



Talking to Warriors

Dialogues between
Veterans and
Family Members

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NEW FORUMS

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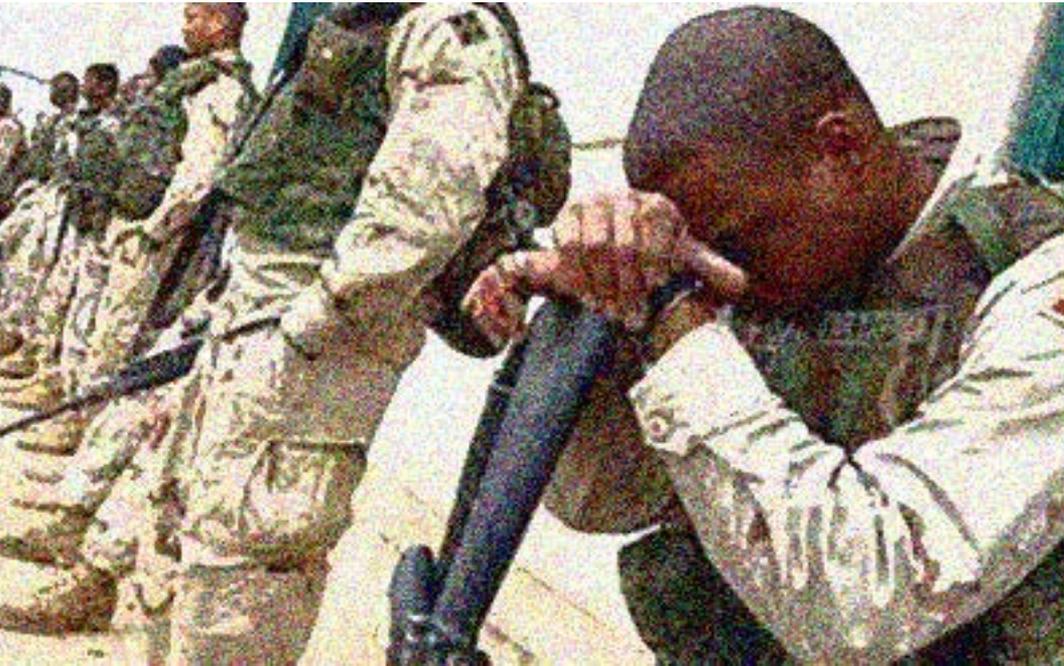
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The Nature of the Challenge

For a returning warrior everything is stunningly different. The rhythms of life, the textures of daily experience, and the way memories now have space to unravel, makes re-entry complex. What soldiers have witnessed and endured is virtually indescribable, particularly to people who have never seen combat. Both the returning soldier and their family members are radically different than they were before deployment. There is an eagerness to connect and paradoxically there is hesitancy and perhaps fear about how to do it. This handbook addresses this dilemma, but it also goes beyond that. It provides education about how to make interactions a healing influence.

There are two terms that veterans and their family members benefit from understanding. These are: *reactivation* and



secondary traumatization. Reactivation means that traumatic memories resurface when present moment incidents stimulate a memory of the past and it feels to the individual that the past reality is alive in the present moment. This definition is a component of what is called PTSD (Post-Traumatic Stress Disorder) or post-combat shock, but it can happen to anyone,



whether or not they have received that diagnosis or have been in combat.

Reactivation can also be called *flashbacks* or *panic attacks*. All of these phenomena are about how unprocessed experiences from an earlier time intrude into the present and confuse the individual so that

they are acting now as they would in the past. These confusions are driven by the physiology of the brain and the entire nervous system. When an overwhelming event occurs and there is no opportunity to release the terror and threat it arouses then those feelings are retained in a part of the brain called the amygdala that stores emotional memory. Those feelings are then reactivated when similar conditions present themselves later. Think of a car that is engaged and put in gear because the ignition has been turned on but has no brake. Once moving it is extremely difficult to stop the acceleration forward.

