

ROUTE 91

Healing from Mass Violence & Trauma



by Dr. Shiva Ghaed

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PROLOGUE

The Las Vegas massacre was not the first mass shooting, nor will it be the last. Incidents of mass violence have been on the rise in the United States, and it is well known that survivors live with the psychological wounds from these traumatic experiences for decades. Depending on how we choose to define “mass violence,” statistics range from between one mass shooting per day (*Gun Violence Archive*) to one mass shooting per month (*Congressional Research Service*). Furthermore, the five deadliest mass shootings in the United States have occurred over the past decade. One-third of all mass shootings in the world between 1966 and 2012 occurred in the United States.

The Las Vegas Route 91 Harvest Festival in October 2017 began like all other festivals. There were performances by top artists, dancing, food trucks, and vendors. Most importantly, it was a weekend with friends. Everything changed in the final hour, when an evening of socializing and bonding with old and new friends became a desperate fight to survive. When I returned home, I realized that I was in a unique position to help my community, and doing so was a moral obligation.

I was compelled to write this book so that a broader audience may learn more, not only about our journey of healing over the past year, but also about their own. Mental illness does not discriminate. The book is my way of bringing knowledge about the most common psychiatric problems – anxiety, depression, and trauma – to the general public. I believe that we can all help each other heal as a community by gaining a better understanding of mental health, fostering compassion, and approaching

discussion about these highly stigmatized issues more openly. If we all step up and do what we can, when we can, then the world will be a better place for all of us.

CHAPTER ONE

150 Minutes of Terror

Las Vegas Route 91 Harvest Festival, October 1, 2017; deadliest mass shooting in U.S. history. Eighty-five percent of the carnage from that night happened within a twenty-foot radius. Surviving the massacre was only the first of many ways in which I would be tested in the ensuing months – as a clinical psychologist who is specialized in the treatment of trauma, as a healthcare provider dedicated to caring for hundreds of military patients every week, as a contributing member of society, as a citizen of this country, and as a decent human being.

Let's start at the beginning, because there are misconceptions about the events of that night, including timing, chronology, and countless other details. Reports concluded that the shooting began just a few minutes after 10:00 pm and lasted for approximately 10 minutes. Ten minutes of waiting for imminent death, with bullets whizzing overhead and feeling immobilized by fear, can seem like an eternity. Anyone who has lived through a similar event can attest to this phenomenon. But, more importantly, it was not simply 10 minutes of terror that was endured that night. For many of us, it was over two hours of running and hiding and fearing for our lives in a state of mass panic, chaos, and confusion. When the shooting began, it was approximately 10:00 pm. I looked at my watch again when I was secured in lockdown at the Tropicana and it was 12:30 am. Information released about that night has been inconsistent and has left more questions than answers in its wake.

Setting the Stage: 1 story of 22,000

We were in Las Vegas for the 2017 Route 91 Harvest Festival, celebrating the birthday of one of my girlfriends from the San Diego country dance scene. Our group of five spent Thursday, Friday, and Saturday enjoying good food, country music, and dancing. Despite watching performances from the airport side of the stage the first two nights, for some reason, on Sunday night we found ourselves on the opposite side. We stood in the front stage area (closest to the Mandalay Bay), chatting with new friends we had made the night before, when Jason Aldean began the final live performance of the three-day country music festival.

It was literally the last hour of the festival, so what could possibly go wrong? Aldean had finished singing “Any Ol’ Barstool” and I heard popping sounds nearby. Then he started singing “When She Says Baby” and suddenly there were a series of loud reverberating firework-like sounds. At the same time people next to us released confetti poppers. I thought the loud noises might just be fireworks at a nearby location. After all, it’s Vegas. The first rounds went off. There was a brief pause, but Aldean kept singing. The second rounds went off and suddenly the music stopped. The stage went dark and floodlights switched on. Many of us immediately crouched down on the ground, and people began to scream “Get down!” That was the moment I realized that something had gone very wrong.

The floodlights cast a cold, shadowy light that made it hard to see. We were packed in and hunched down on the ground as low as possible. Our bodies blanketed the artificial turf. We didn’t know where the bullets were coming from because the sounds kept changing direction and distance. Some people didn’t react and seemed unfazed by the gunfire, which was

confusing. One man near us stood with a cigarette in one hand and beer in the other for the first few rounds, while others screamed and hurried away from the area.

What happened was unfathomable. I watched a few men carry limp bodies away from the open parts of the field in which we were standing. I turned to one of my friends and said, "They're probably really drunk and they're just getting them out of the way." The reality of the situation hadn't sunk in yet. For weeks after the massacre, I felt guilty for making those comments. I still feel profound sadness when I think of those incomprehensible moments.

The shooting continued, with short breaks in between the rounds of automatic gunfire. I thought it would never end. Thoughts raced through my head, *This can't be happening. I can't believe this is really happening. It has to end at some point, right?* My girlfriends had vanished. Only later did I find out that they made it back to our room at the MGM before the Vegas strip lockdown. I stayed close to our new friends and the four of us moved a short distance forward towards the stage. They crowded in under plastic tables, but there was no more space for me. I tried to squeeze in between bins of recyclables, but along with another member of our group, found myself completely exposed. He was drunk and nonchalantly said over and over, "Relax. Stay here. You're fine. They're just fireworks. Don't run." I told him, "Okay, but I still don't think you should be standing up." After a moment (and yes, we have this on video) he said, "Fuck. That's a gun. Now I'm getting down. That's fucking bullets."

Bullets came from different locations. The sounds were distinctly different, even to an untrained ear. We heard helicopters and eventually sirens in

the distance. I huddled next to a wheelchair scooter, hoping that the steel frame might protect my head from bullets. I felt bullets whizzing over my head and I waited to be hit, fearing that it was inevitable. Over and over like a mantra I thought, *Please don't hit anything vital. Please don't hit anything vital.* I prayed that my brain and jugular veins would remain intact. After several rounds of gunfire I realized that most of the shots were coming from the direction of the Mandalay Bay. But it was still unclear if the bullets were coming from an elevated position, or the other side of the metal fencing. At one point, the gunfire sounded like it was only yards away.

After incessant shooting, there was a break that was a little longer than the previous breaks. Almost everyone had left the venue, and we were one of the last groups of people still there. We heard yelling, "Get the fuck out! Go! Get out!" We didn't know if the shooting would start back up again, but decided to run to a safer spot. As I took the first few steps, I saw an enormous pool of blood. This image is permanently burned into my memories. It catapulted me out of a state of shock and disbelief, and in that moment I realized the gravity of the situation. People were actually dying. I had such severe cottonmouth I couldn't breathe. My legs suddenly felt like lead, and I was so paralyzed by fear that I almost tripped. I felt like my legs wouldn't run fast enough as we maneuvered off the artificial turf. I blocked out parts of these terrifying moments but later saw sickening pictures of exactly what we had been maneuvering around. Lifeless bodies and abandoned personal belongings covered the open field.

We fled to a mid-point of the venue, climbed over a food truck and hid between the truck and collapsed bleachers. It felt more protected than the open field. But then I spotted propane tanks and I worried that they might

explode if bullets hit them. We hid there for another 20-30 minutes, waiting for a sign that it might be safe to leave the area. Finally, two police officers rushed by and frantically yelled at us to get out. We were herded off the concert grounds and into a side entrance of the Tropicana.

For the first time since the massacre had started, I took a breath. We were in the shopping concourse of the Tropicana, and moved to a protected location. We sat down in silence, trying to make sense of everything. Then about 20 minutes later, a panicked mob ran towards us screaming, "Shooter's coming, shooter's in the building." I felt overcome by sheer terror in that moment. We were trapped inside a glass walkway, and there was nowhere to hide in the bright lights. I thought that was the end. I waited for gunmen to appear and slaughter us. We began to run with the mob of people and reached the end of the walkway to find a set of double glass doors that opened up into a parking lot.

My phone began to ring – it was my sister. She called me repeatedly, but I didn't pick up. I figured that I would call her back once we stopped running, if I survived. I hid by the doors along with a group of strangers, unsure of where to go next. One man told us that he was an off-duty LAPD officer and former military. He looked disoriented and very frightened, which was not comforting. He instructed us to run outside and find a truck or SUV to hide underneath. So we did. He rolled in next to me under a large pickup truck. I questioned whether or not this was wise. As I lay on my stomach I calculated the trajectory of bullets that might hit me if a shooter aimed under the truck. I thought this is it; *I'm going to die under a truck*. My sister texted me repeatedly, asking if I was okay. I told her I couldn't talk – Shooter's coming. I cannot imagine what this experience must have been like for my sister, waiting helplessly from a distance.

Maybe 10 minutes later, there was yelling from the back of the Tropicana, “Get off the streets! Come inside! Shooter’s on the street!” Once again, we frantically ran back into the hotel, this time through an unmarked service door. Concertgoers trickled into the narrow hallway, and we waited. Phones were out of battery life and we desperately searched for chargers so we could contact loved ones.

Rumors of an impending bomb threat began to spread. We were powerless, but it was comforting to be around other people. I resigned myself to the fact that if a bomb went off, death was just my fate. After all this running and hiding, I was simply out of options. There was nothing else to be done except wait and pray that a bomb would not annihilate us all. By this point the entire Las Vegas strip was on lockdown, and people were stuck wherever they were at that moment – for us, in the Tropicana. We sat in silence, stunned, scraped up, bruised, dirty, bloody, and disheveled. Within the next half-hour to hour, we were herded into an enormous conference area, reminiscent of natural disaster shelters.

Despite ongoing reports of shooters and bomb threats throughout the strip, I felt like I could finally breathe. There were no windows and only one visible door in and out. Heavily armed men walked quickly through the room and strategically positioned themselves. Tropicana employees hauled in boxes of bottled water, table clothes, towels, and sheets. I felt so cold, with no way to warm up. And I was there alone, surrounded by hundreds of strangers. Over the next several hours, some people slept, curled up next to their significant others, family members, or friends, and others talked quietly. I eventually spotted a friend from San Diego and his girlfriend, and sat down next to them for the remainder of the morning.

As we sat on the floor in silence for nearly six hours, I thought about the concertgoers, and the horror of the night. I felt devastated for all these people. Country music fans by my observation are often military service members and veterans, police officers, paramedics, fire fighters, and other types of public servants. It was so unfair that people, who likely had preexisting trauma simply due to career choice, were subjected to this senseless violence. My heart ached for everyone. I also thought about my patients, and how horrible this might be for them to witness, given their traumas.

Finally, around 5:30 am, people were released in waves, according to hotel position in relation to the Route 91 venue. Once we were allowed to leave, I joined the ambulatory group of concertgoers and tourists and made the slow and somber trek back to the MGM. It seemed like such a long walk that morning, most of which I made in an exhausted daze. Finally, I arrived at my room to find my girlfriends and several other strangers. They had somehow escaped the kill zone during the shooting and miraculously made it back to the room before lockdown. I showered, almost as though to wash the horror of the night off my body and soul. I lay down to sleep, but could not quiet my mind. As the hours passed, one by one, people thanked us and left our room. Around noon, my girlfriend and I headed to the airport. Few words were spoken and we parted ways. This was a birthday weekend she would never forget.

CHAPTER TWO

Getting in the Trenches with my Patients

On Tuesday, October 3, 2017, I started my workday as usual at 0700 hours. I was concerned that my patients might be worried, even panicked, if I did not show up. Most of them knew that I would be at the Route 91 Harvest Festival in Las Vegas because I had previously informed them of the schedule change. I went to work because I could, because I had survived, and it gave me comfort to be there with my patients. I started the first therapy group that day and was met with many questions, hugs, and some tears. I spent the next few days processing the event alone at night and then processing it during the day with my patients, many of whom had been severely triggered because of their own combat experiences.

I realized that there was no hiding from this event. If I did not fully disclose what happened, or if it in any way appeared that I was avoiding, I would lose credibility. I had trained my patients very well. I held them accountable, and now I knew that they would do the same with me. I knew it could be beneficial to my patients if I became a living example of recovery. Unexpectedly, I was in a unique position to model all of the lessons that I had been teaching them for months. I could not be a passive bystander in my own recovery process; there were no shortcuts. I had to grab this bull by the horns and just push through it. I treated too many patients who relied on me to be a healthy person. Not recovering was *not* an option.

I trained in one of the top doctoral programs in the country and had specialized in trauma treatment. I knew the do's and don'ts following a traumatic experience. Most importantly, I had a comprehensive understanding of how more chronic symptoms of trauma, anxiety, and depression develop and are perpetuated. I knew that it was important to not avoid anything connected to my experience. I had to allow myself to think about the events, talk about them, and *feel* my feelings.

During the massacre, I had felt terrified and helpless. After a few days, I felt angry, guilty, and ashamed. Why had I just hidden? Why hadn't I run? That was stupid. All the mandatory active shooter trainings I've completed for work over the years taught us: (1) Run, (2) Hide, and (3) Fight. I didn't run. I didn't do anything. I beat myself up for this until, by piecing the news together, I discovered that staying put most likely saved me. Running first, because of my location, very likely would have ended my life.

However, I couldn't shake the belief that I should have helped people instead of simply running for cover. I felt guilty and ashamed in the first few weeks after the massacre because I could not align my behaviors with what I know to be true about my character. I'm a healer. I'm a helper. How was I unable to act in a moment of crisis? Self-blame gave way to anger towards the perpetrator. I questioned the value of a person who had killed so many good people. It was one of many unhelpful thoughts I had in the weeks after the massacre. I was saddened to see that media coverage was surprisingly brief after the *deadliest* massacre in U.S. history, followed by radio silence about Route 91. I blamed the shooter(s?). I blamed myself. I blamed the world and society. I was devastated and heartbroken.

Eventually, I replaced each distorted or negative thought that came into my mind with a more balanced thought. I had done my best under the circumstances. No one person is more valuable than any other person. We all have value. Life is life threatening, and suffering is a common human experience, from which nobody escapes. In the weeks prior to this event, the news was flooded with reports of the aftermath of one hurricane after another, especially in Puerto Rico. One week after the Las Vegas massacre, the news was consumed by round-the-clock reporting of uncontrollable fires ravaging parts of California. Suffering is a part of life.

I had no warfare experience, and even if trained concertgoers had been armed with weapons, it would not have changed the outcome. We were sitting ducks. Options were limited to flee or freeze; there was no fight. Sitting with the balanced realities of my situation, one week after the massacre I realized that I was in a unique position to help. I may not have been trained for combat, but I was highly trained to deal with the aftermath of combat. I could step up now and potentially save hundreds, maybe even thousands of people from the invisible wounds of the massacre, simply by providing education, appropriate support, and a safe space to process the event.

In the days following the massacre, I did not hear anything about local resources for survivors. I felt panicked thinking about all the survivors who might carry invisible wounds of this traumatic experience. It was critical and urgent to intervene immediately. People needed to learn about expected and problematic trauma reactions. There were enough casualties from the massacre and we didn't need any more. It was a race against the clock. I realized that I may have been the only clinical psychologist

specialized in trauma at the concert during the massacre. This was no longer a choice, but a calling.

I have always believed that healthcare is a basic human right. I did not want a lack of insurance or bureaucratic red tape to prevent anyone from obtaining good quality care and support at such a dire time. Five days after the shooting, I contacted the managers of InCahoots (a local country establishment) to ask if we could use the space weekly when it was closed to the public. They opened their doors to us, which gave the San Diego Route 91 community of survivors, friends, and family a home for healing.

The first support group meeting was held exactly seven days after the massacre, on October 9, 2017. It was free, open to all survivors, family, and friends, or anyone else in the community who needed to process the massacre. With only one day of news announcements, 42 people showed up, and in subsequent weeks, 40-70 people attended.

My priority for the group was psychoeducation. Not surprisingly, people were already canceling concert plans and future trips, and avoiding anything that triggered memories of that night. I taught them about the science of trauma, the body's fear response, human memory, and expected reactions. I emphasized particularly problematic reactions, such as avoidance behaviors, that interfere with recovery. I reassured my fellow concertgoers that I was following my own guidance, and I shared personal examples of "exposure" activities to help them understand the value of facing our fears.

As the weeks progressed, I embarked on a journey of recovery that was full of challenging, humbling, and enlightening experiences that impacted both my personal and professional life.

CHAPTER THREE

Road to Recovery: My Story

I returned to Las Vegas two weeks after the massacre. It was an opportunity to face my fears, and I knew this was an important step in my own recovery. Overall, aside from feeling a bit jumpier than usual, the first week or so had been unremarkable. No nightmares or sleep problems, few negative thoughts, no avoidance, and no panic. I was a little arrogant and I assumed that my expertise in trauma would somehow immunize me against the effects of living through a near-death experience. And the first two weeks had seemed normal. But things were about to change.

