

The Post-Traumatic Gazette No. 37

© 2001, Patience H. C. Mason Feel free to copy and distribute as long as you keep this copyright notice

Experiencing Grief by Patience Mason

My best friend, Marci Pearson, died last week. She was a person who taught me a lot about PTSD. She thought she was okay because she “could take a beating from anyone,” and not break down. All her beatings were in her past when I met her, but the effects persisted. This smart funny witty wild brave tough little woman thought she was dumb because she could read a page and not remember a word. When I suggested to her that might be inability to concentrate, a PTSD symptom, she pooh-poohed it. People with PTSD were bums. She’d always had a job.

Later, after working the 12 steps several times in our ACOA group, she went for PTSD therapy. She pushed herself through it, determined to recover. Her therapist suggested slowing down, but she wanted to get it over with.

Then she went to nursing school and graduated with an RN degree. It was one of the happiest days of our lives. I have a picture of the two of us after she graduated on the wall beside me. We are laughing and holding fingers up behind each other’s heads. She started working on the wards at a local hospital where she was seriously overworked. Over the course of the next eight years she dropped out of everything to do with recovery and simply worked and drank.

I am feeling terrible guilt, because I always expected her to hit bottom, get sober, and that we would be best friends for the rest of our long and happy lives. It didn’t happen. She died suddenly, found in her car having seizures, and never regained consciousness. Brain dead. Then really dead. We now know she killed herself.

As I write this I am absolutely numb as a stump. I can’t feel anything except a little sort of pinching at the bridge of my nose which I always feel when I am numb. I realize this is a protective numbness so I can function and live, but it doesn’t make me any less uncomfortable that I, recovering person, can go so numb when someone I love dies. It is evidence of how overwhelming my grief would probably be, but I feel like a freak. I feel like a monster. I guess a lot of trauma survivors feel this way.

I realize that I feel guilty, like I should have known and should have done something to keep this from happening. As all my subscribers probably know, I firmly believe that everything after the word should is bullshit, yet I am shoulding on myself. Whoops! Still it is a painful feeling and a familiar one. I am refusing to feel it which is also familiar. Maybe I could just sit with the pain without believing it. It hurts but then it is natural to be in pain when someone dies suddenly. I wish I had done something. The essential pain is that it is over and I can’t change anything.

I notice another thing that is happening to me, another recycle. When I am in emotional pain, I feel shame. Then I start to think of reasons I deserve to be ashamed and in pain. I start feeling worthless and no good. I shame myself, lash myself, tell myself it is all my fault, which is really painful. Numbness is better. It is an old pattern.

Why does pain cause me to feel ashamed and worthless? Is this a common experience? Is it based in childhood experiences or bodily emotion-states? I know some psychologists see

shame as arising out of submission, the behavior that keeps animals alive when faced by a dominant animal. With people this is the drooping head and averted eyes of shame. Am I making up reasons for the shame I feel? Why are shame and grief so associated for me? Are they for everyone? It really has me wondering.

I’m mad at her, too, for dying on me. Now that is ridiculous, but it is what I feel, so I am trying to sit with it. I just can’t believe she went and died on me. How am I supposed to tell her I love her?

One of the more healing things I did was to go see her in the hospital and talk to her even though she was unconscious. I said all the things I would have said if I had known she was going to die. I just didn’t get to say them the way I would like to have, with her conscious and able to hear. It helped me to do it, nonetheless, even though she couldn’t hear me.

I’m writing this because it helps me to write about her. It helps me cry. It helps me grieve. It helps me verbalize what is going on inside me under my numbness and helps me break out of the numbness.

One other result of this, perhaps the only good that can come out of it is that I am not taking anyone else for granted. I’m calling friends more often and trying to let people know that I love them now instead of when they are brain-dead.

I don’t believe there is a way to get over this quickly. I don’t believe that I can short-circuit the process of grief, and I don’t want to. To me that is what recovery is all about. I need to be human and to feel what I feel.

We all do.

Recovering From the War: from *Changing*, p. 369-384.

Please forgive me for using an excerpt from my book. I simply can't write anything original. I think the concepts in this chapter relate to any kind of trauma. Substitute appropriate words for "your vet/vet's problems." If you are the vet or survivor, substitute your family member(s) and see if it is helpful.