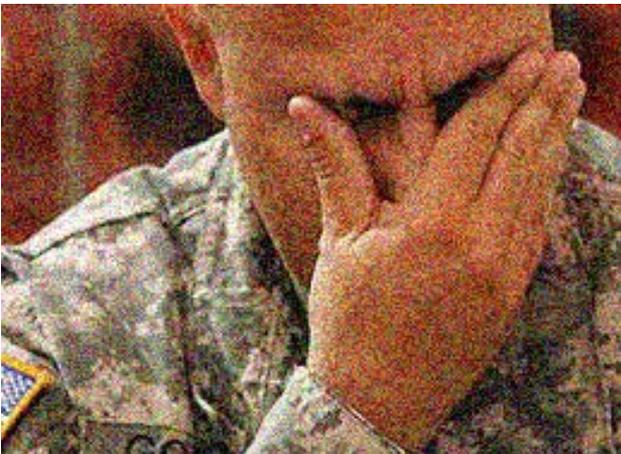
This movement forward is an attempt of the body to complete its original response to threat. The amygdala is not a logical structure. It is in the limbic brain that is designed for feeling and not for reason. Particularly when multiple responses to multiple threats accumulate, sorting one incident from the other and differentiating the past from the present is not easily accomplished. The human body needs a time and

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a space that is free of threat to unwind trauma and shock. If this unraveling is not carefully guided the mechanisms of recapitulation tend to ensue organically.

Secondary traumatization refers to how people who have not had a direct experience of a horrific incident or disaster have a somatic or physical response that resembles the primary experience. Trauma research documents that repeated exposures to stories of war, for instance, can produce nervous system behavior that strongly resembles the soldier's. Secondary traumatization occurs under other circumstances as well. Caregivers who work for long periods of time with torture victims begin to have PTSD-like symptoms and therapists who serve survivors of domestic violence and sexual assault can respond similarly.

Children are more vulnerable than adults to secondary traumatization and need to be protected from these exposures. The metaphor of contagion from illness has been used



often to portray secondary traumatization. Untreated secondary traumatization, like untreated illness, can result in conditions like chronic fatigue. This handbook intends to help both veterans and their family members, including children, to mitigate the negative ways in

which war comes home and thereby emphasize the joys of reunification.

Pacing: The Key to Family Dialogue

Warriors act instantaneously. Anything less can be life threatening. In marked contrast transition requires patience. Combat is nonstop overload. When that overload comes home it ricochets off the walls. Adult family members have to be mindful to pace question asking and conversation. The nature of childhood is free-spiritedness. Children's brains are not developed to alter behavior for PTSD or to prevent reactivation in adults. These varying rhythms require that someone in the household orchestrate, to the best of their ability, how exchanges occur. Of course this is not possible 24 hours a day, but awareness can be cultivated to avoid overload for everyone, especially the young people.

The adult in the household with the time and the capacity to do further research can take responsibility for learning more about PTSD, reactivation and secondary traumatization. Doing this before a warrior returns home is encouraged. See the resources at the end of this handbook to go beyond the recommendations provided here. Returning warriors are not in a good position to be the parent in charge so even before re-entry adults can put supportive child care in place. This is a form of pacing. It is an act of caring and it protects everyone.

Difficult and negative experiences have a more dominating impact on the brain than do positive events. The neurochemistry of traumatic overwhelm floods the body with a barrage of flight, fight and freeze neurohormones that make survival possible. If there is no pause between threats and no opportunity to recover from overload then those neurohor-



mones, like adrenaline and cortisol, stay in the body, ready to fire again and again. If questions bring back horrific events and tragic losses in a setting that is not designed to process them therapeutically, the likelihood of both reactivation and secondary traumatization are increased exponentially.

A warrior's neuronal connections are wired through training and repeated incidents of almost insurmountable threat. Unless careful re-entry processes support the amygdala in distinguishing the past from the present, the warrior is caught in a physiological pattern that seems inevitable even though their external environment is radically different. Because individuated and carefully orchestrated transition services are not yet in place for most returning veterans, family members have the difficult task of educating themselves, being prepared with resources and learning to not only speak mindfully but also to protect themselves from the many ways that war comes home. This handbook and other resources are prepared to help in this important undertaking.

For this soldier, the answer was to have little or no dialogue at all for a while.

Pacing can be managed when you know about another neurochemistry that antidotes the physiology of threat. This array of neurohormones are calming, stabilizing and relaxing and they are engendered by things like prayer, certain kinds of music (Mozart is known to have a clearing and focusing influence on the brain), meditation, positive visualization, yoga, physical exercise, massage and other bodywork including energy medicine practices, being in nature and loving connection. Examples of these neurohormones are oxytocin, sometimes called the hormone of love, serotonin and dopamine. These neurohormones are manufactured naturally in the body which you could say has its own pharmacy. We know how threat opens the pharmacy for adrenaline and cortisol. Pacing requires that we open the pharmacy for their antidotes.