On the morning of my trip, the fire alarm in my apartment complex was activated. This was not an uncommon occurrence in my building, but this time my reaction was different. I found myself on the sidewalk sobbing and shaking uncontrollably. I was having a panic attack. I returned to my apartment, finished packing, and called a Lyft. Normally, I am outgoing and friendly with my drivers, but this time I was irritable because the driver took a longer route to the airport. I immediately recognized this unhealthy reaction and replaced my angry thought with a more compassionate one – *I'm sure it wasn't intentional. He was doing his best.*

I arrived at the airport, boarded the plane, and sat in a middle seat between two men. Every seat on the plane was taken, the energy was high, and people were talking in a loud animated manner. Without warning, I felt overwhelmed and agitated. I wanted to scream, "Shut the fuck up!" to everyone on the plane. Thankfully I controlled myself but instead turned to

the man to my right and said, “Wow, they’re really loud, right? Louder than usual.” He looked at me hesitatingly and said, “They’re probably just excited. It’s Friday and going to Vegas.” I didn’t understand the reaction I was having on the plane, and I was tempted to use the earplugs stored in my jacket pockets to block out the noise. But I resisted this urge because I knew this would be one of many health-defining moments in my own recovery process. Avoidance was not the answer. I sat there for the next half hour, crying quietly, pulling out one napkin after another, and blowing my nose. I allowed myself to feel my feelings mindfully – without judgment. I felt compassion for myself, and for those around me whose intentions for Vegas were very different from my own. I recognized my anxiety and only later recognized what exactly had triggered me. The excited, loud conversations in a foreign language spoken by a large numbers of people around me were similar to the chaotic, incomprehensible voices of hundreds of frightened concertgoers.

I arrived in Vegas, and after a frustrating ordeal of trying to call, communicate with, and locate my Lyft driver in an overwhelmingly large and convoluted airport, I made it to the hotel and met up with my sister. After dinner, we stopped at a large intersecting area of the casino. Without warning, I heard sounds of automatic gunfire. Instantly, I felt panicky, stopped mid-sentence, and quickly turned around to look for the source of the noise. I stopped myself from crouching down as we had in Vegas once I identified a standing Russian roulette wheel behind me. Someone had spun the wheel, and the flexible plastic hand was hitting evenly spaced pegs as it moved round and round, making that hideous sound. I took a few long slow breaths, and we headed back to the room. I had made it through a pretty rough day without avoidance, without too many maladaptive thoughts, and with compassion and mindfulness.

The next day, I was eager to visit the makeshift Route 91 Memorial. The Lyft driver got lost, but I replaced annoyed thoughts with healthier ones. When we arrived, it felt like Disneyland, and I suddenly felt angry. People didn't seem emotionally impacted at all and were taking pictures next to the white crosses, smiling. I felt disgusted and wanted to scream at them – as if they should not be allowed there. I forced myself to consider that I did not have all the information necessary to draw these conclusions. I sat with my anger mindfully, placed my flowers in an appropriate spot, and replaced my negative thoughts with more compassionate ones as I walked away from the memorial. I had no control over other people.

As I walked briskly down Route 91, I could feel my anxiety rise. My heart was racing. I had hoped to find my position on the turf, by the stage, thinking this would somehow help me piece together my disorganized snapshot memories and put closure on the whole ordeal. However, once I arrived at the venue, it was sealed off with yellow crime tape that wrapped literally all the way around the block. Police cars were stationed at each corner, redirecting anyone who tried to cross the street or approach the grounds. I was disappointed, but I was not going to be deterred from my goal for exposure.

I sat down on the sidewalk at the corner of Route 91 and the venue. “Vegas Strong” hung from the top of the Mandalay Bay Hotel on the other side of the street. I felt the full range of emotions – anger, disgust, horror, fear, and profound sadness – and in the spirit of doing what I ask my patients to do, I did not leave, I did not avoid, I simply sat there on the edge of the sidewalk, crying for about two hours. When I was done, I slowly retraced my path back from the Tropicana to the MGM as I had on

the night of the massacre. What made it even more painful was to see how the world had simply moved on. Tourists were taking pictures and laughing, oblivious to the massacre that had transformed the strip into a war zone just two short weeks earlier.

The day had been an emotional one, and I was looking forward to dinner and a show with my sister. The “O” by Cirque Du Soleil opened with a bang, literally. I was instantly hypervigilant, and after a few more bangs, I grumbled, and my sister asked if I was okay. I alluded to the gunshot sounds, and she apologized and asked if I wanted to leave. I told her we had to stay because it was good exposure. The show continued, and a grandfather clock appeared, followed by ambulance and police car sirens. Then a group of women began running through the audience screaming. It was comical at this point how many alarming noises, reminiscent of the massacre, were included in the show. My sister turned to me and said, “So how’s that exposure going?” at which point we both started laughing hysterically. Finally, the show ended – with gunshot sounds. I probably would have enjoyed the show much more at any other time in the past two decades, but I’m happy I finally saw it.

I survived Vegas. Two whole days of triggering, anxiety-provoking, profoundly upsetting experiences, and I did not avoid. I sat in it, with it, and through it. I was proud of myself, and I knew that my patients would be proud of me too. I returned to work, and to the support group for Route 91 survivors, and I shared my experiences hoping that my triumph would inspire them to engage in similar exposure exercises. And it did. I could not force anyone down this path of recovery, but it was within my power to influence others through my own behaviors, and to arm everyone with the knowledge and tools to help themselves.

When I returned from this second Vegas trip and went to work on Monday, a Halloween decorating contest was in full effect. I found a gruesome scene in the hallway between my therapy room and the main clinic. The floor was covered with bloody footprints and handprints and the walls were lined with pictures of bloody people. In the two weeks leading up to Halloween this scene evolved to include bloody mannequins. My first reaction was anger and disgust because I felt sickened by the images. I wanted to ask to have these taken down, but I realized this was an excellent opportunity for exposure. I forced myself to walk back and forth through that hallway, and by the end of the month the queasy feeling diminished. I encouraged my patients with combat experience to do the same. We all survived Halloween, and we were healthier for it.

The first two months after the massacre were the most difficult. I was more sensitive and cried a lot. I felt increasingly hypervigilant and irritable. I experienced sleep disturbance like many other people, with bad dreams and a few massacre-themed nightmares from which I awoke crying and heart racing, including one very vivid nightmare in which I was shot. I felt detached from others, even my friends, but forced myself to go out and socialize anyway. I didn't enjoy dancing as much, which alarmed me. Each time I went out, at some point I was triggered by a loud noise, flashing lights, or something associated with Route 91, and I found myself crying on or off the dance floor. At all costs, I would not avoid.

Somewhere in the second month after the massacre, my thoughts went to a darker place. I had been in contact with some of the people who had been there with me that night, and I learned that I had not been included in their recounting of the event. Trauma is isolating, and this left me feeling

even more isolated. I ruminated about this and felt hurt and confused. I wondered how they could be so integral to my experience and yet I had been left out of theirs. Had I been so irrelevant, so unimportant that my presence there was not even remembered? There is something intimate about almost dying with other people and I felt a strong need to connect with them somehow. My thoughts suddenly became sinister, and even as I write and think about them now, I cringe with shame. I wondered if I had been shot or killed, would they have included me in their stories then? Would they have remembered me then? Would someone have witnessed my near death or stayed with me in my final moments? I'm not proud that had these thoughts, but I think it's important to be honest and share them. I want my audience to understand that trauma can take even the healthiest of people down a dark path, but that there is also a way back home.

I began to look inward, questioning why I placed so much value on being included in their stories. Why was it so important that someone else there witness my trauma? Perhaps inclusion would have somehow validated my memory of the barbaric massacre, which was riddled with holes. Life-threatening experiences throw many people into a state of existential crisis; I began to question the meaning and purpose of my life and my relationships. In the spirit of challenging unhelpful thoughts, I had to remind myself that everyone had a unique story. They were allowed to tell their story however they liked because it was theirs and theirs alone. I also reminded myself that we were all having a fear response, and in situations like that memory is often unreliable as people focus on specific things relevant to their own survival. We all had gaps in our memories. Eventually and thankfully, I moved on from this dark, uncomfortable place.

By month three, I was feeling almost back to normal and was no longer experiencing as many trauma symptoms. One of the residual trauma reactions I found most interesting, which persisted, was the intrusive thoughts and memories. Poignant moments – called “hot spots” in Prolonged Exposure, a PTSD treatment – inserted themselves randomly into my day. I might be running therapy group, driving, at hot yoga, or having a conversation. Then suddenly I’m crouched down waiting to be shot from behind the wheelchair scooter. I see a large pool of blood. I’m under the truck waiting to die. I was humbled to discover that my amygdala (the brain’s fear center) is no different than anyone else’s amygdala. Trauma does not discriminate. I moved forward with humility, staying mindful about my own thought processing and compassion.

CHAPTER FOUR

Road to Recovery: The Community

It was particularly humbling to witness the recovery of the San Diego community up close. It was a testament to the resilience of the human spirit. Within about six weeks of running the support group, people who regularly attended began to take initiative to plan social events, and reproduce cards, pamphlets, and brochures to help spread the knowledge and spread the word about the group and how much it was helping all of us. People in the group with particular hobbies or skills (e.g., quilting, designing stickers) voluntarily shared their gifts very generously with the community. From the beginning I emphasized how important social connections and interpersonal relationships with other people was in the healing process. I also repeatedly reminded the community that when we show gratitude and especially when we engage in random acts of kindness, we are happiest. This is supported by a plethora of research.

In the year following the Las Vegas massacre, I traveled to Las Vegas and also areas surrounding San Diego to run as many support groups and workshops on trauma as possible. Much of my communication with members of the community outside of San Diego has been online, through Facebook messenger, text, email, and phone calls. I also attended as many Route 91-related events as feasible. Numerous fundraisers were held across the country, but especially in California and Nevada. They gave the survivor community a way to help those families who had been far less fortunate. Some of these events proved to be quite challenging for the community. For example, one memorable event I attended was held on

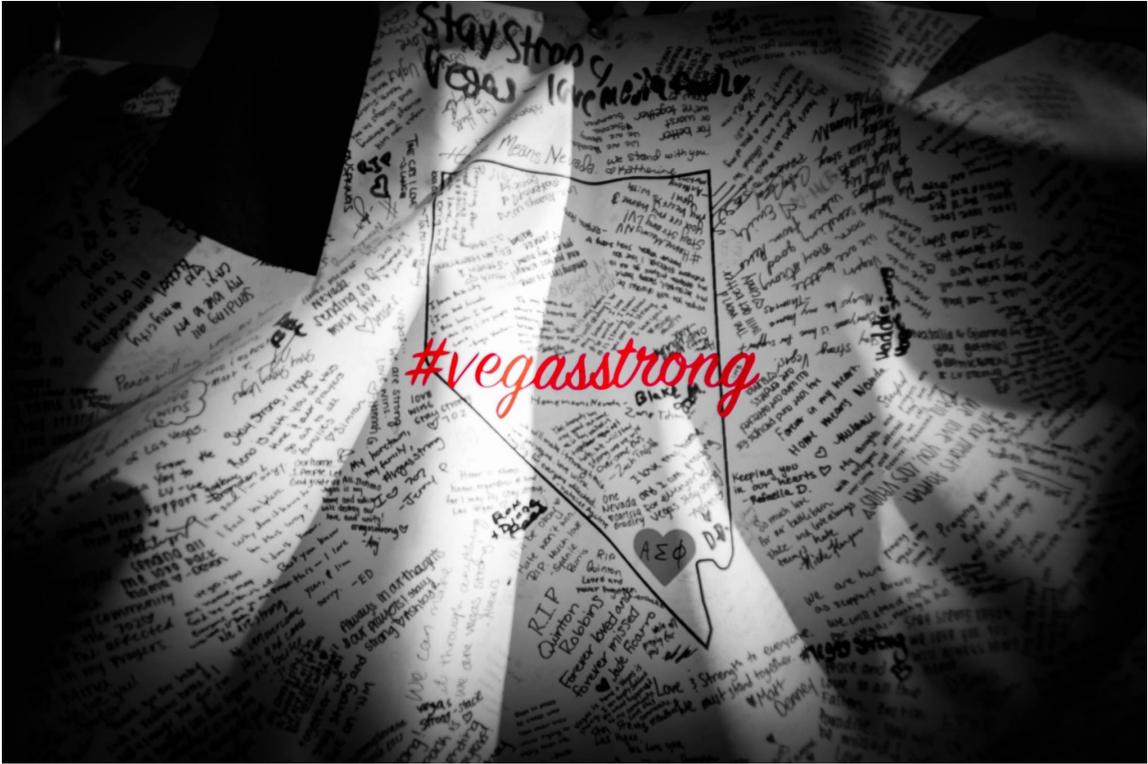
November 10, 2017, at the San Diego Hard Rock Hotel. I could not have set up a better exposure situation myself. People who had been attending my support group later half-jokingly asked me if I had set it all up.

The Hard Rock fundraiser was held on a low-level rooftop, surrounded by glassy high-rise hotel windows on two sides, and downtown buildings all around the space. Artificial turf was on the ground, large floodlights lit the venue, and live country music played in the background. Many people came out for the event, and thankfully, most of the San Diego survivor community had already learned about the dangers of avoidance from the psychoeducation I was disseminating. Paper lanterns were lit, each with the name of a victim of the massacre. This quickly turned into a fire hazard as lanterns caught on fire or the wind blew them into trees or umbrellas. As this situation was coming under control, unexpectedly, fireworks from Petco (baseball) Park started going off. We could not see them, only hear them. Mass panic came over everyone and I ran from one group of people to another pleading with them to not leave, reassuring them it really was *just* fireworks. Route 91 survivors were huddled together under the canopied VIP areas designated for us. And then the final straw – a final release of fireworks that sounded similar to the automatic gunfire from the night of the Las Vegas massacre. Hordes of people ran off the venue and down the stairs to escape. I commended and comforted those who stayed behind, and at the Monday meeting the following week we talked about the fundraiser and processed emotions related to the experience.

The San Diego Route 91 support group continued to meet weekly, and I realized there were many people who could benefit from what our community was learning. What follows is an adapted version (for a broader audience) of the set of documents I posted weekly starting two or three

weeks after the massacre. All of this information has been a part of my regular teachings for my patients for many years now. After the Las Vegas massacre, I summarized some of the most relevant information for the Route 91 survivor community. They are the “lessons” of trauma and recovery, and in a sense these specific documents witnessed the journey of our recovery. I have left them in the order in which I wrote and disseminated them to the community. This knowledge, however, is not only applicable to people who have experienced trauma, but also beneficial for people who have experienced symptoms of anxiety or depression.

Initially, I provided as much essential knowledge about trauma, how it develops, what helps and what hinders recovery. But as time went on, I noticed trends in the community via posts made throughout the day on the numerous closed Facebook pages, or on occasion people in the community (not necessarily always from San Diego) might request that I write something on a specific topic to help everyone better understand an issue. In particular, the later articles posted were in response to specific difficulties many people in the community were experiencing. To preface these specific lessons, I have included a set of five simple rules that I have been teaching my patients for many years. I packaged these rules the way I did to help my patients remember and thus apply them to their lives more easily. My patients, and more recently members of the Route 91 community, have consistently provided feedback that the rules alone have been life-changing for them. And now I share them with you.











CHAPTER FIVE

Laying the Groundwork: Dr. G's Bucket Rules

It is easy in today's world to feel overwhelmed and consumed by just how much information there is available to us. Prior to the technological revolution, there were ample causes for distress, and now it seems ironic that the very tools intended to simplify our lives only appear to add to our to-do list, or burden us with more obligation rather than less. Technology intimidates and frightens many of us. And this virtual world will not slow down while some of us try to adapt and learn how to use each new application, program, or tool. If you're over 40, you understand this all too well.

I grew up in a world where all we had was an oversized television (the old boxlike version) with two antennae reaching three feet into the air. Sometimes a bit of tin foil would help with reception – that was our “high tech.” We bought cassette tapes of new artists, which used to be sold in any of the variety of book and music stores accessible to all. Records were on their way out by the time I showed up on the scene, but tapes were in full swing. Now we have cell phones and computers, the Internet, and what seems like an infinite selection of different types and sizes of devices. We have smart phones, and as far as I am concerned, mine is likely much smarter than me because I somehow often find myself calling a customer service line for help with some basic function, only to find another machine directing me from one set of options to another. This process typically ends in frustration because the final (and often best) option is to return to cyberspace for guidance.

Regardless of how much technology takes over our lives, one simple truth remains: We are still human, with a full range of emotions and an unfathomably complex brain (that has not yet been truly replicated by computer intelligence), and it is not likely that a day will come when we do not interact to some extent with one another. True, some day robots may replace us for many daily tasks, however, we are social animals and like many other animal species we thrive when we are a part of a community. This is not unlike other species who survive and thrive in herds, packs, schools, prides, flocks, shivers, murders, and so forth and so on. I personally cannot conceive of anything that could replace the experience of a hug, a magical kiss, making love to someone you feel deeply connected to, or even the chemistry and synergy that exists when you are interacting with someone who intellectually, psychologically, and emotionally stimulates you (or more accurately, your brain).

What does this mean? Well, it means that nothing will replace or compensate for our ability of lack thereof when it comes to learning how to socialize, interact, or think. At the end of the day, we are each responsible for ourselves, and this is truly all we actually have any control over or power to change. This is why it's important not to lose focus on this most "human" aspect of our lives in a vast sea of hiding behind monitors and screens. Because there is so much "noise" out there in cyberspace and when overwhelmed we tend to tune it all out, including the important or potentially helpful information, I packaged a set of "Bucket Rules" for my own patients many years ago.

After years of observing the most common issues that presented in treatment and therapy groups, I realized that providing a handful of

essential concepts to my patients may help them focus their efforts. This has been especially beneficial when working with people who have anxiety or depression, and thus have great difficulty with focus and concentration.