We have all been taught to "try harder" to improve our performance as wife, girlfriend, mother, sister, daughter. Try harder and then our men will be okay. We've already covered why this can't work, why we can't cure PTSD (or alcoholism or workaholicism), but several other factors make trying harder an ineffective method.

For one thing, repeating a pattern that does not work will never make it work. Improvement only comes from a change in the pattern. If you can see how failure is often programmed into your vet's repetitive problems, you can deduce that your own patterns and reactions may be part of the problem, too. Insanity is expecting different results from the same actions.

Consciously deciding to change your patterns of relating means learning new skills and opening up new possibilities. You learn to distinguish between various patterns of action, and you learn to appreciate small differences and details you might never have noticed before. Figuring out which small changes might work for you, and how to implement them in your daily life, without trying to transform yourself and your family into a new pattern of perfection overnight, can become a joyful exploration instead of co-dependent drudgery. Choosing which small actions to take will empower you and give you hope.

Forcing yourself to try harder as you repeat old patterns stresses you out, and stress destroys your ability to notice small changes, (and all changes start out small). You can't learn from things you don't notice! If your vet makes a small change, and you're wrapped up in the stress of trying harder, you won't be able to see it and let him know you like it. Your vet also may not notice or may discount small

changes in you because his stress level is high, so don't be surprised if you don't make much of an impression at first.

"Trying harder" also implies that there is only one right way to do things and when you can't do them that way, you define yourself as a failure. Stuck in that old system again.

Finally, the habitual responses that grow from "just trying harder" eventually become compulsive and all alternatives are lost. Since our vets, especially ones with PTSD, face greater problems in beginning the process of change, we may be more able and more willing to lead the way.

If we don't change, the family won't change, family roles become rigid, family rules become engraved in stone, and the next generation suffers.

Reading this book shows you are already motivated to change. You recognize you have a problem—even if you think the problem is your vet—and are willing to learn. If you came to this book determined to find out what happened in Vietnam and how that affected your vet and how to fix him, the process of change is going to be very like the process of grief discussed in the PTSD chapter.

I'm assuming that you are at least part way through the denial stage since you recognize a problem and know it has something to do with Vietnam. If you still feel that the problem is your vet and it has nothing to do with you, here are some questions to ponder. Key issues of people who have been affected by the dysfunction of a member of the family include:

Control issues:

Do you feel tense and anxious when you don't like what someone in your family is doing? Do you want to talk, reason, explain, and straighten them

out? Fix them? Do you want them to do it your way?

Do you need to know where they are and what they are doing all the time?

Do you check up on them?

Do you want to keep them from making mistakes?

Do you try to provide a perfect environment of positive experiences for your family?

Do you try to provide negative experiences to "toughen them up"?

Do you want them to think the way you do, like what you like, hate what you hate, feel what you feel? Do they have to do things your way?

Do you feel you must do it all and do it perfectly?

If you answered yes to some of these questions, one of your issues is control: of yourself, of others, of what you and they experience, and of your environment.

Issues of Responsibility:

If things go wrong for a member of your family, do you feel it is your fault?

If things go right, do you know it is because they listened to you?

Do you feel that you can make things go right if people would just listen to you?

Do you feel that you just aren't the responsible type? Or that you are fine but your family is really messed up and it has nothing to do with you?

Taking too much or too little responsibility is another issue for people in denial or needing to change.

Issues of Trust:

Do you trust anyone?

Do you trust everyone until they inevitably let you down? (Which is not trust—it's gullibility.)

Do you trust your own feelings or do you need to find out if other people have the same reactions?

Do you think you always know what's right or best?

Do you think you never know what's right or best?

Having too much or too little trust in ourselves, in others, or in our own judgement is an indication that working to change ourselves would be helpful to our families.

Avoidance of Feelings:

List ten feelings you've had in the past twenty-four hours and the specific situations that caused them.

Do you habitually say "I'll think or worry about that tomorrow?"

Do you feel you don't have time for feelings?

Do you keep a stiff upper lip, button up your feelings, stifle them? Do you cover them with explosions of rage or sulking?

Are you too ladylike to express negative emotions? Or to burnt-out to express hope?

Do you have numerous aches and pains including but not limited to headaches, stiff neck, back aches and stomachaches?

These are ways of avoiding feelings which indicate that a change in you will be healthier for you and your entire family.

Personal Needs:

What are your personal needs right now?

Do you have a plan for getting them met?

Does your plan depend on getting other people doing things they have never done before, or is it realistically based on small steps you can take yourself?