Family members, and veterans themselves, can encourage these neurohormones to lessen reactivation and prevent secondary traumatization by providing a calm, supportive environment and removing children from outbursts and arguing. Other resources, such as pastoral counselors, therapists, classes and support groups are essential so that the burden is not only on the family. The natural world, local community agencies, organizations established specifically for veterans and their families, church and spiritual organizations are available and eager to help if we reach out to them. Books, websites, blogs and articles are proliferating to support healthy re-entry and to teach pacing. Some of these are included at the end of this handbook but these resources are increasing regularly as people have become more aware of the need for them. Reports from veterans and their families are perhaps the most useful. This community is learning to heal itself.

One soldier I interviewed, for instance, after realizing that he was in a state of constant reactivation, went off into the mountains not far from his home for several months and built a small cabin by hand. The cabin ultimately became a

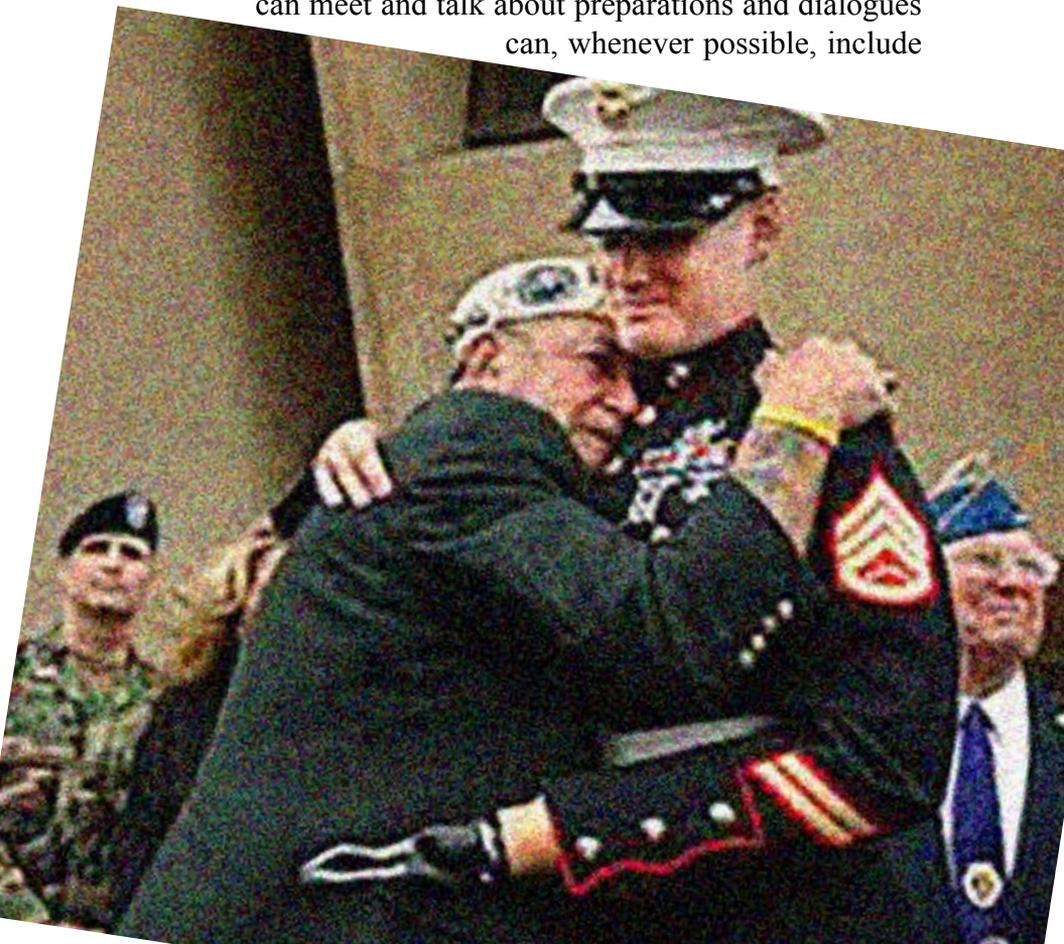


special vacation getaway for his family. Immersion in the outdoors, hard physical work, building something constructive, giving himself the space he needed to sort things out inside of himself and the freedom to follow his own rhythms allowed him to return to himself and to his family as a whole human being, free of trauma. He was able to pace himself more easily than he could be paced by others, and he acted out of this awareness. He wanted a healthy, non-pharmaceutical path to wellbeing and he created it for himself successfully.