DISCLAIMER

NOTE: This is my disclaimer regarding the specific use of profanity or unusual words from this point on. First, keep in mind that tools are only useful when they can be easily memorized and accessed. More interestingly, in recent decades research studying the origins and mechanism of swearing in the brain has uncovered many health benefits of using swear words. As it turns out, curse words are processed in completely different parts of the brain than other less emotionally charged words. Swearing has been shown to decrease pain – let's say after smashing your hand in the car door. Swearing is also believed to decrease the use of actual violence. Fascinating research with chimpanzees, our nearest relatives, revealed that chimps taught sign language as an alternative to throwing feces when angry (the equivalent of humans throwing a punch), ended up signing words like poop – the chimp equivalent to swearing. Science has concluded that swearing is a universal phenomenon and not all bad, taking into consideration situational factors of course. Finally, some research has also shown improved performance (e.g., a strenuous physical task) when people swear simultaneously. Understanding the science does not necessarily give us license to or suggest that it's beneficial to insert profanity randomly or in between every other word. My hope for my readers is simply that you now have a richer understanding about emotional content associated with swearing. Perhaps this will help you keep an open mind, in particular, when reading the Bucket Rules that follow.

Furthermore, keep in mind that these Bucket Rules are meant to help you with the internal processing of information, and the way you ultimately choose to find meaning in your day-to-day experiences. The Rules are tools for you to carry around in your head so that you can live more freely and with less frustration towards a world of moving parts. I chose these particular words because using a common language most often used by patients themselves, especially when in distress, makes the rules much more accessible. Also, the use of rhyme and these highly emotionally charged words ensures that my patients remember the rules. Research has also found that we remember curse words over four times better than regular words. If you find profanity to be offensive, then my guess is that you are actually breaking one of the rules (see below) and not just in this context but across most areas of your life. I challenge you to explore distress that may result from this tendency to judge or subscribe to a more rigid belief system.

On a final note, I wish I could take credit for absolutely all of these ideas, but all ideas are born from knowledge that preceded them. One of my rules specifically borrows from teachings of one of the forefathers of psychology (and this will be noted, see Rule #4). Like most of our current evidence-based treatment modalities and much good science that reinvents the wheel, I have simply packaged the following ideas and built upon general knowledge in the field. My bucket rules have been informed by and based on my own experiences with my patients over the past decades. My only hope is that learning to master them will improve your sense of well-being. Consider them to be your five commandments for a better life.

Defining the “BUCKET”

I always learned best using visuals and analogies and I have found over the years that so do my patients. I use the analogy of the bucket in my therapy groups (and one especially motivated patient actually made a beautiful wood bucket for me that I utilize while teaching). We each have a bucket and it represents (and contains in it) all that we have control over in the world – ourselves. So let's break down what it means to say, "I only have control over myself." Each of us can be broken down into our thoughts (beliefs, attitudes, thought processing), our feelings (emotional state), and our behaviors (actions, interactions). If you really think hard about this, everything and anything we actually control falls into one or more of these three categories. The edge of the bucket represents the boundary between us and the rest of the world (i.e., millions and millions of buckets). This does not minimize the value or potential impact of our actions in society, it puts it into perspective. We may have influence over some people in our lives, but that is not the same thing as having control. And influence is only likely to occur when there is an extant relationship of some sort, involving love, care, respect, or admiration. Many of my patients struggle with this concept probably not because they have trouble understanding it, but rather because they have difficulty accepting it. But we must simply radically accept this reality. This is such an important concept because once we acknowledge that this is all we can truly control and all we have power over, then we truly understand where our responsibilities lie. We cannot be responsible for things that we have no power to change.

CONTROL / POWER = RESPONSIBILITY

What is the critical point here? Well, let's think about what we spend so much time worrying about – what other people think about us, how other people feel, or what other people will do.

We spend a majority of our time worrying or stressing about other peoples' buckets, and we already established that we have no control over anything outside of our own bucket. We spend so much energy and emotion trying to bucket jump instead of simply staying put, grounded in our own bucket, taking full responsibility over what we can change. As it turns out, bucket jumping can be not only frustrating, but can also leave us feeling completely helpless and then hopeless. This is not a great scenario for people who live with high anxiety (i.e., worry or apprehension about the future, and specifically likelihood of adverse outcomes). Trying to have control over things we actually do not control feeds anxiety and a sense of lacking control (even though we often believe that we are taking or having more power and control over others). Interestingly, letting go of this artificial sense of control (i.e., shifting focus to ourselves) and directing our energy to improving our ability to think critically, we are left feeling less anxious, more in control in general, and overall more balanced. And this is where I will simply say, try it.

BUCKET RULE #1

You don't get to worry about shit that hasn't happened yet.

Explanation: Maybe this rule isn't very fair because it's like saying, "Oh, you're anxious? Well, just don't be anxious." However, the reason for setting this foundation is that we often slide into unhealthy habits of thought and lose sight of what we are actually doing in the first place. This

rule simply operationalizes and defines what anxiety or worry is, which is important because once we break it down like this, then there's a chance that your prefrontal cortex (i.e., the home of critical – logical/rational – thought) will trump your limbic system (i.e., specifically the amygdala, the home of emotions – like the “Headquarters” in the brilliant Pixar movie *Inside Out*). We logically understand that worrying about the future is not productive. And worrying is not the same thing as preparing. In fact, one could argue that the very point of preparation (not *over*preparation folks, so I mean one backup plan, not ten) is that it allows us to not worry. After all, we have done all that we can, we have done our part (i.e., our actions and those live in our bucket).

Often people believe that the worrying is productive. I've heard comments like, “But doc, worrying helps me stay motivated to...” And my response is typically something like, “Oh, so your worry is keeping you motivated to feed your kids? I thought it was your love for them. Your worry is getting you to work on time? I thought it was the fact that you like your pay check.” Patients worry about packing for a trip, finding a job, making plans. I urge them to be honest with themselves about the reality of the situation. Worrying does not pack your suitcase. Packing your suitcase gets it packed! Worrying does not get you a job, and in fact, it may even reduce your chances of being hired! Actually applying and interviewing gets you a job. Worrying about a plan of action does not create the plan. Actually making a plan creates the plan, etc. You get the idea. So, make the plan, apply for the job, pack the suitcase, and drop the worry. The worry is just making you sick. A common expression reminds us not to pay a debt we don't owe. Let's break through this common myth about worrying and just simply focus on the task at hand to get “it” done.

BUCKET RULE #2

You don't get to worry about shit that's out of your control.

Explanation: This is a little broader and somewhat overlapping with Rule #1 (i.e., You don't get to worry about shit that hasn't happened yet.) Rule #2 is important because implicit in it is an acceptance that not only is the future not in our control because it has not come to pass, but we are forced to truly consider just how many moving parts are involved in our fate. So, back to the bucket to answer the question of what is in our control and what is not. If only our thoughts, feelings, and behaviors are in our control, then everything outside of our bucket's edge falls into the category of "out of our control." This rule reminds us that worrying about things we have no ability to change simply makes us sick. Perhaps some of you are reminded of the beginning of the Serenity Prayer: "God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference." The bottom line is, if we want a sense of control, then focusing on our own thoughts, feelings, and behaviors will, believe it or not, grant us enough of a sense of control in our own life to feel highly self-efficacious and confident, and ultimately hopefully content as well. To elaborate, what this really means is that although you may wish to make your wife or husband happy, and you may wish to somehow exert some control over what people think about you, we must accept this stays at the *wish* stage. You may have influence in someone's thought processing (and thus feelings and behaviors), but only if they are open to what you communicate. Remember, influence really only happens if there is love, an existing relationship of some sort, admiration, or credibility. But that's really the extent of it – influence. For this reason, it is simply wasted energy to focus on trying to change what lives in other peoples' buckets.

Our energy and emotion is better spent elsewhere (to be elaborated in Rule #3).

BUCKET RULE #3

Handle your own shit. If it's not in your bucket, then fuck it!

Explanation: We established in Rules #1 and #2 that it is futile and frustrating to try to control uncontrollable things, i.e., the future, other peoples' thoughts, feelings, and behaviors. So let's bring the focus back to us. Handling your own "shit" means working on your own thought processing. This is critical, because how we think and what we think determines how we feel. Remember, feelings do not fly out of thin air and land in our laps. All feelings are manufactured, which means that they are created by thoughts. And thoughts that lead to feelings then dictate our behaviors, or lack thereof in some cases. So, if you have an angry thought, then you will feel angry, and this may lead to an angry outburst, angry body language, or violence. This is a lesson I started teaching my two nephews and my niece from a very young age so that I might plant seeds that could grow and hopefully help them navigate their interpersonal lives, and also understand responsibility and locus of control. So they now understand (at under 10 years old) that nobody else has the capacity to make them angry. If they are angry, or sad, or scared, it is because they are having thoughts that are making them feel that way. Let me also clarify the second part of this rule since it is often misunderstood or misinterpreted by my patients. The expression fuck "it" does *not* mean fuck them, him, or her. It does *not* mean that we do not care. It simply means that investing your emotional energy or effort in other buckets that you have no control over is futile. And I will extend this idea to an equally

salient issue. When we are able to stay in our own bucket and not bucket jump by telling people what they should do or how to fix their situation, then we actually allow them to own what's in their bucket. There is less confusion about boundaries, and we are able to truly not only be mindful for ourselves but also offer support to the other person. If you find in an interaction that the other person is becoming defensive, then that signals to you that you may be bucket jumping. Then next task would be to make sure you don't let them jump into your bucket either. This rule seems to be one of the most helpful rules for my patients, likely because we (people in general) seem to have great difficulty with setting healthy boundaries with other people.

BUCKET RULE #4

No “*should*”-ing and No “*must*”-erbating.

Note: These terms were originally coined by the pioneer psychologist Albert Ellis in his groundbreaking book, *A Guide to Rational Living* (1975).

Explanation: This is a pretty self-explanatory rule. Using the word *should* creates expectation. By creating expectation, we also engage in judgment, labeling, and highly rigid thinking that not only prevents compassion but excludes mindfulness. Compassion allows us to give other people, and ourselves, some wiggle room – to make mistakes, to not be perfect, and to not be us. Without compassion, life will be miserable. When we use the word *should* we also manufacture the emotion of anger. Start paying attention to people speaking around you and the language they use. Notice the word “should” pop up a lot more when they (or you) are angry. “Musterbating” means using vocabulary like *must*, *need to*, or *have to*.

These words create a sense of urgency, desperation, and pressure, and they tend to increase our level of anxiety and worry. We believe that using these types of words will somehow motivate us, but as it turns out, they don't; they simply create more stress, make us feel suffocated, and can even cause what one of my patients described as "analysis paralysis." This means our anxiety can become so elevated that we feel paralyzed and are even less productive than intended. This phenomenon is described by the Yerkes-Dodson law (1908). As mental or physiological arousal increases, performance or productivity increases but only until a point (i.e., moderate levels of stress), and then counterintuitively it decreases (illustrated by a bell curve). Alternative words that can be used to express similar sentiments, but also allow more compassion and mindfulness, are words such as: *I wish*, *I would like*, *I want*, *I hope* (and the tense can be changed to reframe past events as well). *They should not have done that to me*, can thus be replaced by a healthier, more balanced (and probably more accurate) thought such as, *It would have been nice if they hadn't done that*. The replacement thought also drops the "to me" part because our tendency to overpersonalize the thoughts, feelings, and actions of other people or parties is not only inaccurate and irrelevant in most cases, but also unhealthy and distressing.

BUCKET RULE #5

Fuck Feelings! If it's healthy, do it anyway.

Explanation: Again, I need to clarify this rule because it is often misunderstood at first glance. This rule does *not* mean that we don't care about feelings or your feelings. The fact is, this entire field of mental health was created to address and aid in our emotional health. This rule simply

means, let's not take our feelings so seriously, and let's not allow our emotions to dictate the decisions in our lives. Feelings are fickle, transient, and they come and go unpredictably because they are based on our thoughts. We are thinking all day long and when we are not aware of or paying attention to our thoughts, we call them "automatic" thoughts. Thoughts are like the ticker tape of the New York Stock Exchange, just running through our heads, one after the other, mostly going unnoticed.

But automatic thoughts can be highly problematic when they are maladaptive, unhealthy, or negative. They become our default and we often do not even realize that we are feeding these thoughts because they have morphed into our "truth" and we no longer question them. Danger! Danger! The only truth we have is that thoughts *can* be changed. I would be a wealthy woman if I made a dollar every time a patient said, "No doc, I didn't do X, Y, or Z, because I didn't *feel* like it." In trying to get depressed people moving, the nature of the beast is that we don't *feel* like doing anything! So, if we can just commit to leaving feelings out of it, and go to the gym anyway, or go out anyway, then we have a chance at beating the monster that possesses us and destroys our chances to experience positive emotions. People with anxiety avoid, and avoidance behaviors are the single culprit in perpetuating and sustaining anxiety feelings and disorders. Why do they avoid? Because going out, socializing, being in noisy crowded places makes them *feel* too anxious and uncomfortable. So, this is when we learn, *Fuck Feelings*. Let's acknowledge the feelings (i.e., mindfulness – this means learning to 1) pay attention, 2) on purpose, 3) in the moment, 4) without judgment), and have compassion for ourselves. Perhaps reminding yourself that you are having a moment of suffering, but everyone suffers, and you are going to choose to be kind to yourself instead of beating yourself up with nasty thoughts of how useless, stupid,

or scared you seem. But let's not get stuck in how we feel for that fleeting moment. Once we have identified the negative emotion, and once we have acknowledged our resistance, let's just commit to go do the thing that we know will lead us towards our desired outcome of being healthier, happier, more peaceful people. This rule has been the single most helpful, life-changing rule for most of my patients who have been able to grab onto it and start changing behavior. Having the permission to feel like shit and being validated for that, but then having guidance to go do the opposite (i.e., the harder thing) is a simple concept. It challenges our tendency to do things we are comfortable with and avoid things we don't like. Going skydiving may not significantly impact your life in a meaningful way, however, if you have difficulty in social interactions, driving, shopping, and other essential activities of daily living, then mastering this rule may just change your life. And for all of you out there who are feeling anxious just reading this, or are skeptical, let me also warn you that sometimes when you start doing "exposure" exercises. These are therapeutic activities intended to help you face your feared situations, thoughts, places, people, etc., sometimes things feel worse before they get comfortable. Stay in this because it will pay off. It's not rocket science. It's basic behavioral modification, and it works with dogs, children, and adults.

Well, there you have it. You are now familiar with my 5 Bucket Rules. Many of my patients learn them, teach them to their wives, husband, children, and coworkers so that they all speak a common language and work together on a healthier approach to thinking and communicating. I hope that this will reach you and your loved ones. Each of us may not have the power to change the whole world, but by having a little positive influence over the people in our immediate lives, perhaps we can make it a

better world. At the very least, we alleviate some of our own unnecessary suffering, and perhaps that of a few people we love most.

CHAPTER SIX

Trauma 411

What is Trauma? Well, simply put it is a psychological injury in which we see biological (this refers to our physiology and anatomy), emotional (our feelings), and cognitive (our thoughts) changes. Following a traumatic experience, it is completely normal for our memories and their meaning to seem confused and disorganized. We may recall only “snapshots” of what occurred, and this is also normal. During a life-threatening experience, the brain – specifically the limbic system – invokes a *fight, flight, or freeze* response. When this occurs, our visual range and focus narrows to ensure our survival. Because of a heightened level of anxiety and arousal, we zone in on only what our brain in that moment believes it needs to register in order to survive. This explains why you might not remember specific things that happened during your traumatic experience that other people standing right next to do remember, even seemingly important, relevant, or horrific facts. Try not to worry about this or focus on what you can or cannot remember. At the end of the day, it is irrelevant. What is truly going to matter in your recovery is the way in which you integrate what you do remember with your current worldview and beliefs. And this is something we actually do have control over and thus have the power to change.

Posttraumatic stress disorder (PTSD) takes some time to diagnose. At least one full month must pass in order for a person to meet diagnostic criteria. This means that nobody has PTSD immediately after a traumatic event, except people who had PTSD *prior* to the event. And even after one month has passed, sometimes I hesitate in my own practice to diagnose it

so soon after a trauma, because in most cases, trauma symptoms subside and life goes back to normal within as little as a few months. Also, just because you continue to experience trauma symptoms after a few months this does not mean that you have PTSD. Trauma can manifest in many different ways (e.g., chronic depression or anxiety issues), depending on the individual. It should also be noted that if you do develop PTSD or other trauma-related symptoms, they are all treatable and in most cases, they resolve. Unfortunately, our underlying biological and genetic predispositions – our “sensitive brain” – may still remain.

What does conditioned learning have to do with PTSD? You’ve all heard about Pavlov and his dogs? His research serves as a behavioral model for our understanding of how PTSD develops. After a traumatic experience, we may begin to have difficulty discriminating between what is dangerous and what is not really dangerous. During an actual life-threatening experience, we want to be able to focus in on what is most salient and immediate to our survival. If we have generalized our fear through conditioned learning and now respond to many different things around us in a fearful way, then it takes focus away from what we need to respond to in a time of true danger. Engaging in “exposure” activities is a means of helping us develop greater discrimination between *real* and *perceived* threats. Over time, generalizing fear has a snowball effect and a person may collect more and more “things” to avoid, leading to a smaller and smaller life. More to come on this in the next chapter.

One truly important fact to keep in mind is that natural recovery is the most common outcome. What this means is that most people recover, and rather quickly or at least more quickly than we might expect. So be patient and be compassionate with yourself and the people around you. This is a

process. What we want to do here is get on the road to natural recovery. There are two main things that knock someone off that road and interfere with recovery from trauma:

- (1) Avoidance behaviors
- (2) Unhelpful thoughts

These two things “maintain” your trauma symptoms. The most important thing to be working on immediately following a traumatic experience is avoiding the avoidance behaviors. First, start with behavioral experience, and then we can work on thought processing. My reasoning for this is that often my patients find it easier to move to action and then what we notice is that thoughts naturally begin to change to align with those new behaviors.