If you can't list some needs, or never get them met, or make plans for changes that depend on other people, these are signs that working on yourself will help you and your family.

Letting go of denial that your vet's problems could have affected you (does that sound familiar—sort of like him saying "Vietnam didn't affect me!") and working on yourself

is hard and necessary work which will free your vet to work on his problems. Unfortunately, he may choose not to work on his problems, even to find himself another caretaker. He may be freed to grow, but choose not to. This is a very real and painful possibility, but one you can temper by changing yourself with a loving heart and by encouraging him to do the same without demanding changes or giving deadlines. Waiting for someone else to change, when we are struggling to change ourselves can be absolutely maddening. It would be a lot easier if it worked out evenly.

If you start changing it's probably going to be at least six months before your vet even notices anything positive about it, much less becomes aware of the space you are giving him. The way I look at it, we have the rest of our lives to grow and change together, so I'm in no hurry.

I've said twice before not taking your vet's problems personally, thinking they're your fault, or that you can cure them is the first step. If you don't take it, all the other ones are infinitely more painful. But who am I to talk? I did it backwards and you can too if you want.

When we admit we are powerless over the effects of Vietnam in our lives, it's similar to taking the First Step in the recovery programs of AA, NA, Al-Anon or Adult Children. A great load is lifted off your shoulders. Maybe it is a load of guilt because he's been telling you for years that if you were a better wife, he wouldn't have any problems. If you've spent years trying to protect him from the results of his actions, letting go can be such a relief. If you've been looking for a cure for him, knowing that part is up to him can also be a relief. You don't have to push him to get therapy, nag, whine, pressure.

One of the sad parts about changing is that it is painful. A lot of grief is involved when we give up our caretak-

er roles, our certainty that we can find solutions for others, or that we already know what is right for everyone and everything in our lives, our surety, in effect, of our place in the universe. Think how this parallels the experience of our vets when they got to Vietnam and saw that saving Vietnam essentially seemed to involve destroying it, and that the people we were there to save didn't want us there. It wasn't exactly what they were brought up to believe would be their role as American fighting men. Many of them are still mourning this loss.

It says in the pamphlet Free to Care, "The end of the anxious caretaking relationship is the end of this very important part of the lives of concerned persons. It is the death of a certain kind of relationship, a loss...giving up the old role, it is important to realize, will necessarily involve a great deal of sadness." This is true whether you are wife or girlfriend, or mother, father, sister, brother, or daughter, or son. If you've been taking responsibility for your vet, stopping will be hard and painful for you both. That is why you have to do it slowly, very slowly, one little thing at a time.

"Why face the pain?" you may be asking. The only way out is through this pain—that's why. Change doesn't suddenly happen one bright April morning when you and your vet wake up transformed into Cinderella and Prince Charming. It happens through slow painful everyday steps. It also happens in moments of deep happiness when it suddenly sinks in that you are getting along better, that some of the pain is gone, that you've had three good days in a row, and he just hugged you for nothing!

Thinking about the pain we face in changing is really important. Here are a few things to consider:

List the feelings you have at the idea that you cannot cure your vet (helplessness, pain, sadness, anger, disbelief, grief, etc.)

List how the possibility that you may lose him if you get better and he doesn't makes you feel.

List the roles you play in your vet's life that you may have to give up, the predictable patterns you may miss even if you hate them.

List the feelings about your roles—good and bad—which you will lose when you let go of those roles (I'm nice, I put up with so much, I'm such a good sport, etc, or I'm such a jerk to put up with him, There must be something wrong with me or he wouldn't treat me like this, This is what I deserve, etc).

List the roles your vet may be playing in your life that you may have to give up: scapegoat, macho man, someone to lecture and straighten out, someone to pick on, someone more screwed up than you are.

These are the things you will be mourning if you decide to concentrate on becoming more healthy yourself.

You'll also have to mourn the time you've "wasted" doing the best you could at the time. You may be really angry at yourself because you "should have known" things that even the psychiatric community didn't know till last year. Let yourself feel what you feel. The pain means you need to learn something. Feel it, learn what it has to tell you—that you are human and feel human emotions and make mistakes and care deeply for your vet—and it will help you grow.