For this soldier, the answer was to have little or no dialogue at all for a while. That may not be the answer for everyone, but it worked for him. He came to this after trying to connect with others and failing and also after trying medications and counseling that did not help him reorganize his nervous system. It was an incredible relief for him to find something that allowed him to finally enjoy his life and the people who loved him. Every warrior deserves this. Each individual and each family has to find the pacing that successfully restores health. The purpose of this handbook is to support you in doing that.

Healing Dialogues : Enhancing Positive Neurochemistry

Dialogues should begin before transition to prepare everyone, particularly children, for re-entry. Family members can meet and talk about preparations and dialogues can, whenever possible, include



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returning warriors by email, Skype, Face Time or other venues. Structures can be put in place by the family that has informed itself about the transition possibilities. There are principles that inform all such dialogues, regardless of the age of the participants.

1. Honesty is a primary principle in all exchanges. Pacing does not mean avoidance or misrepresentation. It means paying attention to the dynamics of the individuals involved and the environment of the dialogue. Regardless of what is said, honesty is essential.
2. The tone of dialogues can be moderated to maintain an environment of calm and kindness. Just as trauma is contagious, so is its antidote, though it will take double doses of calm to antidote the strength of reactivation. As soon as the tone of a conversation shifts out of a respectful mode, it is time to reconfigure and take a break.
3. Lecturing is a no-no for anyone, regardless of age.
4. Dialogues that model tolerance will create tolerance. Frequently one person has to take responsibility for holding the space of tolerance.
5. Follow facial expressions to determine how to pace dialogues. This is part of an overall suggestion to pay close attention to what is going on and not ignore signals, especially when they are non-verbal.
6. Mirroring and validating are excellent practices and strengthen all relationships. This means reframing back to someone else what they said to verify that you understand them. This automatically validates the sense of being heard. When someone feels heard they immediately experience a greater sense of safety. Mirroring and validating can be practiced with people of all ages to great benefit. You obviously have to adjust language to be developmentally appropriate. All relationships are strengthened through mirroring and validating.

Be curious about the other person's experience, regardless of age.

7. Dialogues can be orchestrated to have positive closures. Even when a dialogue has to be terminated because of reactivation it is possible to exit the conversation in a way that allows for continuity later. For instance, someone can say, "Let's come back to this later when we are feeling better." This supports pacing and will lead to everyone knowing they have permission to separate. This helps differentiate the past from the present. Under stressful circumstances you cannot come back to anything later. Everything moves too fast. A subtle reminder like deferring a conversation sends a signal to the limbic brain that there is a difference now. Shorter conversations that end peacefully are more productive than dragging out a conversation to try to fix it.
8. Be curious about the other person's experience, regardless of age. Do not make assumptions or generalize. Make gentle, slow paced inquiries and wait to understand responses. Again, this pacing will help the limbic brain differentiate the past from the present and will ultimately establish self-regulation in this regard. This is the key to recovery from overload.





Advocating for Children: Our Most Precious Resource

All the principles of healing dialogue apply for children but there are special considerations for them and for youth of various ages. Adults need to be attentive to assure that children do not keep their fears secret. There is no question that military children suffer in their development because of the pressures that war brings home. The National Military Family Association in cooperation with the RAND Corporation conducted a study of over 1500 military families and reported on it in *Children on the Home Front: The Experience of Children from Military Families* (2009). The conclusion was that overall military children have more emotional, academic, social and relational difficulties than the general population. This finding

Gear your dialogues to the personality of the child as well as to their age.

adds to the motivation to prepare documents such as this one to reach out to families and give them the educational, spiritual and emotional support they need to help our young people.