Remember, it is completely normal to experience trauma symptoms following a traumatic experience. Common reactions to trauma may include any of the following examples:

Fear and anxiety; Re-experiencing the trauma as flashbacks or nightmares; Hypervigilance (over-alertness; startling easily); Irritability and anger; Trouble concentrating; Avoidance of trauma reminders; Shame and guilt; Feelings of “going crazy” or feeling out of control; Loss of interest and depression; Emotional numbing; Lowered self-esteem

There is no one particular symptom that increases a person’s chances of developing PTSD over time. Rather, it is an overall level of symptoms, or

intensity of distress, that may predispose someone to developing a more chronic psychological disorder.

So whatever you do....

DO NOT AVOID. Do not avoid. DO NOT AVOID!

What do I mean? Well, I this is what I mean: Do not avoid thinking about what happened. Do not avoid talking about what happened. Do not avoid feeling your feelings about what happened. Do not avoid the news. Do not avoid movies. Do not avoid going out to crowded places, concerts, parties, shopping malls, parking lots. Do not avoid driving. Do not avoid the dark. Do not avoid noises or places where there are screaming people or children. Do not avoid anything that triggers panic symptoms. Do not avoid by drinking excessively or using drugs to numb your anxiety or emotional pain. Do not start relying on safety objects, people, signals, animals, etc. Do not avoid all of the above things by staying super busy and overscheduled. **DO NOT AVOID.** Are you picking up what I'm putting down?

In order to fight and kill this insidious beast, we need to face it. There are no shortcuts. Now, do we have to do the 10/10 exposure (i.e., the most avoided dreadful activity) to start? No. If you need to, start easy. For example, if you feel too anxious to go to out to a crowded event among strangers this weekend, maybe start by going to a smaller venue with friends, or slightly less anxiety-provoking activities.

What's the problem with avoidance? Well, it feels good. It's a total relief, and that feeling is much better than the anxiety associated with going out

and doing the feared thing, so following down that seductive path is highly reinforcing. Avoidance over time can begin to generalize and eventually causes much more serious problems.

What's the point of exposure? Well, it allows for us to build tolerance, or to habituate (acclimate) to feared situations, people, places, activities, etc., that we have begun to fear. Over time, we are able to get back into our lives.

What does processing mean? Processing is another type of exposure because it involves us thinking and talking about the uncomfortable events and memories. Why is talking about the event important? It helps us reconsolidate our experience and put the pieces ("snapshots") together into a story that makes sense. We are not trying to remove memories, even traumatic ones. We are simply trying to remove the unhelpful or unhealthy reactions and beliefs that we have attached to those memories.

The bottom line: We want to make life choices based on our values, *not* our fears. If we allow fear to dictate our behaviors, then we will lose everything we hold dear to us in life over time.

CHAPTER SEVEN

How PTSD Develops

You've all heard about the Russian scientist and physiologist Pavlov and his dogs – his research serves as a behavioral model for our understanding of how PTSD develops through classical conditioning. The most commonly referenced example, although Pavlov actually conducted many different experiments to confirm his hypotheses, is his experiment in which he used steak and bells to study learning. Pavlov noticed that initially if he held up and rang a bell, dogs did not salivate. They only salivated (this is called an unconditioned response) to a steak (this is called an unconditioned stimulus). The word “unconditioned” is used because there is no learning or association necessary for this response.

Animals are hard-wired and will always respond to food by salivating. This makes sense. However, Pavlov discovered that when he held up a steak, and rang the bell simultaneously, it did not take long for the dogs to start having the same reaction to the bell alone as they had to the steak. Why did this happen? It happened because the dogs no longer simply understood a bell to be a bell. Since the steak had been paired with it, now the dogs associated the steak (food) with the sight and sound of the bell (now a conditioned stimulus, causing salivation, a conditioned response). This is the process by which we begin to respond to lots of things that are not necessarily life threatening after we have been exposed to trauma. This can ultimately lead to the development of what we know as posttraumatic stress disorder.

Think about your unconditioned stimulus. Perhaps it was guns shooting bullets at you, a specific individual physically assaulting, raping, or molesting you, walking in and seeing a friend dead, getting into a near-fatal car accident, or experiencing combat. The unconditioned stimulus is *only* the entity or situation that was actually causing death or had the potential to cause death, injury, or violation. As animals, we will always have a hard-wired unconditioned response to what causes us harm or death because it invokes an immediate, unconditioned, unlearned fight, flight, or freeze response from the limbic system of our brains. We all have this hard-wired fear response to a life- or person-threatening experience although it may take different forms for each of us. For example, some people run into a fire, some run away, some become paralyzed with fear. This ability to respond to *actual* danger is adaptive and we do *not* want to lose this ability to respond quickly when a “lion” is about to eat us (to use an evolutionary analogy).

However, unfortunately, something maladaptive (much *less* helpful or adaptive) happens as a result of how dangerous and frightening this traumatic experience was, and because it may have been a near-death experience for you if you did survive it. Many people (and your pets do this too) begin associating unrelated sights, sounds, smells, etc., (conditioned stimuli) with the unconditioned stimulus, and then begin having what is called a conditioned response to all of these triggers. The conditioned stimuli produce a conditioned response that is very similar to the hard-wired unconditioned response (e.g., fear, panic, anger, hypervigilance, avoidance, intrusive memories, anxiety, depression).

So, why does this matter? Why is it *not* okay to start generalizing our fear? Well, the answer is, it's not adaptive because over time we begin to have

difficulty discriminating between what is actually dangerous and what is not really dangerous. If we lose our ability to identify the difference, we will be in trouble. For example, if you were involved in a mass violence event, it's important to recognize that bullets coming towards you inflicting harm was the "lion" (unconditioned stimulus). It was not the city, school, sounds of gunfire, police officers or ambulances, time of day, or anything else (all conditioned stimuli) that caused harm. If you were raped by a man, it was not the fact that he is male, or tall, or of a certain ethnic/racial background, or had a mustache, or that it happened in a gym, after going to a bar, or any other detail, that caused you harm (all conditioned stimuli). Your rapist raping you (unconditioned stimulus) caused you harm because he was the perpetrator. He and he alone was dangerous in that moment. The location (e.g., gym, bar) is not dangerous and his demographics are not what caused you harm (all conditioned stimuli). If you were involved in combat, it was guns shooting bullets towards you, or bombs exploding near you, that were dangerous (unconditioned stimuli). You responded in fight-flight-freeze (unconditioned response). It was not the fact that it was in a crowd, a bazaar, or mountainous or desert-like terrain, or the demographic of the shooters, or how they dressed that made this a dangerous situation (all conditioned stimuli). It was the fact that you were in a combat zone with an enemy force perpetrating danger and death, that caused you and people you know harm.

During an actual life-threatening experience, we want to be able to focus in (literally) on what is most critical to our survival. If we have generalized our fear through conditioned learning and now respond to many different things around us in a fearful way, it takes focus away from what we need to pay attention to in a time of true danger. If, God forbid, we find ourselves in another life-threatening situation, we want to be able to react to the

“lion,” (unconditioned stimulus) and not be distracted by all of the associated things that do not actually cause harm (conditioned stimuli). To stick with the lion analogy, we would want to be able to identify a lion as a lion, and have our expected unconditioned response to that unconditioned stimulus, and not necessarily react (with a conditioned response) the same way to the sight of grass the lion was standing on, fur, the color of its fur, the sound of a growl, big teeth (all conditioned stimuli). And even more importantly, once you begin to connect the “lion” (unconditioned stimulus) to just about everything that was around and in the environment (conditioned stimuli), then you may end up avoiding not only the lion, but also all the other things around the lion at the time, and over time, this begins to generalize even further. You may even begin to avoid all furry quadrupeds with teeth! This is highly problematic because our life has the potential of becoming very isolated, and over time, we may end up truly losing all quality of life.

So what is the answer? Well, we want to sever all associations we may have made to the bullets, the specific rapist or assaulter, the accident or suicide by an individual. If certain situations trigger you, then you need to find a way to be in those types of situations until it doesn't bother you anymore. If people of a certain demographic trigger you then you need to spend time around people of that demographic who scare you (but who are not actually dangerous or perpetrators) until you don't feel any anxiety associated with that demographic anymore. If noisy crowds make you nervous, then you need to go into lots of crowded places until it doesn't cause you panic and anxiety anymore. You get the idea. Engaging in exposure activities (more to come) is a means of helping us develop and maintain greater discrimination between *real* and *perceived* threats. Discrimination is life saving and life-preserving. Over time, generalizing

fear has a snowball effect and a person may collect more and more “things” to avoid, leading to a smaller and smaller life. We want to prevent this so we don’t start losing out on all the things we hold most dear to us in life.

CHAPTER EIGHT

Sleep Basics

It's not uncommon to experience some type of sleep disturbance following a traumatic experience. But sleep is all about habits, and now would be a good time to take a closer look at your own routines and rituals surrounding sleep. We can get into habits of sleeping after an energy drink or cigarette, on the couch, and in front of the television. But that does not necessarily mean that we will be getting good quality sleep. All of these tips should make sense if you really think about how we train our children to sleep in their own beds or we train our pets to go to the bathroom in a specific location. So here are some basic sleep tips for us:

The bed is for 2 things: Sleep and Sex. Essentially, we want the bed to cue us for sleep. If we do too many other things in bed, then our brains do not know that it's time to sleep.

No napping. Please! If you're having trouble sleeping, napping is simply not a good idea because it adversely impacts our sleep cycle. There's a "sleepiness" chemical we produce (called adenosine) that builds up (contributing to what we call sleep drive) as we wake up and go through our day. More adenosine = more sleepy. Napping lowers adenosine levels and then we are not as sleepy at nighttime. Fun fact: Caffeine is also an adenosine-blocker. So, basically it fakes out your brain into thinking you're not as sleepy because it binds to receptors that normally bind to adenosine.

Get out of bed if you're not asleep by 15 minutes. When we stay in bed *not* sleeping, then we are teaching our brains that it is okay to not sleep in bed. Again, this is all about conditioned learning and associations.

Get up at the same time every morning. That means every morning, even weekends. Always anchor your sleep to the morning wake-up time, not evening get-in-bed time. If you do the latter, you will likely find yourself feeling agitated and counting sheep in bed, but not sleeping in bed. We can start to reset our sleep cycle by being consistent about our wake-up time, seven days a week.

Reduce stimulant use: Stimulants like caffeine and nicotine (or any substance that has stimulant properties) adversely impacts your sleep. Half-life of these types of chemical substances is approximately 5-6 hours (sorry, leave it to scientists to make this more complicated). Therefore, it takes 10-12 hours for the chemicals to be completely eliminated from your bloodstream/body. Drinking a lot of water can help improve the elimination of these substances from your body, but not by that much. So, if you are going to drink coffee, cut yourself off by noon or early afternoon (depending on when you typically go to bed) so you can ensure that as much chemical stimulant as possible is out of your bloodstream by the time you're in bed.

Stay away from alcohol/drugs: Alcohol and marijuana can seem like they're helping us fall asleep more easily – and that's because they do. They can hasten sleep onset, however, they also disrupt our sleep architecture. Rapid Eye Movement (REM), stage 4 sleep in which we experience the majority of our dreaming) phase is delayed and then rebounds, often with increased bad or weird dreams. My patients often

report much more vivid dreams or nightmares when they drink or use substances. Alcohol abuse overtime may permanently damage our “deep sleep” stages (stage 3 sleep), and marijuana over time also decreases the body’s ability to get slow wave deep sleep. Deep sleep (stage 3) is extremely important for us because this is when the body repairs, hormones are regulated, etc. Sleep-deprivation over time has been correlated to a host of undesired health outcomes, including weight-gain, decreased concentration and focus (and memory problems), and negative effects on cardiovascular, endocrine, and immune functioning.

Daily exercise. This is generally healthy regardless of whether or not you are trying to recover from a traumatic experience. Many different beneficial chemicals are produced when we exercise, such as endorphins (our own body’s natural “pain” killer), dopamine (another happy chemical), and norepinephrine (noradrenaline). But try not to exercise intensely within a 2-3 hours of bedtime because unless you’re an Olympic athlete, it takes a little longer for your heart rate to come back down.

Food. Try not to go to bed too hungry, but also try not to eat a really heavy, salty, greasy meal before you sleep. When you eat, a significant amount of blood flow moves into your gastrointestinal system. Your stomach working that hard late at night might make it difficult to sleep.

Try more relaxing activities before sleep. This means the hour before you sleep is probably not when you want to work on taxes, get into an argument with your significant other, or watch an intense scary movie. Try meditating (there are great apps on your phone, e.g., Headspace, Calm, Breathe2relax), or engaging in an abdominal or “diaphragmatic” breathing

exercise for 5-10 minutes. Try taking a hot Epsom salts bath or listening to relaxing music.

Turn off electronics and light sources. Bright light and certain types of light (e.g., blue light spectrum) can trigger awakening. Research is still pretty new in this area, but it's probably not a bad idea to keep even small electronics away from your brain and head region while you sleep.

NOTE: Sleep disturbance can occur for many reasons. Make sure to check for sleep apnea (as a rule out) if you tend to snore and it awakens you or your partner at night. Right now, many of you are probably having nightmares or bad dreams (hopefully not every night). Remember, dreams are a manifestation of whatever is in your head before you sleep. The cortex (in our brain) normally organizes information, but it's not as effective while we sleep so nightmares are essentially whatever is lying around. If you are having a recurring dream, and it always ends a certain (catastrophic) way, then try thinking it out with an alternative (better ending) before you go to sleep. This is a real therapy, by the way, called Imaginal Rescripting Therapy. If you try all of the above things, and you are still having significant sleep disturbance, it may be helpful for you to take a medication for a brief period of time, and currently, the first-line medication for nightmares is Prazosin (Minipress). More to follow on Nightmares in Chapter 14.

CHAPTER NINE

Why Avoidance Makes It Worse

Following your traumatic experience, you may have noticed a strong tendency to want to avoid situations that are uncomfortable, triggering, or anxiety-provoking. Maybe you are making an honest effort to not avoid (because there's a part of you that knows it's not a good idea), so you try to go out and do your "normal" but perhaps you now find that at times you suddenly want to escape the distressing situation so you don't have to suffer through it. The reason we start to experience more anxiety is directly related to and a consequence of our thought patterns.

Remember, anxiety is defined as worry about potential (*future*) threats. It means, the anticipated negative outcome has not happened yet. And keep in mind that we don't need to pay a debt we don't owe. Try not to break Bucket Rule #1. Or at the very least, let's be aware of when we do break that rule and work on it!

But here's the problem. Once we have experienced something traumatic, we may begin to worry about the possibility of other potential threats, which then begins to adversely impact our behavior. We begin to pay more careful attention to those environmental cues (recall how PTSD develops) that we now associate with danger (i.e., the danger is or was our "lion" not the grass, fur, teeth, etc.). And let's not forget, it was *not* all the unrelated things around the traumatic event or "lion" that caused harm – it was the actual lion. Thus, if we move forward in our lives and we now deem every

associated environmental cue to be dangerous, we will likely begin to feel overwhelmed and may find even normal social situations unmanageable.

Anxious (worried) thoughts and avoidance behaviors that ensue become positively reinforcing for one another. This scenario becomes a vicious cycle. As your anxiety increases, you make attempts to reduce it. And when you repeatedly reduce your anxiety by avoiding, it becomes more and more likely over time that you will continue to avoid the feared situation or activity. Watch out for more subtle forms of avoidance such as using “safety” behaviors, objects, people, or signals or superstitious objects. This includes your fur babies. Perhaps you are going out, but now you always take a friend (and you did not necessarily do this prior to your traumatic event or experience). Perhaps you didn’t sleep too well prior, but now your sleep is totally out of control, and you’re turning on the night light, locking your doors, and checking windows numerous times. The unfortunate consequence of all of these behaviors is that they reinforce your believed inability to cope with the anxiety. As time goes on, you lose confidence in your coping skills. This, in and of itself, reinforces beliefs that all of these associated cues are actually dangerous.

Why does that matter? Well, because in a truly dangerous, life-threatening situation, your brain can only focus on a limited number of “things.” And we want to make sure that our brain can focus on the actual “lion” and not the nearby bushes, trees, birds, grass, sky. Get my drift? When we lose this ability to discriminate between what is actually dangerous, we begin to perceive everything as dangerous. Not only are we at increased risk in terms of our inherent, hard-wired ability to react, but we will likely also be feeling totally overwhelmed all the time.

HOW WE FIX THIS: Maybe you don't feel ready to go to the next big concert, festival, fair, or amusement park. So start smaller, and slightly less anxiety provoking. Start with Walmart, IKEA, or Costco. If that's too much, start with smaller places where there are other people around (since that is often what we avoid, regardless of the nature of our trauma). Write down a list of all the things you think you may be avoiding right now, and then rank each one on a scale of 1 to 10. The "1" is a relatively low or minimal level of anxiety and thus avoidance. The "10" is the highest level of anxiety you can imagine (maybe panic attack zone), and thus you avoid it the most – more than most other things. Once you have established this fear hierarchy, then start with the activities listed at about a 3 or 4 and start moving up your fear ladder. The reason we start with 3 or 4 is that these activities will produce just enough anxiety for you to feel challenged.