You may be very angry at first that you are the one who has to change. Remember men are conditioned from childhood not to concentrate on relationships and interdependency but rather to compete and be independent. They haven't got the skills, the vocabulary, the practice, the habits of a lifetime of caring for other people's emotional well being that we have. They're out of practice. Vietnam vets have an extra burden of numbness, impacted grief, and fear of intimacy laid on them by the conditions of war. After thirty or forty years of ignoring feelings and discounting their importance, the habit

is hard to break.

People are always doing the best they can, and if you don't feel that your vet cares because he can't express it, or because he's honed his fighting skills, think about the terrible things you can hear coming out of your mouth when you are hurting and afraid he doesn't love you. I can remember screaming at the top of my lungs that I was getting a divorce and I hated Bob and he was an asshole when all I wanted was for him to love me. If you're the quiet type, think of all those times you've politely asked him to control his language, body posture, voice level, subject of discussion—in effect told him everything about him was unacceptable to you and defective. Think how that must hurt.

Remember that anger is the second stage of grief. It's normal. "What have I done to deserve this?" is one of the questions many women ask themselves or their friends and family. The answer is nothing. It has nothing to do with you.

In their anger, many women believe that changing the man himself (making him shape up) or exchanging him for another man will fix everything, but experience and research have shown that people who get into one difficult relationship will get into another one unless they work on themselves first. If you don't believe this read *Women Who Love Too Much* and *Letters From Women Who Love Too Much* by Robin Norwood.

Use your anger to move you to the next question: "How can I take better care of myself?" The answer to that lies in changing yourself one step at a time so you don't let the same things happen to you anymore.

Symptoms of the anger stage can include filing for divorce, kicking the vet out, running away, nagging, screaming, bitching, whining, telling people the truth about themselves, or stuffing endless grinding resentment. If you are burning dinner a lot lately, sarcastic, cynical, or flippant, habitually late, overly polite, over eating, never

eating, sighing frequently, having trouble sleeping, feeling really apathetic, clenching your jaws or another part of your body, or chronically depressed, these are some of the signs of hidden anger. Learn to check your body for signals: some people blush when they are upset, some breathe faster, some tap or drum, some peoples' voices rise, some yawn. If you need help with this, ask your family how they know you are getting upset.

Being unaware of hidden anger does a lot of damage to us and to our relationships. Because it doesn't just go away, we wind up expressing the anger we feel in inappropriate ways that hurt us and our families.

Recognizing your own anger and that anger is an appropriate emotion for us is an important step. When you feel angry, ask yourself what you are feeling helpless about. If it's about the same old thing in relationship to your vet, take that anger and use it not to lash your vet or yourself, but to give you the energy to go out and buy Codependent No More or go to a Vet's wives' group or Al-anon or ACOA.

As mentioned earlier in *Parent Effectiveness Training*, Dr. Thomas Gordon says anger is a secondary emotion which usually covers another which is too painful or too scary to consciously acknowledge. That's why we're mad when our vets (or our kids) get home late and didn't call. We're afraid they are dead so we yell at them—and somehow expect them to read it as a sign of love! Working on recognizing the feelings under our anger is hard and painful: we may find scary stuff like fear of abandonment, fear of being engulfed by the other person, fear of what we might do if we did let go and get really angry.

Feeling angry is okay, but most of us have seen anger used inappropriately all our lives—screaming distorted faces, physical violence, verbal razor blades slashing people's self-esteem to ribbons—so we don't know how to express it appropriately. We have

no role models. Neither do our vets. Getting smashed or smashing things are not appropriate ways to deal with anger. Neither is verbal aggression.

Safe anger expression is discussed in a number of books about assertiveness and anger listed in the back of this book. One exercise that has always helped me is to write down the reasons why I am angry, then to list possible actions and then list why I should or shouldn't do them. This can get quite funny. "Reasons why I shouldn't punch Jack [our son] in the face when he finally gets here: It will hurt my hand. It won't make him want to come back. The satisfaction will be short-lived not to say fleeting. It won't change his lateness." That's from a recent list I drew up. By the time I was done, I was in a better mood and able to tell Jack, kindly but firmly, "I was disappointed that you didn't get here when you said you would, because I had planned my day around your arrival and it messed up my plans." That is called a confrontive I-message in *Effectiveness Training for Women* by Linda Adams.

The confrontive I-message is one of the safest ways to express anger, and it can help you identify the feelings under your anger as you get used to using it. There are three parts to a confrontive I-message: the specific feeling, the specific event that caused it, and the way it affected you.

How does this work? When someone yells at us we may say, "You always yell at me, you jerk."