The special principles that we need to consider for youth are:

1. Assure them, repeatedly, that no matter what difficulties they may observe that they are never the problem.
2. Maintain structure and continuity in a child's schedule and do not let chaotic personal conditions that may arise interfere with the regularity of meeting a child's basic needs.
3. Children are acutely sensitive at all ages and assuming that they are not impacted by trauma, even when it is kept quiet or particularly when it is kept quiet, is an error. Children and youth are always tuned in, frequently at an implicit level, to the dynamics in their home environment. Even when their own reactions are to withdraw or escape, as often happens with adolescents, this does not imply that they are not participants.
4. Use dialogues to establish connection times and maintain those times of connection regularly, such as at bedtime. These dialogues should always be oriented towards calming, integrating and soothing the nervous system. Summarizing the day by highlighting positive experiences sets the tone for peaceful sleep as one example. For adolescents discussions about the day and establishing connection may be more challenging than it is for small children who want a parent's company at bedtime, but it is nevertheless essential.
5. Gear your dialogues to the personality of the child as well as to their age.
6. Ask children how they are feeling. Use mirroring and validating to make sure you understand their experience. You may have to model language to assist children of younger ages to connect feelings with words. For instance you may ask a child of six or seven how they are feeling

after overhearing a difficult conversation or argument between adults and they may answer, “Yucky.” A mirroring and validating conversation would then go like this:

Adult: Does feeling yucky mean that your tummy hurts?

Child: My tummy hurts a little.

Adult: What else does yucky mean for you? Do you feel sad?

Child: I feel really sad because I thought I heard you crying.

Adult: Yes, I was crying but I am going to work that out and take care of myself and it will be all-right. I was not crying

because of you. You don't have to be sad because I was sad.

Child: You will be OK?

Adult: Yes. You know that sometimes everyone cries and the crying actually helps you feel better. That is going to happen for me. It is better to cry when you feel like it than not to cry or try to hide.



Child: Yeah. I remember when I cried when Daddy couldn't come to my birthday but then I still had a good birthday.

Adult: Right. That is how crying helps.

Child: OK

Adult: Does your tummy feel any better now?

Child: Yes. It doesn't hurt anymore.

Adult: Good. Do you want to go outside and play? We can go to the park together.

Child: Yay! Can I have a snack too?

Dealing with Survivor's Guilt

This conversation demonstrates how mirroring and validating proceeds. It also demonstrates how we prevent secondary traumatization by taking the burden of difficulty off of the person who witnesses it but who is not involved directly. Children will tend to assume blame more readily than adults, but even adults suffer from the feeling that they should have done more to prevent suffering or that somehow they caused it. Soldiers, who survive combat, for instance, sometimes feel guilty that they did not do more to save their comrades or that they survived at all. That feeling is usually not conscious but it can be somaticized, or acted out, in a



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multitude of ways. Healing dialogue will help hidden feelings surface in a carefully paced way. Therapists should be the experts at this but sometimes they are not. It is important for families and veterans to be able to monitor and regulate their trauma responses themselves. This is essential to empowering and directing them to advocate for children.

Emotional numbing is one of the common responses of returning veterans and this can be upsetting for everyone, but children especially are confused by it. Emotional numbing accompanied by shutting down and withdrawing, can be a necessary pacing mechanism but it can also be a sign of PTSD and appropriate resources need to be found for the veteran. If other adults do not explain to a child why this numbing is occurring and that it is not about them it can be painful and problematic for a child to try to sort it out on their own. They do not have the resources to do this. An adult has to help.

Children should know that emotional numbing is caused by overwhelm and that it is temporary. You can say to a child, for instance, that their parent is not feeling well or needs time alone and that is why they are not available for play or to attend a school meeting or game. Always reiterate that the parent would much rather be with the child and that their lack of availability is not the child's fault. Creating the space and finding the support that the warrior needs and simultaneously providing alternative options for the children and adults impacted by the numbing is more effective than trying to bring the veteran out of withdrawal. That likely requires some professional intervention. Families deserve to be protected from the backlash that can occur if a person overwhelmed by trauma is prodded into dialogue. That will not work. The story of the soldier who decided to build a cabin on his own represents another option. This requires self-regulation, sobriety and strength of character to succeed.

Your Family Experience

Every family is unique. Perhaps your family has a history of military service? If so, telling the story of that service to young people, perhaps even creating a scrap book or a video about that history for them to view can bring context to the experience of a warrior's return.

