12 Step meeting and buy something to aid you in recovering. (A book of meditations could be useful for doing #1.)

## 3. Have compassion for yourself.

Whether you are a trauma survivor or a family member or a therapist, you are dealing with difficult issues that most people don't have to face. Kindness is called for.

## 4. Make a list of things you might enjoy and try one.

Not a list of things you think you *should* enjoy, but things you might

actually like, like reading a comic book or a poem, or sitting in the back yard looking at the squirrels in the bird feeder and laughing at their ingenuity.

## 5. Do some stretches.

Doesn't have to be anything elaborate, but stretching helps release the chronic fight or flight muscular tension a lot of trauma survivors carry as part of being hypervigilant.

## 6. Take a walk.

Walking provides exercise and relaxation. Like any exercise, it also produces physiological changes and a feeling of well being. It also gets me out of my own head, especially if I look where I am going and enjoy the surroundings.

## 7. Eat a healthy, balanced meal.

Protein, vegetables, grains and a little fat. Try a Green Giant Veggieburger on Health Nut bread with a salad and broccoli (only cooked till it is bright green with fresh lemon juice squeezed on it). Good nutrition means you aren't also struggling with emotional highs and lows caused by rises and falls in blood sugar after high fat, high sugar meals.

## 8. Give a hug to someone who needs it.

(Ask first.)

Reaching out to someone else with compassion is an empowering thing to do. You know what it is like to be in pain, so you have a gift you can give others who are in pain now.

## 9. Turn off the TV.

People who watch a lot of TV are more depressed than the general population. If you struggle with depression and use TV to distract yourself, it is probably contributing to your depression. Find something else to do. That list in #4 might help.

## 10. Treat yourself with love.

Whether you missed the love that comes from a non-abusive childhood or are still smarting from the lack of love the American people showed Vietnam vets, you can love yourself and give yourself the approval and consideration you need.

# Other ways

Sometimes I find bits of wisdom in books that have nothing to do with trauma. I think many trauma survivors find themselves reacting to everyday life with fight or flight reactions. Starting with the physical sometimes feels safer and is safer than starting with the emotional. Safety is and must be a paramount consideration in recovering from trauma!

The following quote might be helpful. Please note that the writers are not saying trauma is all in your head, but that there are ways to change your reactions today to what is happening today. Yoga is one way. —Patience Mason

“Usually we assume that the causes of stress are external ones. This happened, or that happened, creating the stressful situation. Yet, according to yogic thought, the basic cause of the problem lies in the mind. If the mind perceives something as an obstacle or threat, the body reacts with a fight or flight response although, in most cases, our social conditioning prevents us from actually doing the one or the other. Instead, adrenaline may be pumped into the system, digestion may be impaired, the muscles may tighten, and so on.

“Ironically, however, what we generally perceive to be the external causes of our distress reduces, in fact, to a single, internal cause: our mind’s reaction to an event

or situation... Think for example of how on a bad day, it takes very little to provoke a strong reaction... What makes the difference is our state of mind...

“Instead of trying to tackle things on the level of various specific problems and dilemmas, yoga aims to remove the obstacles to clear perception...

“Yoga addresses the immutable link between the body, the breath, and the mind, recognizing that *any conscious attempt to modify one of these factors can be used as an agent for comprehensive change in the entire system.*” (my italics)

—Editors’ Introduction, *Yoga For Body, Breath, and Mind: A Guide to Personal Reintegration* by A G Mohan, Rudra Press, P O Box 13390, Portland, OR, 97213, 16.95

In other words, practicing yoga or meditation won’t change the past, but it will eventually change your state of constant bodily arousal and that will give you space to change in other ways.

Meditation has helped Bob, and he stretches every day, too.

Try it. You may like it. If you don’t, try something else.

## New: *Why Is Mommy Like She Is?*

Created at the request of a therapist who formerly worked at the New Orleans VA and found *Why Is Daddy Like He Is?* extremely helpful, this is a spiral bound 16 page version for the children of women trauma survivors. *Why Is Mommy Like She Is?* is a conversation between the kids of survivors of different traumas. available at [www.patiencepress.com](http://www.patiencepress.com)

When your only tool  
is a hammer,  
all your problems start  
looking like nails.

—Anonymous  
(I love her sense of humor)

***12 Step Formats For Veterans, Families and Friends; and For Trauma Survivors, Family and Friends*** may be downloaded free from my website [www.patiencepress.com](http://www.patiencepress.com)

# Readers Write:

## The Gazette Helped

Dear Patience—

I am writing in regard to your article on numbness in the P-T Gazette (Vol.3, No.3). For many, many years now I have been carrying on with as normal a life as possible, having experienced severe trauma decades ago, but I have been doing so with great difficulty. What is not visible from the outside is the terrible confusion and clamoring going on inside my head. It's hard to articulate what I experience every waking hour, but you and your readers may have an idea. At different times I've thought of it as "the noise," "the weight," "the blackness," "the demons," "the heaviness," "the darkness"—all terms that apply, but don't come close to an accurate description of this... amorphous fog surrounding me. Alcohol helped for a number of years to lift the weight and quiet the demons, but of course was only a short term solution with problems of its own to add to the mix.

When reading your article, my attention was caught by your suggestion to stop for a minute, try to identify whatever feeling is present, and (my favorite part) greet the feeling as if it were a guest or an old friend. For some reason, this odd, almost lighthearted suggestion struck enough of a chord in me to make me give it a try.

Several times throughout the

following days I would pause and try to identify what I was feeling. That took some doing, because I became aware of how often I'm on automatic-pilot--- not only was I not "in the moment," but was usually several planets away.

When I was able to identify what I really WAS feeling, I was surprised by two things. One was that my feeling usually had nothing at all to do with what had been going on at the moment. The other surprise was just how many times I was feeling either unfocused anger or self-degradation--- maybe 80 or 90 percent of the time I checked.

So now I have two very close, very old friends to greet on a daily basis: Mr. Anger and Mr. Self-degradation (along with a few others). And the result is that I'm getting a little bit better at identifying what I'm feeling.

Plus, I find that by going through what could be called a silly exercise, the shapeless weight/fog/ darkness is starting to get some edges. Calling these feelings by name gives them a little definition, objectifies them, separates them a bit from the headful of noise I carry around. And that separation makes them seem not so much like a part of the mess (my brain) that I'm trying to fix with my brain (how's that for irony?).

Thank you, Patience, for giving me another tool for the job. Pat P.

## EMDR.

I went to Vietnam in 1969. I was a helicopter crew-chief. My first experience with death happened after a week in country. I started out on resupply missions to get used to flying and was called off my mission to resupply a company that had been under attack for a couple of weeks. After we supplied them, took the wounded, we had to come back and pick up the dead. The first body bag I was pulling into the helicopter ripped open and I was face to face with my first encounter with death. This guy had been hit in the face with shrapnel. This guy had been lying in the jungle all that time. He had maggots crawling out of the holes in his face. It took a couple of seconds to place the bag, but it seemed like hours.

This face has been with me ever since. I have had haunting sights of it ever since. I go to a Vet Center in Missoula, MT. I am 47 and was 19 when I went over there. My therapist talked to me about EMDR [Eye Movement Desensitization and Reprocessing] and thought it would help. After a few sessions of this I was able to bury this guy up in the mountains. I had my own little service, put up a cross and buried some Vietnam stuff in the grave. I haven't had any haunting memories since. I still see him, but it's not haunting me. I still know where he is at and can go see him anytime I want. I have a long way to go yet but I would like to let all vets from all wars know that this is helping me and maybe it can help others. 11 July 1997

Mike M.