Think it out to make your feeling into a truthful I-statement— something like this: 'I was angry, but it was really because it hurts so much when someone I love and who is supposed to love me yells at me and makes me afraid.' Reframe it into an I statement: "I am angry [feeling] when your voice gets loud and scary [specific event, specific details] because I become afraid of you [specific effect]." This is not a comfortable thing for any person to hear. For a stressed out vet, it may increase his stress until he realizes that you'd just like him to find an alterna-

tive to scaring the shit out of you.

Confrontive I-messages, like counting to ten, give you a breather and help calm you down, while giving appropriate attention and respect to your feelings. Sometimes a confrontive I-message will result in an immediate and lasting change in behavior, but usually they have to become part of the broken record repertory—you didn't know you'd be starting a broken record collection to deal with your vet, did you?—before a stressed out person like your vet can even notice what you are saying. When your vet does notice, he will probably be uncomfortable that he is causing you distress. Let him be. Don't give him directions; let him work through his discomfort to find his own way of meeting your needs. Neither of you needs to be yelled at.

PET mentions that one of the problems with I-messages is that they get ignored at first because "Nobody likes to learn that his behavior is interfering with the needs of another [Gordon 1970, 125]." Since change is a slow process anyhow, that isn't really a big problem. The advantage of an I-message is that it's non-blaming so eventually the person you are trying to get through to will hear it. "I miss our evenings out because I love you and going out together made me feel special to you," is a lot easier to hear than "You never take me out. You're no fun. You're a cheapskate. You're not the same person I married."

I-messages have a lot of other advantages for us as co-dependent co-survivors. They help us realize our own needs are legitimate which is important if we have been putting our needs last after those of our vets. They make us analyze our own feelings, an important step for people who find it easier to analyze their loved ones' defects. I-messages make us pay attention to what is under all that anger, the feelings we need to communicate for our own mental health, the feelings our vets need to hear so that they can start trying to grow and meet our needs.

You-messages and anger they

already know how to deal with: they are experts at blocking and ignoring what we yell, experts at making us feel like emotional idiots, and experts at returning anger with interest and scaring the shit out of us.

I-messages are also truth oriented: instead of saying You always tell the same old bullshit stories, when you say I'm too tired to listen or I don't enjoy listening to that story again you are telling your vet the only thing you really know, what is inside of you. This can make your vet very uncomfortable. But as Dr. Gordon points out in PET, kids "can be responsive and responsible, if only grown-ups take a moment to level with them ." If kids are often not aware of the effect their actions have on other people, how much more true may this be of a person wrapped in the pain of PTSD?

I-messages also place the responsibility where it actually is —within your vet (or your kids or your mom) to modify this behavior. Letting your vet modify his behavior is much more healthy than trying to control his behavior by advising, whining, blowing up. I-messages trust the hearer to find a solution; something hard for us co-dependents to do but absolutely vital if we are to get well ourselves. This can also be an empowering experience for your vet, and he may come up with a really neat solution.

I-messages teach honest identification and acceptance of feelings by example; not you made me give up, but I feel so hopeless when we have these fights that it is hard to have faith that things will come out right between us. This is an important example to set for men who have stuffed all feeling away as dangerous. I-messages show that feelings like hopelessness are part of the range of emotions that people can tolerate and live with and express. I-messages sometimes bring I-messages in return and with your active listening skills, you may learn something of value from the exchange.

We can also use internal I-messages to remind us of the consequences

of our own actions: “When I do too much, I get too tired, and the consequences for myself and my family are that I get cranky and I can’t cope and I blow up,” or “When I know- it-all, I am perceived as boring and bitchy, and nobody listens to me anyhow.”

Confrontive I-statements can lead to fights. Fights are a normal part of relationships, but many of us only know ugly painful ways of fighting. Vet Centers teach the rules of fighting fairly derived from The Intimate Enemy which I mentioned in the last chapter. Recently I was telling someone about those rules and a friend laughed and said, “Yeah, but who uses them?” WE DO. The only way they will help your relationship is if you use them. If they don’t work the first time, could you ride a bike the first time you tried? Wasn’t the joy in trying and trying and finally succeeding?

One way to get in touch with your anger is to write down specific things your vet does that push your buttons, and how you usually react. Then write up some alternative ways of reacting you could try.