Children enjoy feeling that they are participating and helping. The transition from deployment into civilian life is a milestone in family life. If children can engage in recording their journey, through story telling or assembling photographs into a collage for instance, it will help them inte-



grate their emotions. The silence and lack of commentary that has historically pervaded the experiences of war and re-entry has proven to be destructive by all accounts. The balance is in finding your own family's way to share without reactivating service members or imposing secondary traumatization on others. Your experiences could help other families so please share them by writing to me at tara-approach@prodigy.net.

Resources

This is a concise list of resources. Many of the organizations listed below, such as Veterans Families United, will also provide you with further references in related fields. Since the theme of this handbook is how to not overwhelm the nervous system further, it seemed best to keep this list short and to the point, knowing that inquiring readers will flush out related sites, books and programs. Blogs and websites as well as books and pamphlets are proliferating in this area. The citations below are known to me and therefore I can stand behind them. The evaluations of the others that are cropping up, and even those that have been in place for a while; I will leave to my intelligent readers and trust them to let me know when they find a gem. Along with New Forums Press, the publisher of this handbook, I intend to continue compiling lists of support systems for the families of veterans.

Later this year New Forums Press will soon publish *They Were Families: How War Comes Home* by Stephanie Mines, a comprehensive guide to empowering families in transition so that intergenerational traumatic repetition is minimized. Included in this book are clinically tested practical applications that families can use at home for adults and children to help their nervous systems recover from overload. Specific attention is given to lessening reactivation and secondary traumatization. This book contains an optimum model for transition from combat shock to civilian life for the entire family. For more information see <http://newforums.com/our-titles/in-out-of-the-classroom/home-office/families-war-comes-home/>

Join the New Forums mailing list so that you can be alerted to releases relevant to this theme and to pre-order the book (www.NewForums.com). To contact Dr. Mines, write to her at tara-approach@prodigy.net.

Other books by Stephanie Mines are relevant for the families of veterans. Her book *New Frontiers in Sensory Integration* (New Forums, 2014) can help families whose children have been diagnosed with autism and related sensory disorders which are on the rise in military families.

We Are All in Shock: How Overwhelming Experiences Shatter You and What You Can Do About It (New Pages, 2003) provides an overview to the use of clinically tested applied touch for trauma.

If you want to go further in your learning of Stephanie's clinically tested resources you can join one of her training programs, conducted throughout the world. Go to her website: www.Tara-Approach.org or write to her directly at tara-approach@prodigy.net.

The following websites offer information and guidelines for dialogues and interactions for the families of veterans:

Operation We Are Here publishes books specifically for young children in military families to help them understand deployment and transition: www.operationwearehere.com.

Zero to Three is an organization dedicated to supporting the healthy development of young people during the primary period of ages one to three years. They partner with other organizations to collect data and resources specifically for military families: www.zerotothree.org.

The National Military Families Association partnered with the RAND Corporation to produce the handbook *Children on the Home Front: The Experience of Children from Military Families*. The handbook, along with other guides, is available at www.MilitaryFamily.org.

The National Child Traumatic Stress Network is dedicated to developing materials that parents can use to help their children under stressful circumstances. They have specific tools for military families that you can find at www.NCTSNet.org.

Dr. Bruce Perry, the foremost expert in children and trauma, has created The Child Trauma Academy. Their excellent resources and services are available for parents who would like to seek further assistance to help their children who are impacted by traumatic overload and are struggling with learning and development. See www.childtrauma.org

The Veterans Families United organization has a free e-book on PTSD and how to identify it along with other resources for the families of veterans. For these resources go to www.VeteransFamiliesUnited.org.

Dr. Ed Tick and his wife Kate Dahlstedt have done a great job of synthesizing re-entry rituals. They offer them in workshops and seminars through their nonprofit organization A Soldier's Heart. For information about these programs and books, such as Dr. Tick's most recent *Warrior's Return: Restoring the Soul After War*, go to www.soldiersheart.net.