The goal of approaching feared activities in this way (called "Exposure") is that we allow ourselves to have *corrective* learning experiences. We allow our brain to now understand that all those unrelated but now associated items or situations (the conditioned stimuli) are not the actual problem, not the "lion" or unconditioned stimulus. Exposure helps us break the vicious cycle of anxiety. Remember, *conditioned* learning got us in the hole. So, *corrective* learning will get us out of the hole.

CHAPTER TEN

Finding New Meaning After Trauma

In the world of sports it is not uncommon for athletes to utilize visualization. In our recovery, perhaps we may take a similar approach and try to visualize a path towards recovery. And maybe we can even think about our lives and new meaning further down the line, past recovery and our expected return to baseline. There is a good deal of new research not only on Posttraumatic Stress Disorder or other trauma-related disorders and symptoms, but more recently there has been increased discussion of a phenomenon termed *posttraumatic growth*. This is not a new concept, simply newer terminology for something that has been long known in the field of psychology and mental health. In recent decades, the field in general has been shifting the focus from identifying pathology to a more constructive approach called “positive psychology” that capitalizes on peoples’ strengths (rather than only highlighting shortcomings).

We have known for a long time that the trait of optimism is associated with human resilience. “Resilience” is defined as our ability to bounce back after crisis. So then the question is, how do we increase and improve upon our own resilience? The answer is life balance, resources, and a healthy lifestyle (which includes learning how to think, feel, and behave in healthy ways). We want to nurture all areas of life – professional, psychological, physical, spiritual, emotional, and personal. So in addition to not avoiding the difficult things that we tend to want to avoid after a traumatic experience, and challenging unhelpful thoughts that simply reinforce those behaviors (more to come on this), we must also be cognizant of protective factors in our lives. Protective factors include resources like friends and

family, healthy lifestyle habits such as regular exercise, adequate nutrition, quality sleep, attending to the health of other organ systems in addition to the brain, and obtaining medical care for your teeth, skin, and so forth and so on. We also benefit from minimizing the ingestion of unhealthy or toxic substances and moderating our use of stimulants and depressants – that means caffeine, drugs, and alcohol. Increasing our number of protective factors will not only help us bounce back, but perhaps for some people this will enable progress beyond simply bouncing back, depending on what life looked like before the traumatic experience.

My patients who come into treatment often state early on, “I want to be the old me again.” I immediately challenge this comment and remind them that the *old* version of them got them stuck. How about a *new* you, one who is more self-aware and mindful, more psychologically-minded, more compassionate, more intelligent about mental health and health in general, more capable of critical thinking, and more balanced. Some of you may begin to feel better and feel like life is returning back to normal, but it may not feel exactly the same. Take this opportunity to introspect (*look inward*) and evaluate the nature of that change. Many of you will not only recover from this traumatic experience, but you may find that you are an even stronger, better, and happier version of yourself.

Posttraumatic growth is characterized by growth beyond your “norm” or baseline. You may begin to feel a paradigm shift in terms of your worldview (in a positive way), or the way you think (e.g., more compassionately and thoughtfully compared to previous more judgmental ways of thinking). You may feel a sudden shift in life priorities – before the traumatic experience your life was all about work, but now you recognize you were totally missing out on human relationships and that is a greater source of

happiness to you. You may have clarity in terms of certain realities in your life – perhaps you used to get upset about all the little issues of the day and now minor derailments don't bother you as much. Because of this new clarity, you may now feel open to possibilities in life that you were not open to previously, such as moving, changing careers, getting married, or finally getting divorced. You may come out of this traumatic experience with a new or renewed sense of spirituality and connectedness to other people. And in general, you simply may feel that you appreciate your life much more than you did before. If any of these occur, you have not only bounced back, but you may be bouncing beyond.

Folks, continue working on not avoiding, and challenging irrational or unhelpful thoughts, but let's not stop there. Once you feel like things are back to a "normal" keep pushing ahead and digging down to see what you learned from this experience, about yourself and other people. Here's to becoming the very best, most authentic version of you.

CHAPTER ELEVEN

Anxiety and Panic

Anxiety is the most commonly diagnosed problem in this country. It makes sense though, since we are hard-wired for the fight, flight, or freeze response, which ensures our survival as animals. Often, panic is one way we know that our anxiety is on the rise. Panic attacks are not a diagnosis, and can actually occur in the context of any mental disorder or no disorder at all. It's just what happens when our brain perceives danger, regardless of whether or not the danger is real. Now you understand classical conditioning and how PTSD develops, so you understand why we begin to perceive danger when there is no or minimal danger, especially following trauma.

Now let's talk about panic, because there is a lot of fear and misunderstanding around this natural hard-wired response.

These are some fundamental points on panic:

Is it healthy and adaptive? Yes, especially when there is danger.

However, it's not so helpful when you get triggered walking down the canned food aisle at the grocery store.

How does it happen? Well, without getting into too much detail, essentially the sympathetic nervous system is activated, and it tends to be an all-or-nothing system. For this reason, you may experience several panic symptoms at the same time (see below), which can *feel* frightening and can often be interpreted as dangerous in and of itself. Essentially, this

branch of your autonomic nervous system is responsible for saving your life in an emergency, and it triggers a whole host of interrelated physiological responses throughout your body to prepare you to fight, flee, or freeze.

How long does panic last? Not very long, although you may feel anxious or “on edge” for a lot longer. The sympathetic nervous system releases chemicals (adrenalin and noradrenalin, also called epinephrine and norepinephrine), but eventually the parasympathetic nervous system (the other counteracting branch of the autonomic nervous system) will kick in to help bring you back down to a more relaxed state. Panic cannot continue forever and does not injure us in any way despite our fears that it might itself be dangerous.

What are some common panic responses? Changes in heart rate, blood flow, breathing, sweating, visual perception, muscular tension, and digestion, to name a few. If we are getting ready to fight, flee, or freeze because we have encountered a “lion,” then our body will begin to increase our heart rate so it speeds up blood flow and moves more oxygen to muscle tissues. Blood flow may lessen in extremities such as the hands and feet so that it can be used by larger muscle groups such as the heart, thighs, and biceps (which you may need to fight or run). Breathing increases, but can cause uncomfortable symptoms such as chest tightness, choking sensations or shortness of breath, or seemingly unrelated symptoms like dizziness, visual changes (pupils widen to scan the environment), confusion, flushing, or *derealization* (out of body experience). You may notice feeling hot or sweating more, but also saliva decreases causing dry mouth (“cotton” mouth). At the end of a full-blown panic attack, you’ll probably feel totally exhausted. Now you know why.

Your entire body just responded to a near-death experience, and all of your organs worked together to save you.

COMMON MYTHS ABOUT PANIC:

I'm going crazy. Not likely. Your body might be, but you are not. Generally, the word "crazy" is used to describe a psychotic disorder, such as Schizophrenia. The psychotic disorders involve delusions (strange beliefs) and hallucinations (auditory and/or visual). Panic may be uncomfortable, but it's just your body trying to save you. We want it to save us in a true emergency, but not have trauma or triggered reactions everywhere we go and to everything. Again refer to Chapter 7 for a review.

I'm losing control. Nope. You may feel like you are going to lose control, hurt someone inadvertently, or become paralyzed and lose the power to react, but these are all highly unlikely. Our *Fight-Flight-Freeze* response is designed to get us away from danger, and typically what we really more often experience (regardless of our awareness) is that we are quicker, think faster, and are physically stronger. Think about incredible stories of parents saving their children in life-threatening situations (e.g., lifting cars, swimming/walking incredible distances).

My body is going to completely shut down. Not a chance. You might feel like it could, but remember the fear response is designed to be activated quickly (sympathetic nervous system) and then deactivated quickly (parasympathetic nervous system). We probably don't want to become adjusted to a higher level of constant anxiety because there can be long-term detrimental impact on all of your organ systems and health in

general. But the activation of your emergency response system is not going to wear out your body or nervous system.

I'm having a heart attack. Not likely. You're not having a heart attack (unless you actually are), and I have treated many patients over the years who have both panic attacks frequently and also have a history of multiple heart attacks. Even they report to me that the two scenarios feel recognizably different. Typical heart rate during a strong panic attack is 120-130 beats/minute. This is much lower than when you exercise, and certainly much lower than when you're having a heart attack. Vigorous physical exercise produces a heart rate of 150-180 beats/minute typically, and heart attacks usually have heart rates of over 180 beats/minute associated with them. Panic attacks are a completely different entity and origin than cardiovascular events (which often have underlying chronic disease associated with them), and panic attacks do *not* increase your chances of heart problems either.

I'm going to pass out or faint. Nope. You're not likely to pass out unless you have a passing-out problem, or you faint easily, which is rare. Fainting occurs as a result of *lower* blood pressure. When you are panicking, your heart rate and blood pressure are *higher*. You may feel dizzy or lightheaded, or lose balance, but that is not the same thing as fainting or losing consciousness. Again they are two different responses with two different origins.

I hope this helps all of you out there who are experiencing heightened anxiety and panic symptoms. I know anxiety feels awful and panic can feel very scary, but they aren't themselves life threatening. The goal here is to

understand them and work towards changing them by not avoiding and also by challenging unhelpful thoughts (that lead to increased anxiety).

CHAPTER TWELVE

How to Change Unhelpful Thinking

People often begin to recognize that they are not doing well because they notice negative emotional states that stick around. For example, it's one thing to feel sad for an hour, but another to feel sad for days, weeks, months, or years. These emotional states are no longer considered to be "natural," but rather, are called "manufactured" emotional states. So, we must ask, what is manufacturing these negative emotions (e.g., sadness, fear or anxiety, anger, disgust, shame or guilt)? The answer is simple, *thoughts* are the culprit. And unfortunately, when we also engage in behaviors (usually the unhealthier ones), they may also reinforce these negative thought patterns and emotional states. A simple way to think of this process is as follows:

THOUGHTS (beliefs) → **EMOTIONS** (feelings) → **BEHAVIORS** (actions)

Thus, if we want to change the way we feel, then we must look to our thoughts and behaviors. It's important to make change on both ends. If you've read the earlier chapters, you know just how important it is to your recovery (and health overall) to not avoid. Also, remember Bucket Rule #5. Behaviors are often an easier place to start because actions are tangible and we can set more visible goals. This is the reason I often encourage people to focus on avoidance behaviors first (especially when having difficulty with the cognitive aspect of change), regardless of how uncomfortable or triggering a situation might feel. Changing thought patterns can be more challenging and time-consuming, often because we

are simply unaware of many of our thoughts. Thus, we call them “automatic” thoughts. They tend to be habitual, and we default to them especially when we are in more negative emotional states or situations that evoke negative emotions. The dangerous part of this is how thoughts and feelings can become habits. The *bad* news is that they are easy habits to slip into, but the *good* news is they can be changed with a little effort.

Here’s a quick guide to making change in this arena. First, pay attention to how you feel. Identifying a negative emotional state quickly will help you then begin to question the origins of all those negative emotions. You can’t fix it if you don’t know what “it” is. For example, once you recognize that you are feeling anxious or have been “on edge” all day, then ask yourself what you are or have been thinking about, and how these thoughts may be causing your anxiety. Once you have identified the negative thoughts creating those negative emotions then we move to the challenging part of the process. We take each thought into a virtual courtroom to question the validity of the thought or belief.

In trying to poke holes in the negative belief, it might be helpful to identify the type of unhelpful thought it is (e.g., *All-or-Nothing*, *Black & White thinking*; *Overgeneralizing*; *Extreme thinking like catastrophizing*; *Focusing only on the negative or certain pieces of evidence*; *Discounting the positives*; *Jumping to conclusions – Mindreading and fortune-telling*; *Emotional reasoning*; *Labeling or Judging*; *Over-personalizing*; *Using expectation words like “should” and “must”*). We often refer to these unhealthy or unhelpful thought patterns as “Stinkin’ Thinkin’.” Sometimes getting some perspective can help you replace the really extreme or negative thought with a more helpful, balanced, realistic, or accurate thought. At the very least, we can find a thought that serves us better.

Ask yourself questions like these:

- If my best friend or someone I love came to me and made this statement, what would I say to them?
- In five or ten years, is it possible that I will feel differently about this? Will this seem as important or urgent in the future?
- If I had to defend this belief in a courtroom, would I be able to prove it to a jury? Do I have ample evidence to support this belief? Do I have any evidence that actually contradicts my belief?
- Is this belief a *fact* or based on a feeling?
- Does this thought seem extreme or unbalanced in any way (refer to the different types of unhelpful thoughts)?

Once we are aware enough of the problem, and willing to be open to the possibility that the way we think (i.e., our “truth”) may actually *not* be true or helpful, then we can move towards change. The ultimate goal is to temper our thoughts and feelings, get them out of the black or white (extreme) zones and move them into the gray zone. We want to replace unhelpful thoughts with healthier ones. Perhaps the new thoughts are not happy ones, but we want them to be more balanced because that is healthier for us. As it turns out, it’s also more compassionate (more to come on this). More neutral thoughts will lead to more neutral feelings, and more well thought out (*less* impulsive or emotionally-driven) behaviors.

This process of examining the interrelationships among our thoughts, feelings, and behaviors, and replacing unhealthy thoughts with healthier (less distressing) ones is informed by cognitive behavioral therapy (CBT), which is one of the most effective and helpful tools we have in the field currently. Worksheets that aid this process are often called ABC worksheets or challenging thoughts worksheets. They look like this:

A (Activating Event)	B (Beliefs / Thoughts)	C (Consequences – Emotional & Behavioral)
<p>What situation happened that triggered thoughts and feelings that made me unhappy or led me to behave in a certain way?</p> <p>(Ultimately this column is less important in making change, but asking this question can help us identify patterns between events over a lifetime.)</p>	<p>What are my beliefs about the situation?</p> <p>What are my <i>automatic</i> or <i>habitual</i> thoughts that keep going through my head?</p> <p>What do I tend to think in situations like this?</p>	<p>How do I feel right now? (Recall the primary <i>biologically-driven</i> emotions of happiness, sadness, anger, anxiety or fear, and disgust, as well as more <i>socially-driven</i> emotions like shame and guilt).</p> <p>How did I (or do I want to) act or behave?</p>
<p>THEN WE ASK:</p>		

Are my thoughts or beliefs (Column B) realistic? Are they reasonable?
Would they hold up in a court of law? If my best friend made this comment, would I agree?

AND FINALLY:

What would be a healthier, more logical/rational, or more helpful thought or belief I could have in situations like this in the future?

The idea is that once you learn to think critically like this, it becomes your new habit. It becomes the new and healthier way you process incoming information from others and the environment. Sometimes it helps to practice this new skill on paper first over and over again so that it eventually becomes your natural default or habit thought process. Ultimately, we want you to be able to engage in this type of thought-processing automatically and in your head. And remember, these are *skills*, which means that all of us have the capacity to learn how to think differently.

Good luck kickin' the stinkin' thinkin' and remember...this is one of the very few things in your life you actually can control. So let's grab the bull by the horns and just do it.

CHAPTER THIRTEEN

Healthy Communication

You've experienced trauma, anxiety, or depression. So why am I writing about communication? Well, because communication is the cornerstone of any healthy relationship we have with another human being. And healing happens in the context of our relationships with other people. Furthermore, most of us are not well versed in communication, or at the very least, there is some room for improvement in this area. When we learn how to communicate effectively and in healthy ways, it can significantly improve the quality of our interactions, relationships, and ultimately our lives.

A significant amount of distress my patients report in treatment stems from the uncomfortable, unhealthy, unhelpful, or highly distressing interactions or conversations that they experience with other people, and often on the topic of their traumatic experience. There are some very simple tools that may help you manage these situations more easily and with less emotional distress. The simple fact is that we cannot expect all the people we encounter to be understanding, emotionally sophisticated, and psychologically minded. We cannot reasonably expect everyone else to be healthy and always know the "right" thing to say or do to show support. However, we can get ourselves healthy, so healthy that we are no longer impacted by the thoughts, comments, feelings, or behaviors of others. Remember every human being is ultimately responsible for him or herself.

Learning how to communicate effectively and in ways that are healthy for us, and our relationships, is a skill. It's a bit of an art, and a bit of a science.

Let's start with the science. You may wish to refer to the bucket rules since these are fundamental concepts that will help you keep things in perspective and reduce your likelihood of over-personalizing the comments and actions of other people.

Here's a quick summary of Dr. Ghaed's 5 Bucket Rules (here's the G-rated version so it's family friendly and you can teach and share it forward): (1) Don't worry about things that have not happened yet. (2) Don't worry about things that are not in your control. (3) So, what's in your control? Only you, specifically, *your* thoughts, *your* feelings, and *your* behaviors. These 3 things live in your bucket, and we each have one of our own. So, focus on your bucket, and if it's not in your bucket...chuck it! (4) In trying to manage your own thought-processing better, which will in turn help you manage your emotions and reactions to other people better, remember a few more things. Don't "should" on other people or yourself. And there are no "musts, need-to's, or have to's" – these words and ideas make us feel pressured and set us up for expectation. You can *wish, want, hope, and would like* all you want, but try to eliminate the *shoulds* and *musts* from your thought processing and speech. Acceptance does not mean approval or agreement, but learning acceptance (sometimes it feels like *radical* acceptance) will benefit your health. And finally, (5) Try not to allow your temporary fickle feelings determine the decisions you make. Feelings change quickly and eventually pass. This rule is especially important and one of my patients' favorites.