If you think of an alternative and immediately say to yourself, “That wouldn’t work because then he’ll just—” or , “Oh, I already tried that, and it didn’t work,” or, “Yes, but...” followed by the reasons it won’t work for you, you are stuck. People who are under a lot of stress often become very stuck, and that’s normal. The alternatives you may come up with may not have worked in the past because you tried them under pressure—as we all have, hoping for an instant solution to all our vet’s problems—or because you stopped trying the alternative because you didn’t get immediate results—and you won’t—or because you are not aware of how you come off to your vet or to other people. People who are feeling burdened find it hard to be aware of how they come across to other people. When they think they are being loving and reasonable, the often appear to others as anxious, angry and blocked. You can check on this by tap-

ing yourself and listening to the tape, or asking a friend, or just listening to yourself as you talk. Are you full of blame, critical, trying to get others to see ‘the truth’ or ‘straighten them out?’ Those are often signs of being stuck.

When you find your anger, especially if you were raised never to be angry, you can be frightened by just how angry you are. Accept this as part of a healing grief process. Bitch and moan and scream and rage, but not to him.. When you have both gotten to a stage where you are communicating better and not fighting to win, use I statements. When you have progressed from “You made me mad” to “I am angry” which may be years, you will know that you are changing and healing.

Letting go and learning new reactions is a hard slow business. We have to remind ourselves that changes come slowly, step by step, one day at a time. Relax and know that you have the rest of your life to do this. And try alternative behaviors again and again: active listening, I-messages, letting go, slogans (see below), and broken records.

Another great alternate behavior especially if your vet treats you to displays of rage or other inappropriate behavior. Use a slogan. Repeat to yourself: It has nothing to do with me. It has nothing to do with me. And don’t rise to the bait. This puts the responsibility for his behavior where it belongs, within him. When you have control, say quietly, “Do you think it helps me when you (fill in the blank)?” If this upsets him, let him be upset. Don’t justify it, or explain it, or talk it into the ground. Repeat the question quietly if you have to. Let him think about it. You may have to repeat this question a hundred times on a hundred different occasions, (another addition to your broken record collection) or you may only have to ask it once.

Note from Patience:

When I wrote this I was just beginning to recover but I had my priorities straight. I had to work on me!

I still use these techniques today, and my life has gotten better and better, although we have faced and dealt with lots of stress in the last few years.

Chapter 18, *Tyranny of the “Shoulds,”* excerpted from *Lift Your Mood Now* by John D Preston, Psy.D., New Harbinger., 2001, \$12.95. reprinted with permission

Some common “shoulds” include:

- “I should be stronger.”
- “I shouldn’t let things get to me so much.”
- “I shouldn’t be so sensitive.”
- “I should be able to pull myself out of this depression.”
- “This shouldn’t be happening to me.”

“Shoulds” and “shouldn’ts” are powerful, negative thoughts that convey a strong inner desire or an insistence that you, others, or reality ought to be a certain way. They also can represent a set of unrealistic standards for your own behavior. The failure to live up to such standards results in harsh judgments and a condemning of the self.

What is so important to appreciate is that at the heart of should statements is a perception of the world that always generates a sense of powerlessness. When you think with shoulds, you are always seeing yourself as a victim of circumstances beyond your control. This perception of “victimhood” contributes greatly to feelings of powerlessness and helplessness. Thinking with shoulds may be the most potent way that human beings inadvertently turn up the volume on misery.

This very common thought pattern, unfortunately, never really helps to change situations or to motivate people. Rather, it always becomes a source of harsh self-criticism and greatly intensifies feelings of helplessness.

The most helpful way to combat shoulds is to make use of your thought record. In moments of intense negative emotions, the question, “What’s going through my mind?” often reveals shoulds.

Betsy’s experience provides a good example. She had been feeling increasingly depressed, agitated, and upset with herself. Much of her depression

centered around her growing marital conflicts and a great disappointment in her husband, who had become increasingly distant during the past two years.

Betsy finally sat down, calmed herself down a bit, and wrote out a quick thought record on a tablet of paper:

Mood	Thoughts
Upset (90)	
Frustrated (95)	How can he be so cold?
Angry (80)	
Hopeless (95)	It shouldn’t be this way. Marriages should bring happiness not sorrow
Anxious (85)	I shouldn’t be so upset
	what’s wrong with me?

Angry with myself (85)

Note, often questions like, “How can he be so cold?” carry hidden “shoulds” (“He shouldn’t be so cold”).