To learn about mindfulness and yoga practices developed specifically for veterans and their family members go to the following websites:

Veterans Yoga Project

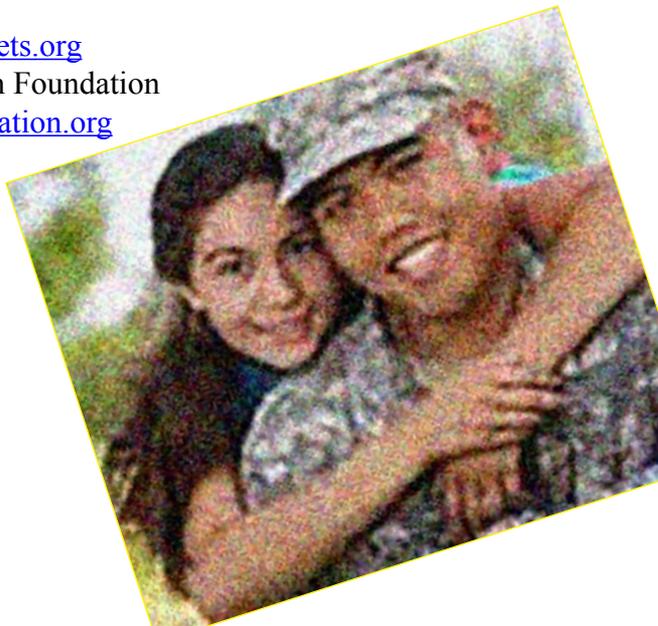
www.veteransyogaproject.org

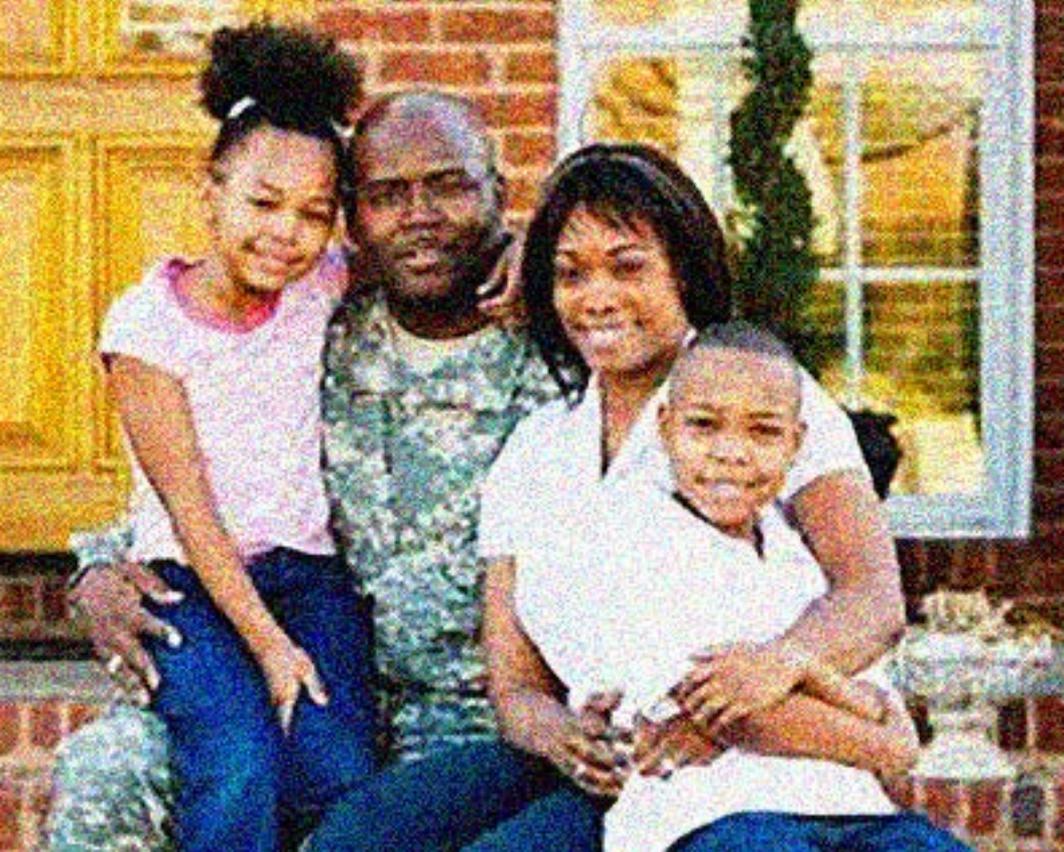
Yoga for Vets

www.yogaforvets.org

Mindful Nation Foundation

www.mindfulnation.org





Talking to Warriors is a project of the New Forums Press "Through the Eyes of Warriors" series. For more information about this effort, go to www.newforums.com.