Here is an example of a hypothetical verbal interaction (that many of us have experienced in some form or other):

Other Person – "How are things?"

YOU – “Okay I guess, but things have been difficult. I’m still struggling.”

Other Person – “Really? Why? It’s been months/years since X,Y,Z”

YOU – “I just can’t stop thinking about what happened. I’m still having nightmares and feeling really emotional. I feel triggered and scared all the time.”

Other Person – “Wow. You’re still feeling that way? But it was awhile ago. I thought you would be back to normal by now. I mean you survived, right?”

So, take pause, take a long slow breath, and recognize that this is where you have a choice. I know you really want to clobber the other person over the head in that moment, but here’s the choice: You can personalize the other person’s comments and feel insulted, minimized, or invalidated. Or, you can recognize that you have no control over his/her three things that live in his/her bucket, and there is this thing called “free will” and autonomy. Other people are allowed to think, feel, and act however they may choose, and any comments (however you may judge, evaluate, or interpret them) made by others are *only* an indication of *their* level of health, thought-processing, and sensitivity or compassion. The other person’s thoughts, feelings, and behaviors actually have nothing to do with you at all. You are simply a bystander and observer of his/her comments about a certain topic. Yes, this topic hits home and you may feel highly sensitized, but that’s *your* bucket, not theirs. Don’t let them in. And what you are observing outside of you, well, that’s *their* bucket. Try not to jump in.

In a moment that someone else makes a comment that you do not appreciate, you can choose to react in anger (which is less often about anger and more about other emotions such as sadness and fear). Or, you can choose to feel compassion for this person. If this person is making

comments like this to you, imagine how the rest of his/her life is experienced? If (s)he is emotionally constipated or lacking in compassion towards you, just imagine for a moment, the quality of his/her relationships with other people. Imagine how alone and disconnected (s)he may actually be from others under the surface. Someone who might make insensitive comments may have his/her own internal struggle with emotions and may have consequential problems with intimacy (this means closeness to others or even the self). Imagine what may have happened in this person's life to cause such an abrasive or unkind approach. And now, once you have considered these possibilities, do you really want or *need* to react in anger?

YOU (What you *really* want to say): “Fuck you! I can’t believe you’re being such an insensitive piece of shit. You asshole.” And perhaps this interaction is followed by a desire to avoid this person in the future. Not helpful. Remember, avoidance, whatever form it takes, is no bueno.

YOU (The *much* healthier option): “Yeah. Actually, not only am I still having trouble, but many other people are too. You never forget when you’ve survived such a horrific situation. It impacts your mind and body in a lot of different ways.”

By not letting the emotional “noise” color your response, you are able to communicate honestly, openly, and also educate this person. You are also setting an invisible firm boundary and by being honest and calm on your end, you are taking full responsibility for yourself. You are advocating for yourself. By default, this type of authentic communication actually forces other people to be accountable for themselves (they may or may not be willing to, but you’ve done your part!). If you wanted to even take this

conversation further perhaps to find more meaning, you could explore further. This might help you also foster compassion for this other person and allow you to understand where they are coming from (rather than mind-reading or jumping to conclusions and judging them).

YOU: “So, just out of curiosity, why would you think that people would be over it or back to normal? I’d like to hear your thoughts about this.”

If you are willing to consider other possibilities and generate alternatives for how you choose to respond to the people around you, then you will be happier and healthier (and so will your relationships). It does take practice because it is a skill, and the more you practice, the more creative you become in your ways of managing uncomfortable situations (e.g., using humor, flattery, diplomacy, reflection). And that’s the art part of communication. The more you use these tools, the more they become second nature. And how we are experienced by others, along with our experience of interactions with others, may ultimately inform our self-concept or identity. Learning how to communicate well – clearly, effectively, and objectively – allows us space for compassion. And we all benefit since compassion for others and compassion for ourselves are simply two sides of the same coin.

“Be the change that you wish to see in the world.” --- Mahatma Gandhi

CHAPTER FOURTEEN

Tips on Managing Nightmares

So, maybe it's been a few months, or a few years since your traumatic experience. Maybe you've had improvements to both your mood and sleep over time. However, if you have continued to experience symptoms of severe anxiety, panic, depression, or significant sleep disturbance, I strongly recommend you seek psychotherapy (i.e., the talking part) and even possibly pharmacotherapy (i.e., the medication part) sooner than later. Remember, psychotherapy is the first-line treatment for PTSD, and trauma is a highly treatable disorder. Also, sleep is very sensitive to many different factors. If you need a refresher, you can re-read Chapter 8.

Perhaps you continue to have nightmares. It may surprise some of you to learn that we even have treatments to target nightmares since they occur while we are asleep and not very self-aware. There is no argument about how distressing nightmares are, and how seriously they can impact our quality of sleep as well as our quality of life during the day. It is very common to experience nightmares following a traumatic life event, but nightmares can also occur and persist simply as a result of increased chronic anxiety, and not necessarily related directly to trauma.

One effective treatment we have in our field to treat nightmares is called imagery rehearsal therapy, or imaginal rescripting therapy (IRT), and it has been used for years with veterans with PTSD, as well as victims of crime or sexual assault. This treatment is intended for either individual or group therapy settings, but here are some basics that may help you out. If you

are currently in individual therapy, ask your current therapist(s) if they are trained in or familiar with this treatment. Please note this document presents a highly abbreviated summary of the treatment with many important details omitted. The goal of this document is to introduce you to a new way of thinking about your sleep, and specifically, your nightmares.

BASIC FACTS ABOUT NIGHTMARES:

- ✓ Nightmares most often occur during our REM (rapid eye movement) stage of sleep (because this is the stage in which we do most of our dreaming anyway)
- ✓ Alcohol negatively impacts our normal sleep cycle and increases REM in the second half of the night
- ✓ Alcohol increases our chances for nightmares and increases the chances of our remembering them
- ✓ There is a negative feedback loop between chronic pain and poor sleep
- ✓ Nightmares can wake us up (causing “sleep fragmentation”), stress us out (due to the physiological arousal) making it hard to fall back asleep, and may lead us to avoid going to bed at night (which then can become a conditioned response – remember all that stuff about classical conditioning?)
- ✓ Events that happen during the day, things we think about before we sleep, anxiety provoking reports on media/news, or other triggers

(sounds, smells, sights) sometimes end up in our dreams/nightmares

- ✓ Nightmares can become an “unconscious” habit (what this means is that your nightmares can take on a life of their own if we do not intervene!!! And what this means is that your nightmares may at some point no longer be occurring because of the traumatic event, which has long passed, but only because it has become an unhealthy habit)

- ✓ Nightmares are changeable

So what does imagery rehearsal have to do with all of this? Well, this technique refers to the powerful tool of visualization. This strategy will help us take charge over our nightmare. Essentially, you will rewrite your nightmare into a less upsetting dream. Then you will practice imagining the new dream over and over again to create a new habit. Remember, not only can behaviors be habits, but we can create habits of thinking and feeling too!

HOMEWORK:

1. Choose a nightmare you have that is your worst and most frequent.
2. Think about the most upsetting part of that nightmare.
3. Write the nightmare out in detail, but change the ending.
4. Rehearse this *new* nightmare (with the alternate ending) daily.

CHAPTER FIFTEEN

Leading Change By Example

There are many reasons why some people recover more quickly than others (discussed below), but generally we want the people around us to feel better and heal quickly from crisis or trauma. It can be very challenging to know just how to “reach” the people around us, whether they are friends, coworkers, neighbors, or your own children. We can use a few strategies that will help us not only support the people we care about, but also increase the likelihood of positively influencing them. Many of these strategies require your knowledge of basic psychological concepts, many of which have been presented in my other chapters. To have more tools and to learn new skills, I encourage you to review or read them all.

Immediately following a traumatic experience, we are all at the same starting point for recovery all other things being equal. It’s normal and expected that a person might experience some hypervigilance, emotional lability, sense of detachment, anxiety, sleep disturbance, and decreased enjoyment in activities. However, as time proceeds, we begin to see more obvious differences in people’s coping and mental health status. This is related to a number of factors, some controllable and some uncontrollable. It is helpful to understand these differences because this knowledge will help us foster more compassion and the ability to approach others in more effective and beneficial ways.

There are a number of factors that play a part in someone’s ability to heal and recover from trauma. Some people (perhaps even as much as half of

the population) have “sensitive” brains – this means they have a biological and genetic susceptibility to developing symptoms of anxiety and depression when under severe stress (so there is likely mental illness in the family line). People also have a different set and amount of resources (e.g., family support, social network, healthcare, financial stability, health status, time, faith), which are critical to one’s ability to recover. Everyday stressors can overload someone who is low on resources, and trauma can simply put a person over the edge especially if they were already vulnerable. Some people have more than one trauma in a lifetime. Unfortunately, repeated trauma can have a cumulative effect for those folks who never processed previous traumas adequately.

People also have different levels of insight, self-efficacy (confidence in their own ability to cope with adversity), and motivation to change. Resources and support is almost always available to a highly motivated individual, but to someone who remains in denial about how dire his/her situation is, those resources are irrelevant and often perceived as being non-existent. Healing is within reach for all of us, but some of us will get in our own way when it comes to recovery. The task of a good therapist, if you happen to be engaging in individual therapy currently, is to help you get *you* out of your own way.

So, how can we help the people we care about who don’t have (or don’t think they have) as many resources, have a history of trauma, preexisting mental illness (mood or anxiety disorders), or just seem emotionally constipated (this means emotionally shut down, numbed out, and non-expressive)? Well, the answer is simple. We focus on what we can control (5 Bucket Rules), which is our own thought processing, our own feelings, and our own behaviors. We accept where our loved one is in their recovery

process and we accept that there is free will and autonomy, at least psychologically. We validate and acknowledge the pain they are experiencing without judgment, and we reassure them that we are “here” for them should they need anything. We teach them what we are learning (this means you need to be learning new things and making change yourself) as it relates back to us.

Instead of telling another person what to do (get out of their bucket!), we show them what we are doing. We model mental health, psychological mindedness, happiness, and overall change and if we have done a really good job of it, then the people around us may start to get on board. After all, it's working for you. This is the extent of your control over other people (which is none). Period. At best, you may have influence over them. This strategy is really frustrating and counterintuitive for most of us. We want to instruct the people we care about because we think we know what's best for them, or we just really want to help them feel and do better. But this goes against the simple idea that we want to show them that we have confidence and trust in their own ability to recover. When we try to tell other people what to do, and even worse, we give ultimatums, we are really just telling them that we think they're an idiot and cannot figure it out, so we are tasked to tell them how to fix their situation. And then we become frustrated when they don't do what we suggest, which only makes everyone involved feel worse. Not really what we're aiming for, right?

The Bottom Line: Stay focused on your own healing and stay in your bucket. Work on learning how to communicate more effectively and compassionately. Lead by example. Showing the world how well you are healing will naturally influence others to be curious. They will seek out your

guidance and then you can positively influence their self-motivated change.

CHAPTER SIXTEEN

Understanding Emotions and De-Coding Anger

So, what's the deal? Why is everyone so angry? Well, it probably won't surprise any of you to learn that anger (i.e., feeling irritable, frustrated, easily annoyed) is all pretty normal following a traumatic experience. It's also something we see in folks who are experiencing chronic depression or anxiety. But the more interesting aspect of this is that anger isn't usually really anger. Anger is not typically the only thing going on, but often presents secondary to or in combination with other emotions that may not be as readily apparent, for example, sadness or fear. When you begin to have a better understanding of emotions then you can also foster a little more compassion for yourself and other people who express anger. Let's start from the beginning.

What are the primary emotions? Well, research all over the world has found that there are 5 primary emotions that seem to exist cross-culturally. They are happy, sad, scared, angry, and disgusted. There are also more nuanced emotions that exist but are believed to be more socially driven (e.g., shame, guilt) rather than biologically driven (as are those primary five). Think about the brilliant Pixar film *Inside Out*. We need all of these emotions functioning together and effectively in order to keep everything running smoothly. When one or more emotions shut down, then the headquarters (symbolic for our limbic system, in the brain) goes haywire, and everything and everyone are affected.

What I've observed from treating patients with trauma for many years is that anger isn't usually anger at all. Once we start challenging rigid or irrational beliefs often relating to what is called the "Just World Belief" then what's usually left over is the deeper more painful, scarier emotions...profound sadness and fear. The Just World Belief is the idea that the world should be a just and fair place all the time. So good things should happen to good people and bad things should happen to bad people. Bucket Rule #4 reminds us that although we may have ideals and expectations, it is healthier to identify them as wants and wishes. We can have our own morals, values, and standards, but it is simply unrealistic to expect or assume that everyone around us abide by ours.

Think about yourself right now and try to think of examples of when you have felt angry or reacted angrily to someone else. If you peeled away the anger, which unrealistically expected others to be essentially perfect, know just the right thing to say, or react to your pain with compassion (like a therapist might)...then what's left? Is it really anger? Once you understand that it's not helpful or realistic to expect other people to read your mind, understand how you feel or what you're thinking, or be just like you, then you're left with more raw emotions. When someone asks you about your traumatic experience (e.g., childhood abuse, rape, life-threatening accident, combat) in a way that suggests that you should be over it by now, does that really make you mad? I would offer that actually this is a much more *sad* scenario for someone else to lack the compassion to understand the gravity of surviving a traumatic event like yours. Imagine how lacking in compassion they must be to the pain in their own life.

When people show a lack of capacity to understand our situation, is that really anger? Maybe not. Maybe this makes us feel a little scared or

anxious? Perhaps this emotional disconnect between us and the other person makes us also question ourselves? And what does it mean if other people don't understand our pain? Will we ever be understood? Maybe there is something wrong with me? They don't care about me. Or something wrong with them? People just suck. Maybe I'm blowing things out of proportion? Maybe it wasn't as bad as I'm making it? All of these questions that crop up lead to sadness, anxiety and fear, not really anger.

So why do we so often demonstrate anger if the real underlying emotions are fear or sadness? Probably because anger feels powerful. It's tangible. You can grab a hold of anger and hurt someone or yourself with it. You can use anger to hit something, yell (highly cathartic), push weights, or scare away the "lion." We like feeling powerful because it feels productive and safe. It also satisfies a need when we have anxiety already (which trauma creates a lot of) because anxiety tends to make us feel powerless. We would much rather get angry and tell ourselves it's motivating and satisfying, and we do a really good job of justifying our anger as a meaningful and legitimate emotional response. But usually it's not. We just don't want to feel sad or scared. Feelings of sadness and fear leave us feeling powerless, and this makes us feel even worse (in the moment).

However, if you want to process trauma properly and you want to truly process all of your emotions so *your* headquarters doesn't go totally haywire and take your whole life down with it, you have to process the sadness and fear too. This means you will benefit in the long run by showing yourself (and others) compassion and allowing yourself to really sit in the sadness or fear you are experiencing in that moment. And when you are willing to acknowledge and communicate honestly about your feelings, it has a way of making it much more likely that others will too.

Remember a simple compassion statement: *I am having a moment of suffering. Suffering is a part of life. May I be kind to myself.*

When you have the capacity to simply sit in your feelings, then they will pass. The more you do this (yes, this is a skill too), the more confident you will become in your ability to manage emotions that hurt. It's like a wave that comes over you and although it may feel as though it consumes you, it won't. It's just a wave. You are the ocean. The ocean consumes the waves, not the other way around.

Next time you feel angry, take a *time out* and ask yourself if the anger might be hiding any other emotions. If it is, then peel away the anger and allow yourself an authentic moment to feel the pain with the understanding that it, too, shall pass. Consider that other people might be doing their "best" and that doesn't have to be what you want or expect, or equivalent to your best. Anger blocks us from processing our real pain. It is not productive, it is destructive, and it has a highly negative impact on our health in the long run. Although anger may be a helpful conduit emotion, we just don't want to get stuck there, we want to get to the other side. Good luck in not letting your anger run your headquarters!

CHAPTER SEVENTEEN

Why Compassion Matters

Love cannot occur without compassion. And healthy relationships cannot occur without love. So, what is compassion? Here are a few common definitions:

- ❖ (Merriam-Webster Dictionary, present day) “Sympathetic consciousness of others’ distress together with a desire to alleviate it.”
- ❖ (Collins Dictionary, present day) “A feeling of pity, sympathy, and understanding for someone who is suffering.”
- ❖ (Webster Dictionary, 1828) “A suffering with another; painful sympathy; a sensation of sorrow excited by the distress or misfortunes of another; pity; commiseration. *Compassion* is a mixed passion, compounded of love and sorrow; at least some portion of love generally attends the pain or regret, or is excited by it. Extreme distress of an enemy even changes enmity into at least temporary affection.”

Compassion, and an understanding of what it is, has been around for a very long time, certainly predating 1828. Compassion is not simply a word (although it is a powerful one) or an occasional act. If you really think about it, this concept of compassion lives at the heart and core of our humanity. Living a life with compassion is about having a thought-process that is a habit, just like any other core set of values you may believe in or embody. This is not unlike other concepts, for example, gratitude, or kindness, or generosity.

Compassion helps us heal in our relationships with other people, and it helps us stay connected (*feel* connected) and bonded with the people around us. We know this is true. Think about what happens to your relationships when you feel a lack of compassion from others. You begin to question whether they care, love you, or understand you, and slowly (or quickly) the relationship crumbles.