The most powerful way to address shoulds in a thought record, is to rewrite your statement, but not in terms of shoulds. Rather, substitute the terms “I want” or “I don’t want.” Here is what Betsy wrote:

“I don’t want it to be this way.”

“I wanted my marriage to be happy.”

“I don’t want him to be cold toward me.”

And instead of stating “I shouldn’t be so upset,” it is more helpful to simply state how you do feel:

“I do feel upset. This matters a lot to me, and God knows I never wanted things to turn out this way.”

What is embedded in Betsy’s revised statements are the following:

- She is acknowledging the truth of how she really feels.

- Rather than being harsh or critical of herself, she is adopting an attitude of understanding and compassion for herself.

Almost always when people use

such an approach, one important result is to feel significantly less powerless, and often this is immediately noticeable! Try it even once and be the judge. When this is done, a shift occurs from viewing yourself as a victim to seeing yourself as a human being with legitimate emotional pain.

Shoulds are everywhere. On close inspection, almost invariably, all intense emotions are accompanied by shoulds. And shoulds always have the effect of taking any painful emotion and turning up the volume.

In my experience, the simple exercise described above is one of the most rapid ways to de-escalate very intense emotional upset and regain perspective and a sense of control over strong feelings. However, for this to be truly effective, you must also then give yourself permission to acknowledge and to experience the underlying, legitimate human emotions. For Betsy, it was clear and understandable that the emotional distance she has felt from her husband is a source of sadness and disappointment.

You should try this exercise, even once! (Sorry, I mean I want you to give it a try.)

Editors note: Bob and I are both reading this little book. PTSD can be depressing for both survivor and spouse. These small exercises, each a 5 minute lift, are about all we can handle right now. I love this one. It ties in with my recovery slogan, “Everything after the word should is bullshit.”

Starting Out

I received an e-mail from someone who was just beginning the process of getting help for a husband with PTSD.

“The most difficult problem is denial.”

Denial is a survivor skill when there is no help available, and there wasn't any for years after Vietnam for most vets.

“Please tell me where I should begin my research and how I can provide the atmosphere he needs to recover.”

You can provide the atmosphere he needs to recover by detaching with love and living your own life. If you can't do this, go to Al-anon twice a week, get a sponsor and work all 12 steps with your sponsor. This will give you perspective on how difficult it is to go for help and how difficult it is to change. You can substitute PTSD for the word alcoholic, or if you have ever worried about someone's drinking, you qualify.

This is his problem. He must deal with it himself. If you want to help, find out if there is good help in the area and mention it to him, but talking about it all the time is controlling behavior, which is not effective with or healthy for trauma survivors. They need to re-establish a sense of control in their lives and pick what works for them.

You sound like you are setting yourself up to rescue him, but when it doesn't work, you may blame him and get caught up in a cycle of rescuer, persecutor (Why don't you do what I say?), and then victim (Let me tell you what he did to me today) which is painful and ineffective. I did it for years, so I know. I hope you will get my book and the back issues of the Gazette. Both of you will benefit from reading them and they are full of a variety of resources and ideas. We never know what will help or encourage another person.

“He refuses to attend any type of group therapy. When I mention therapy his response is ‘I'm all doctored out.’”

If he's all doctored out, I would let him be. He doesn't have to be perfect to please you does he? Do you love him or him-fixed? This may sound like a cruel question, but most of us want acceptance the way we are, not to be fixed or have to live up to demands that we change. Having stuff on recovery around the house (Keep the Gazette by the john. It has short articles and makes good bathroom reading.) is okay but don't keep pushing it.

Give him space to see that even though he is acceptable the way he is, perhaps life could get better if he tried to find effective help. Grow

yourself. Set an example. Getting help and changing is okay. Develop compassion for yourself and him. Dealing with PTSD is tough for you both. Recovery is not for sissies. Having compassion will help you see the difference between healthy acceptance and accepting abuse, which is not healthy for either of you. I found that letting go of Bob and working on myself was much more effective than pushing solutions. Pushing leads to resistance, even if you are right, (especially if you are right!). Bob has found solutions that work for him and I didn't think of any of them. Imagine that!

“I intend to spend the rest of my life with this man, regardless of his emotional state, but would like to be a part of the solution to his distress.”

Me, too. On the bulletins page on my site, www.patiencepress.com, is another article you can print out on helping families become part of the solution.

—Patience Mason