If you currently don't care about your relationships with others, maybe because you are avoiding and isolating, here is something else to think about. Compassion and our ability to stay connected with other people actually impact our health – both mental and physical. People who have people are healthier and live longer, and decades of research on happiness have consistently taught us this.

Let me emphasize this again – people who have close relationships with people (even just a few people) are significantly happier and therefore healthier than those who lack interpersonal relationships. And unfortunately, when people begin to feel disconnected from others (often related to depression, etc.), they also lose this experience of compassion in both directions. When this happens, we might see both harm to self and towards others. Think about the backgrounds and profiles of some perpetrators of violent acts. I want to emphasize this is not a bidirectional phenomenon. This does not mean that people who suffer from mental illness will all go out and harm other people. In fact, most people with psychological distress are probably much more likely to harm themselves. It means that when people do harm to others, there may be some severe psychological issue underlying the behaviors.

There is interesting new research examining the impact of technology on our ability to feel compassion. Findings warn us about the negative impact on the younger generations who are growing up behind computer and electronic screens, communicating through cyberspace and anonymous profiles. The problem with this type of socializing is that it is not *true* socializing, and it lacks a level of accountability that we have when we are face-to-face. Think about it. Most of you would feel much more comfortable telling someone to “Fuck off” by tweet, messaging, text, on the telephone, or anonymously online behind the mask or protection of a two-dimensional profile or space. (Yes, I know plenty people would be just as comfortable doing this in person, and that is an entirely different issue, more likely related to anger management problems – if this sounds like you, please re-read Chapter 16).

The simple fact is that most people are far less likely to confront another person as aggressively face-to-face, if for no other reason, out of fear of ramifications (e.g., arrest, physical harm, distress to children or family members present, pressure to conform to appropriate behavior in public). The lack of accountability leaves especially our youth (whose brains are not completely developed until early to mid-20s) at the mercy of occasional life lessons from overwhelmed parents (who are often now both working just to feed them!), overworked and underpaid teachers, and generally overscheduled grown-ups, who may or may not have time to model healthy behaviors. Online, there are few or no boundaries (although the legal system is starting to discuss implementing some).

Why does this matter? Because compassion develops in the context of sitting face-to-face with another human being. And this is not just a human phenomenon – other animal species demonstrate compassion as well. We

cannot learn compassion through a computer screen. Remember that 70-90% of what we communicate is *non-verbal*. We pick up on how another person is feeling by looking at their face and body language, and by feeling their energy (or pain), and by watching non-verbal mannerisms. These simply cannot be relayed as effectively through electronics. We may try to communicate some level of emotional content by using emoticons, but that still does not tell the entire story. In effect, socializing through electronic means allows for the ultimate form of avoidance.

Another unfortunate consequence of avoidance is that people (especially our youth who are growing up in this world of technology) are left with fewer and fewer opportunities to build confidence in social settings. If you've read the previous chapters on anxiety, then you also now understand the relationship between avoidance and the development and maintenance of anxiety. I imagine that today's youth will grow up to have higher percentages of social anxiety and other anxiety disorders simply because of the culture in which they are being raised, and experiencing a significantly lower amount of in-person socializing. Even school and the educational system has gone online and behind the computer screen.

Living with compassion is a way of thinking, a way of loving, and a lifestyle. And here's the thing about compassion. Compassion for the self and compassion for others are one in the same. They are two sides of the same coin. They cannot be separated, and thus if you lack compassion for yourself, you will lack compassion for others, and vice versa. It's something worth working on for your health and happiness and that of the people around you. It's probably not too far-fetched to say that compassion may even be something that is protective for society. So, how do we learn to foster compassion? Well, if you read this book in its entirety, you will have a

strong understanding of how to do this in your own life. Compassion develops in a context of healthy socializing, learning how to communicate in healthy and effective ways, and learning how to challenge unhelpful or unhealthy thoughts, which in turn impacts the ways we feel and behave. Essentially, the healthier you are, the more power you have to influence people around you. And also remember the compassion statement in times that you are suffering, because it's a great starting place, which will inevitably lead to having more compassion for others.

CHAPTER EIGHTEEN

Intrusive Memories and Catastrophic Thoughts

Following a traumatic experience, you may have noticed that your baseline – what you would consider as *normal* worry – has gone way up. Now you have a heightened sense of worry all the time, you feel as though you are looking over your shoulder everywhere you go (hypervigilance), and perhaps you have intrusive memories – images of your traumatic experience that insert themselves unexpectedly into your day, maybe while you're in the car driving, getting a coffee, or just having a normal everyday unrelated conversation with a coworker. Perhaps some of you always felt a little antsy, but now things are just over the top. Some of you may have been cool as a cucumber previously, and now there is a noticeable change from your “before.”

Don't lose hope. Just as things changed for the worse, they have the ability of changing back or becoming even to better, and the more effort you put into this change, the more effective it will be and the faster it will happen. And don't forget that at the end of all of this, we don't necessarily want to return back to our baseline. Perhaps our baseline was not as healthy as possible and there was room for growth. If we make this change, remember we call it Posttraumatic Growth. And certainly we can argue that none of us should simply stagnate. We all have the potential to benefit from constantly growing and evolving throughout our lives.

First, we have to take a hard look at our situation and be honest about a few things. Consider what your anxiety looked like before your traumatic

experience. If traumatic experiences started early in your life, then you may not have a “before” to compare “now” to, but you intellectually understand that you are having a different and more distressing experience than others in your day-to-day life. Did you already tend to be a little more on the high-strung, tightly wound up, “Type A” side, super busy all the time (and loving it)? Did you tend to worry about a lot of things before that life-changing event? Perhaps you had anxiety that preexisted your recent trauma, but it was hibernating, in what we might call a subthreshold range (clinically speaking), or perhaps it was your “norm” so it did not bother you or negatively impact your functioning too noticeably. If this sounds like you, then it means you likely had a sensitive brain going into this traumatic event. Blaming all of your current difficulties on that specific traumatic experience probably will not serve you well. But understanding the role that it has played in exacerbating or highlighting preexisting anxiety or depression may prove useful.

A traumatic event can simply amplify whatever type of thinking, emotions, or behaviors preexisted, so now it’s a lot more obvious because it has passed threshold and your anxiety is too high to camouflage from yourself or others. On the contrary, some of you may *not* feel like the same person you were before your traumatic experience, and overall, you feel like prior to your trauma you were a pretty happy, well-adjusted human being. And to reframe this in a slightly more optimistic way, perhaps it is not realistic to think a person would emerge from a trauma like yours exactly the same anyway. And perhaps you would not want to? We could hope that following an event like this, once the trauma has been fully processed, you are more mindful, insightful, compassionate, and psychologically minded. So, let’s look ahead and see how we can identify what might still be getting in the way, regardless of whether or not you have a sensitive brain.

There are three common errors of thought that we default to under stress (and with a sensitive brain) that generate chronic feelings of anxiety and even panic:

- 1) **We OVERESTIMATE the likelihood of a negative outcome.** Here are examples of thoughts you may have: If I go out to a crowded event there is a *high probability* that something bad will happen. If I open up to someone, there is a *high probability* that they will not care or understand me. If I let my guard down there is a *high probability* I'll get hurt, someone I love will die, or I'll have a complete meltdown and not be able to function.

- 2) **We catastrophize (we think of the WORST-CASE SCENERIO).** Here are some examples of thoughts you may have: If I go to a crowded place, the people I care about and I will *die*. If I have a panic attack at work, it will *ruin* my day, people will think I'm *crazy*, I'll *get fired* and end up *divorced* and *homeless*. If I open up to someone and they don't understand, it means I'll *never* be understood and I'll live a *meaningless, lonely life unloved*.

- 3) **We UNDERESTIMATE our own ability to cope.** Here are some examples of thoughts you may have: If I have a panic attack in public, it'll ruin my day and *I'll end up at the ER*. If I open up to people and they judge me, *I'll never be able to talk to them again*. If I go out and have a meltdown or freak out, *I'm not going to be able to handle it*.

The bad news is, if you've been doing this a lot it has probably become your least healthy but favorite *habit*. The good news is, habits can be changed. And yes, even thought patterns can be habits, as can feelings or emotional states. So how do we challenge these errors of thought? Well, we remind ourselves of two important things: First, all problems are manageable. How do I know this? Well, you've been managing so far and you're still here (and even *barely* counts). Also, maybe you've been through worse and handled or survived other traumatic life events or crises. Finally, keep in mind that others have managed horrible things and are managing, and if they can do it, then you can too. The second fact we want to remind ourselves of is that all problems are time-limited. Think about it, nothing lasts forever, and no problems last forever either. They tend to morph, change, evolve, and often end at some point.

INTRUSIVE MEMORIES: Intrusive memories or intrusive thoughts are normal following a traumatic experience. This term is used in a clinical context to mean annoying or bothersome thoughts or memories of a traumatic experience. Triggers may be responsible for these intrusive thoughts or memories, although we are not always aware of the actual triggers at the moment. Intrusive thoughts or memories and triggers are terms often used in the context of trauma. However, in the most general sense of the word, we are having random, unprovoked thoughts all the time (hopefully, minus the negative affect on our feelings). Triggers are not that unlike more neutral environmental cues.

Think about how often things in the environment (cues) trigger a set of thoughts. We hear a song that played when we fell in love for the first time, and it evokes emotions even decades later. We smell something and remember mom's home-cooked meals, and it might make you feel happy

(if you have a happy thought), or sad (if she is no longer alive and you have a sad thought). Remember, as you move through life, your amygdala (in the limbic system of your brain) is reacting emotionally, and the hippocampus (the amygdala's neighbor) is taking notes. We cannot realistically make triggers go away since cues will always exist in our environment. And because some of these cues or triggers lead to positive thoughts, I'm not sure we would want to eliminate them all. What we hope happens through recovery from trauma is that people no longer *react* to those negative triggers in unhealthy or unhelpful ways. Also, remember, that the more you think about something, deliberately or unintentionally, the stronger and the more automatic the thought becomes. It's like you are digging a deeper and deeper rut that makes it a permanent part of the thought roads (neural network) in your brain.

So how do we deal with intrusive memories? Well, we know that avoiding them or trying to push them away will not help us. Try it.

EXERCISE: For one minute, try to not think about a big purple elephant. Try to think about anything else but keep reminding yourself that you are not allowed to think about a big purple elephant. Did it work? Not likely. Because trying to avoid thinking about something actually makes it a stronger thought (i.e., rebound effect). It's counterintuitive but it happens with pretty much everything. And we don't typically have negative thoughts or feelings about a purple elephant, but replace that image with images from your traumatic experience that holds great emotional content. Now try pushing those thoughts away. Does it work? Not likely. We are all familiar with this annoying reality.

When an intrusive memory inserts itself into part of our day, activity, or conversation, the most helpful thing we can do is attend (i.e., pay attention) to it. That means, take a moment to pause, reflect, *look* at that thought, image, or memory. Allow yourself to feel your feelings, and acknowledge and accept your pain in that moment. Cry if you need to. You can aid your need for compassion by using the compassion statement – *I am having a moment of suffering. Suffering is a part of life. May I be kind to myself.* It is in this self-validation that you will be able to move through this pain (because remember there is no short cut) and feel better.

Thoughts cannot hurt us unless we allow it. To use an analogy if your trauma involved gunfire, for example in a mass violence event: Bullets can hurt us, but thoughts do not need to turn into bullets. You may not have been able to control the bullets moving towards you, but you can exert some control over changing your thoughts once you recognize the automatic unhealthy ones (now you know how to handle unhealthy thoughts). And don't forget that these are all skills, which means, the more we practice healthy thought processing, the easier it becomes and the better we get at it.

CHAPTER NINETEEN

Role of Depression in Trauma

Often what we want you to understand about trauma symptoms is that they are *expected* responses to *unexpected* life events. Immediately following a traumatic event, we expect you to show some signs of having gone through trauma. Especially if you are in treatment, we hope that over time these acute trauma symptoms will subside and normal life will resume. However, what commonly occurs is that other underlying symptoms may become more apparent or problematic. To clarify, once the jumpiness and fear resolves, and irritability improves, and even sleep returns to baseline, you may feel like you're falling into a slump. Something to consider is that perhaps those symptoms (i.e., sadness) were there all along, but simply being overshadowed or distracted by the more outward or externally-presenting symptoms like anger and anxiety. Here are some basic facts about trauma, PTSD, and some of the associated issues we often see following a traumatic experience.

Approximately 1 in 3 people in this country have been formally diagnosed with an anxiety disorder, and 1 in 4 people have been formally diagnosed with a mood disorder like depression. Obviously, this is an underestimation of prevalence since we all know people who likely have mental illness but who have not sought help or been diagnosed. And keep in mind that if you had experienced trauma, anxiety, or depression at any point in your life prior to your recent trauma, then this placed you at higher risk for manifesting anxiety, mood, and trauma symptoms following the event. PTSD is a complex disorder that includes overlapping symptoms of anxiety

and depression, as well as symptoms unique to trauma. Furthermore, distinct anxiety and mood disorders may coexist with PTSD as stand-alone diagnoses when we see specific symptom clusters persist. Depression is often experienced with PTSD.

It is not surprising to see all of these types of symptoms cluster together because the mechanism by which they develop and are maintained (from a cognitive behavioral standpoint) is all the same. When you experience trauma, you may start to notice hypervigilant behaviors (e.g., scanning people, looking for exit routes, preparing for action should a catastrophic event occur). These behaviors reinforce highly negative and anxiety-provoking thoughts that you are constantly in danger, people cannot be trusted, and the world is a terrible unsafe place. If you continue to feel this way, you will likely start avoiding more and more situations. *In sum, your behaviors and thoughts become a negative feedback loop that often becomes worse and worse over time.*

Similarly, when you experience other types of anxiety (e.g., generalized, social, specific), you may notice that you start avoiding engaging in activities or situations in which you become highly aroused or anxiety (often manifesting as panic). This avoidance is the single most dangerous thing because it reinforces your fear, and ultimately this alone may perpetuate and sustain your anxiety. People who suffer from chronic anxiety inevitably develop depression too. Think about it – how would you expect to feel as your life becomes smaller and smaller, and increasingly limited, and you begin to lose or neglect things in your life (relationships, hobbies, activities of daily living). Depressed. *In sum, your behaviors and thoughts become a negative feedback loop that often becomes worse and worse over time.* Does this sound like something you just read?

What is depression? Depression is not just feeling sad, it is actually a medical condition that affects how we think, how we feel, and our behaviors and interactions with other people. As depression progresses, you begin to lose interest in or a sense of enjoyment from activities that you previously enjoyed. Other things you may notice are excessive feelings of guilt or hopelessness and even suicidal thoughts (i.e., thoughts about dying, killing yourself, or being better off “not here”). Often people experience changes in their energy level, appetite, and sleep patterns. It is also common to have difficulty focusing or concentrating, and to feel slowed down or amped up. When all these symptoms last for at least two weeks or longer, then it may indicate that you are heading into a clinical depressive episode that could last significantly longer (especially if you do not seek treatment). When you become depressed, you may start to feel detached and unmotivated to do much of anything, and this may lead you to isolate yourself from others. *In sum, your behaviors and thoughts become a negative feedback loop that often becomes worse and worse over time.* Are you noticing the pattern now?

It is important to recognize that when we see chronic depression, anxiety, and/or trauma symptoms, we also see anatomical, physiological, and neurochemical changes in the brain. Some of the structures that play a role in depression are the amygdala, hippocampus, and thalamus (i.e., all parts of the limbic system in the brain – again think about all the little emotions running around in the headquarters of *Inside Out*). One significant change occurs in the hippocampus, which shrinks over time when depression is chronic. This is problematic because the hippocampus is involved in focus, concentration, and memory – specifically forming, organizing, and storing memories. Research in recent decades supports

this by demonstrating visible changes on fMRI (functional magnetic resonance imaging) scans, PET (positron emission tomography), and SPECT (single-photon emission computed tomography). Fortunately, these changes are reversible and highly treatable with both pharmacotherapy (medication) and psychotherapy (counseling).

So, what can we do if we are experiencing depression? Well, the answer is simple (although not necessarily easy). We want to do exactly the same thing we would do to recover from any anxiety or trauma disorder. At the end of the day, whether you are avoiding *or* isolating, you are still missing out on activities or socializing. In order to be healthy we want to stay vigilant about sleep, nutrition, and physical activity, stay connected to our social support network, and stay engaged in pleasant activities (and doing them even when we do not *feel* like it – don't forget Bucket Rule #5 of the Dr. Ghaed's Rules). Isolation (i.e., isolating ourselves) is as damaging as avoidance (i.e., avoidance behaviors).

Whether you are depressed, or still experiencing significant anxiety or trauma symptoms, this is a critical time when you simply cannot afford to allow your feelings to dictate the decisions you make throughout the day! Feelings change. Feelings are fickle. Even if you don't enjoy socializing for the moment, force yourself to continue doing it until you get your mojo back. Even without treatment depression typically resolves, however, it may take much longer and cause a lot more damage to your life. It's always a good idea to seek professional help if a depressive episode does not appear to be resolving after a month or two, and try not to catastrophize about your situation. We often believe that how we feel right now is how we will always feel, when in fact, research has shown that we

are terrible at predicting our future cognitive or emotional state. Practice mindfulness and have faith that this moment of suffering will pass.

CHAPTER TWENTY

Grief and Loss

Trauma may have crossed your path many years ago, or perhaps it has impacted your life more recently. For some, after loss life returns to its normal ebb and flow fairly quickly. However, for others, the struggle may continue for years. If you have lost someone you love (e.g., a child, your spouse, a parent), you may still be grieving the loss of your loved one. But there are many other kinds of loss that we may grieve after a traumatic experience and that are not limited to specific people who may have died. Many people struggle with these other types of important losses that are not often well discussed or processed because they are difficult to see from the outside. These include losing a sense of naivety, safety, direction or focus, the “self,” and meaning or purpose in life. Many people lose close lifelong relationships, romantic relationships, and marriages. There is certainly no lack of *things* that we may grieve the loss of, so perhaps it is beneficial to explore how we can process our “losses” in the healthiest way and how we can best move through our pain.

What is grief? Grief is understood to be the internal experience (i.e., what is going on inside of you) that you have when someone or something has been lost. Mourning is often referred to as the external or outward appearance of grief – what is communicated or expressed to others about your loss. The experience of grief is universal, and likely a phenomenon that all people on Earth may have at some point in their lives. However, mourning may vary as it is influenced by culture, religion, and societal norms. Grief is *not* a static thing we get rid of, get over, or figure out. Grief

is a dynamic process that we need to learn to integrate into our daily existence. We hope that over time, the extent to which we suffer will lessen and our pain will be eased.

There is much ongoing research on the area of grief. My guess is that most of you have heard about the commonly discussed “stages” of grief. These are: shock/disbelief, denial, bargaining, guilt, anger, depression, and acceptance/hope. In reality, not all people experience all of these stages following loss, and also not necessarily in this order. Thus, a model like this may have limited utility. Additional emotions people often feel in the context of grief include confusion, humiliation, despair, and yearning. People can move in and out, and backwards and forwards among all of these stages and different emotions. Furthermore, grief can be complicated with feelings of guilt, shame, or unresolved issues leading to a lack of closure. When a grief reaction lasts beyond one year, we call it “prolonged” grief.

Grief is an experience that we can learn to embrace, sit in, and allow ourselves to move in and out of, mindfully. We want to find ways to express our pain that are not damaging or destructive to our lives. For example, journaling is highly recommended as a therapeutic and beneficial strategy for expressing our grief. On the other hand, drinking excessive amounts of alcohol or using drugs to help numb the pain are not likely to help in the long run, and will most likely make problems and symptoms much worse.

Tips to manage grief:

- **Be compassionate with yourself and others.** Try not to place a timeline or a set of expectations on yourself or others. Grief takes time and everyone grieves differently. Be patient and kind. And always...remember your compassion statement: *I am having a moment of suffering. Suffering is a part of life. May I be kind to myself.* Understand that you do not need to solve any problems, fix anything, or “do” anything (for yourself or anyone else). Just simply “be.” Compassion for others and compassion for self are one in the same. And if the loss has happened to someone you love, and you simply want to be supportive to them, then remember to be authentic, empathic, and patient. And whatever you do, please do *not* jump in their bucket and try to change or fix their thoughts, feelings, or behaviors.
- **Be mindful.** Remind yourself that the past cannot be changed and thus beyond reflecting upon the past briefly, it may not be helpful to ruminate (i.e., think obsessively) about it. Also, try to be present both in your moment-to-moment experience of your life, and your emotional experiences. You are suffering a loss; if you have lost a loved one, then know that you do *not* honor them by also forfeiting your life (physically or mentally). You honor them by living, by thriving, and you know in your heart that is exactly what they would want for you. If you have suffered another kind of loss, then know that you must let it go in order to make space for something new, for the next phase of your life. On a final note, try not to make irreversible, impulsive, life-altering decisions when you are in crisis. Wait until the crisis has abated before you decide to quit your job, get married, get divorced, have a sex change, move out of the country, or change your name. Just wait. Be mindful (i.e., *pay*

attention, on purpose, in the moment, without judgment) of your current situation and emotional state.

- **Accept and embrace**...all of your emotions, even the uncomfortable ones. Understand that all emotions serve a purpose, and we need all of them in order to function well (think about the headquarters in the Pixar film *Inside Out*). And we need our emotions to function together, in balance. We also need to express our emotions. Understanding and acknowledging the internal experience (grief) is a great starting point, but we benefit greatly when we also learn how to express our internal experience outwardly to other people. This allows us to foster compassion in them and for ourselves, and it allows us to communicate any help or support we may need. We do not succeed alone. We need people, and we heal and process best in the context of our close relationships with other people. Social support is the key to healing and recovery, so if you have limited social support, then find a group, or seek professional help. When our minds are closed, we see no help available even though it may be right in front of us. But, when our minds are open, there are infinite possibilities and plenty of support.

***Don't run away from grief, o' soul
Look for the remedy inside the pain
Because the rose came from the thorn
And the ruby came from a stone
--- RUMI***

CHAPTER TWENTY-ONE

Cumulative Trauma

Cumulative means accumulated. It's a word used to refer to the addition of some sort of element on top of another, little by little, again and again. Cumulative trauma is a term used to describe a disorder in medicine in which micro-injuries can occur from repetitive stress on joints, tendons, muscles, and nerve tissues. It results from the wear and tear over time on specific parts of the body. But cumulative trauma can also be used to describe the insidious accumulation of severe stress or traumatic experiences over time. It may be helpful to explore the mechanism by which trauma after trauma after trauma can lead to the deterioration of a person's mental state and health (both psychological and physical).

Important note: In the world of treatment, all traumas regardless of nature (e.g., combat, rape, child molestation, life-threatening events, domestic violence) are equivalent in the sense of how they impact us. One way to effectively conceptualize this is in a framework of cognitive behavioral therapy. Very interestingly, despite vast differences in the details of these traumas, people typically end up experiencing similar issues in the areas of *safety* (physical), *trust* (physical, emotional, etc.), *power and control*, *esteem* (how we feel about ourselves and other people), and *intimacy* (closeness and attachment to others).

Let's start at the beginning. When we are born, we have a clean slate, with no beliefs about the world, ourselves, or other people. As we grow, we absorb a ton of information from our environment. Ideally, we are taught

appropriate behavior in social situations, healthy boundaries, and a positive sense of self. In some cases, however, our boundaries are breached repeatedly (e.g., childhood abuse/neglect), which teaches us our self-worth (or lack thereof). In both cases, whether from a happy or unhappy childhood, we form a set of core beliefs that inform subsequent life experiences. Then as time goes on, we learn new life lessons and we integrate them into our understanding of the world and our place in it. In the ideal situation in which you grew up in a loving home with supportive parents and did not suffer childhood trauma of any kind, you start out with a relatively positive set of core beliefs, but hopefully you also learned to balance your understanding of life over time (a healthy process called *accommodation*). Sometimes, even in the case of a happy childhood, you may have been taught some beliefs that cause problems for you down the line because they are too positive or too rigid. Similarly, if you grew up with lots of trauma, then you likely had a highly unbalanced and negative worldview that also may be too rigid.

The “Just World Belief” is the belief that the world is just and fair. Thus, good things happen (or should happen) to good people, and bad things happen (or should happen) to bad people. So you may believe that if you work hard, then you’ll be rewarded and your life will go well. But if you do something wrong, then you’ll be punished (or the common presentation of this belief – if someone else does something wrong, then they should be punished). Typically we learn this as children and there is a developmental phase in which we like rigid rules to follow (for example, think about your own children and the phases they went through in which they were focused on things being fair). But generally we grow out of this belief system and we come to understand that good and bad things happen to good and bad people. This means you may as well throw out the words

“good” and “bad,” because they lose their meaning. The real story? Shit happens. We learn that life is not always fair. We learn that even when we do everything “right,” things may go “wrong.” The problem is that following trauma, people often revert back to a line of thinking in which they blame themselves for what has gone wrong. After all, something bad happened, so they must have had a part in it. And back to the childhood and very rigid Just World Belief. We can get *really* stuck in life when we think in this way.

EXERCISE: Think about each of your life traumas. Do you carry guilt, shame, or blame yourself in some way? If you do, and for some reason you have had difficulty challenging these irrational and unreasonable beliefs, then perhaps you are reverting (assuming you don’t typically still believe the Just World Belief) back to your child brain. Now think about the consequence. Are you punishing yourself because you were “bad” and *should* have done more? Time to work on fostering more compassion.

What makes things even worse is when you have a history of repeated traumas. Perhaps you experienced childhood abuse, and then in adolescence you were raped or bullied in school, and then other things happened in life. There are two big words we (shrinks, or “wizards” as we are called in the military world) use to describe the formation and evolution of our thought process. The first word is assimilation. This describes the scenario above. You learned early in life the people cannot be trusted, the world is a dangerous place, and you are worthless. As life continues each trauma serves to confirm (in your mind) that these beliefs (which are quite extreme and not likely completely accurate) are true. They become your truth. Unfortunately that truth makes you perpetually sick.

The second phenomenon, while a little different, lands you in the same place as the first. That word is *overaccommodation*. This describes a scenario in which perhaps you had a more normal childhood and you learned that overall people are good, can be trusted, you are cared for, and you're a worthwhile human being. Then you experience a trauma in adulthood (or later in life), perhaps combat, perhaps a rape, mass shooting, life-threatening accident. Now you have made a complete 180 degree shift in your worldview and believe that people cannot be trusted, will likely harm you or your loved ones, don't give a shit about you, and you have begun to question your own self-worth (because of course you blame yourself for not doing more, knowing it would happen, stopping it, etc.). And despite your healthy past, you have rigid beliefs about right and wrong, and perhaps you also have a very rigid view of your own control over your life (we call that "internal locus of control"). In either scenario we end up in exactly the same place.

So what do we do about this? Well, we challenge these thoughts that are not likely serving us well. We take these thoughts into a virtual courtroom and force ourselves to be accountable for them. We make a decision that we are not going to think things that we cannot provide evidence to support (because that would be like saying you're okay walking around calling the world flat when there is ample evidence that the Earth is round). Now, if you want to be that guy, you have that choice. But it may cause you significant distress in your life because you will constantly find that the world around you contradicts your erroneous belief.

SOLUTION: Write down a belief that you have been telling yourself recently (that continues to make you sick). Then imagine that a friend or loved one is telling you these things. How would you respond? Will you

feel the same way about this situation in 10 years? (Recall how to challenge unhealthy thoughts.) Would you say such unkind things to your friend? Would you lack compassion for your child or spouse as you do for yourself?

The bottom line: Regardless of how long you have been dealing with trauma, or when or where or who it came from, it can be changed. We have the power to change our thoughts and our belief systems at any point in our lives. We have the power to change our story. And at the end of our lives, all we have is our stories. We can tell the stories of our lives in such a way that they serve us well because they are balanced, fair, compassionate, and accurate. Or we can choose to tell the stories of our lives in such a way that we perpetuate our depression, anxiety, and trauma symptoms. We don't have a lot of power in this world and can ultimately only control our own thoughts, feelings, and behaviors (i.e., our buckets). At the end of the day it's your choice how you spend your focus, energy, and time, so choose well.

CHAPTER TWENTY-TWO

Lessons We Have Learned

So what are the lessons we have learned (hopefully) from this experience? Well, it's actually pretty simple. We heal through and in the relationships we have with other people. As long as we stay connected to one another and take a perspective of collectivism or community, versus individualism and the self, then we might survive this thing called life. As long as we understand that truly no man or woman or child can be left behind, and we understand that the larger endemic and epidemic problems are systemic and we are *all* responsible, we might succeed in this thing called life. As long as we understand that we must teach compassion from a young age so that people have empathy, so that we do not become emotionally detached and desensitized, then we might even thrive in this thing called life.

The alternative is horrifying. We have become so engrossed in our electronics, and most of us (even those of us who did not grow up with as much technology) hide behind screens where compassion cannot be fostered, demonstrated or experienced, learned or taught. Video games and violent television have caused us over time to develop tolerance to levels of violence, torture, and killing that no human should be complacent to or accepting of in today's world of *civilized* societies. Depression remains the culprit for the most loss in disability and days out of work. And where there is anxiety, there is depression. It is no wonder that we suffer, sometimes in silence, sometimes alone, and sometimes with a bottle. It is no wonder that as a collective we are so angry, frustrated with a world that

takes, in which we cannot keep up with the “Jones’s,” a world that sells happiness through electronics and is measured by wealth – how much we own, what we wear, where we live, what we drive. Pleasure is not happiness. Pleasure is fleeting, it is the momentary “high” we derive from novelty. But happiness is the longer lasting sense of contentment, something we can only derive through the relationships we foster and nurture with one another. This is where the core of our humanity lies. Period.

And what is the cost of not teaching this form of happiness? What is the cost of not teaching compassion and the importance of being connected to other people through interpersonal relationships, in person? The cost is high, too high for me, and likely too high for you too. We are all increasingly witnessing what happens when we lose our humanity. So what happens when we lose our humanity? We buy guns and walk into a space of civilians we may or may not know, and we shoot up the room aimlessly. We buy guns to show our anger at the world, our way of fighting back for the pain that our loneliness and detachment has caused us. Then we buy guns to defend ourselves against these “lost souls” and “rejects of society” because surely, only guns can solve this problem. Really? Is there no other way? Can’t we start back at the beginning again to figure this out? Has it truly reached a point that we must all arm ourselves against one another? Can we not instead reach out, connect, and show compassion? Guns cannot heal our broken hearts. Guns cannot help us foster forgiveness, kindness, and empathy. Guns (when used in these ways) build walls, and our humanity and survival rely on our ability to break down these walls.

Please do not misunderstand that any of these comments are either condoning or condemning guns. It's not about the guns, and owning or not owning one is a personal choice, just like abortion, religion, or food preferences. The topic of gun ownership is an *external* issue. This book is about healing *internally*. If anything, this book has hopefully inspired you to think more about our use of guns, and specifically what may motivate some people to use weapons (really, of any kind) against other humans. And just as a final point on the issue of gun control, I will use an analogy to demonstrate a simple point about accessibility. If you are on a diet, then it's probably unwise to stock your kitchen with your favorite dessert or junk food. Your diet will likely fail because if it's in the house, you'll consume it. If more guns are accessible to more people (and truly the same can be said about drugs, alcohol, or anything else that has a potential of causing harm to our health or life), then they may be more utilized, for better or worse.

If you've read all the chapters on anxiety then you now understand that anxiety and fear are powerful drivers. They motivate us in many ways, both positive and negative. But in extreme, anxiety and fear can do great damage. Our fear has led us to arm up, live on the defensive, and instigates a negative and catastrophic view of the world and of each other. We don't need to await a zombie apocalypse. We are already living it, and I would argue that this is not "living" at all. We have lost perspective in the rat race, going round and round our own little hamster wheel of life. We feel overwhelmed and stressed about all the things around us that take from us, financially, emotionally, and physically. We feel overworked and overscheduled, undervalued and understimulated. We have shut down because there isn't enough time to feel our feelings and talk about them. There isn't enough time to truly connect with other people and show our

care and humanity because we have too much “shit to do” (and I’m not talking about the Bucket Rules “shit” we could actually benefit from focusing on). We surround ourselves with safety objects, we look for safety signals, and we hope that in between all the hypervigilance and paranoia about others we can find brief moments of peace and happiness. But these emotional states and behaviors are diametrically opposed to peace and happiness – they live in mutually exclusive spaces. Anger (which often camouflages fear and sadness) simply takes up too much space in our lives. Radical acceptance is our get-out-of-jail card.

The lessons we have learned from this mass violence include the fact that what has helped us more than anything is finding community, fostering health together in a supportive and loving environment, and sharing ourselves with one another. We have learned that healing happens when you help others and engage in lots of acts of random kindness. And healing cannot occur when the opposite happens (i.e., arming up, holing in, turning off). Interestingly, this concept of healing through helping is not a new idea. Alcoholics Anonymous was established on this premise that when we help others heal, we heal. Helping others and understanding this idea of the collective rather than the individual helps us all stay accountable and empowered. It helps us challenge habits of negative thinking, (e.g., about how horrible, unkind, and unsafe the world is) because when we show compassion and kindness we believe that maybe things are not so bad and others may embody these values as well.

CHAPTER TWENTY-THREE

Final Thoughts

Time moves forward, and Route 91 has begun to fade into a backdrop of other significant life crises and traumatic events. Since Oct 1, 2017, there have been several more occurrences of mass violence. Senseless killing continues. I wish I could wave my wand (after all, I am the “Wizard” – the name given to shrinks working in the military healthcare system) and make it all better. I wish I could wrap my arms around all the people in the world who are suffering from these unexpected and unplanned life events. But I cannot. So I continue on my journey, with a belief that if we all step up and do what we can, when we can, the world can be a better, healthier, and happier place. I cannot control all the moving parts, but I can live my own life with integrity, authenticity, and compassion.

As we reach the one-year anniversary of the Las Vegas massacre, I brace myself for the next “deadliest massacre in U.S. history.” Our best hope of not only surviving but also thriving on this planet is for each of us to step up and take personal responsibility for our health, and then lead by example. Only then can we teach our children to value community through lessons of healthy communication, compassion, and kindness. World peace is a lofty goal, so seemingly unattainable that it has become the butt of jokes often referring to the catch phrase of beauty pageant contestants. This happens because we all recognize how large this issue is, and it leaves us feeling totally overwhelmed and insignificant in the general scheme of things. Perhaps you have felt that there is nothing you can do that would actually make a difference in the world. But we don’t need to

feel this way and thus brush it off. If each of us made a few small adjustments in our own lives, imagine how much change across the world we might see. At the very least, we could create peace in our immediate world, and that might cause a “butterfly effect” around us. This alone would make our small change more than worthwhile.

