



Strengthening A Warrior's Self

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Combat Stress Injury

The complex interplay of the mental and emotional wounds that too often result from the trauma of combat is now being framed in the military as Combat Stress Injury, an injury sustained much like the shrapnel wound from the explosive device. Army Chief of Staff Gen. George Casey commented that “combat is inherently brutal and difficult, and it impacts humans in different ways” (Army News Service, <http://www.army.mil/-news/2007/05/18/3268-army-chief-of-staff-stresses-family-support/>).

“Tattooed Under Fire”

Both the film (filmed at a Tattoo Parlor in Killeen, TX, <http://tattooedunderfire.com/>) and the film maker’s discussion of the Fort Hood Shootings on November 5, 2009 give a glimpse into aspects of mental coping of “our forces currently engaged on two war fronts with the prospect of multiple tours” (Nancy Schiesari). Here’s a trailer: <http://beyondthebox.org/tattooed-under-fire-filmmaker-discusses-fort-hood-shootings/>.

The film shows that a warrior’s injury can span a wide range of distress, suffering, symptoms, and diagnoses. For those stationed at Fort Hood, they

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speak of the phantom warriors' highway where more military members who are home from Iraq have lost their lives in auto accidents than died in Iraq. Soldiers speak of driving fast to run away from what haunts them inside. They speak of tattoos being the story board of their experience, their life, or their nightmares/flashbacks.

The mental problems can get quite serious, involving PTSD (Post Traumatic Stress Disorder), and other mental and physical health problems. See

<http://www.mentalhealth.va.gov/>; <http://www.va.gov/>;
<http://www.militarymentalhealth.org/About.aspx>;
<http://www.samhsa.gov/vets/>; <http://www.health.mil/>.



What Prevents or Improves?

Simple Practices and Imagery for Stress Related Combat Distress

The research: Dr. Naparsak writes “Studies being conducted at Duke Medical Center and Scripps Hospital are finding that just weeks of dedicated, regular practice with: guided imagery, conscious breathing, progressive muscle relaxation, mindfulness meditation, yoga, qigong, self-acupressure, prayer. – especially if done some of the time with a caring family member – balances and starts to settle the biochemical swings and irritated nervous networks which fuel much of mild and some moderate PTSD.”

Other methods such as therapeutic massage, energy work, such as Reiki or Therapeutic Touch, aerobic exercise, listening to music, mindful walking in the woods, working with art or gardening may help.

Much of this work is practically described at

<http://www.healthjourneys.com/notalone.asp?rsc=NOTALONE123>.

There you are able to go right to free or paid audio tools you can download. I supplement these with individually-tailored audiotape content for my clients, when needed.

Maybe Not Sedatives (Medication, Sleeping Pills) – At least Initially for some

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If rat studies have any applicability for us humans, sleeping pills and the like may interfere with the brain's ability to process a stressful experience, to learn, consolidate, and differentiate memories. Stress hormones, like cortisol, may actually boost the brain's ability to psychologically recover from trauma and stress. (New Scientist, 10/3/09, p12)

General Psychological Recovery

The American Psychological Association has several articles teaching about how people deal with "difficult events that change their lives":

<http://www.apa.org/helpcenter/road-resilience.aspx>,

Resilience in a Time of War <http://www.apa.org/helpcenter/building-intro.aspx>,

And Resilience in a Time of War: Homecoming

<http://www.apa.org/helpcenter/homecoming.aspx>

(All in English and en Español)

PTSD Treatment Methods that Focus on the Trauma Memories

The fear circuits were originally activated in specific habitat conditions. Trauma-focused cognitive behavioral therapy, EMDR, and virtual cognitive behavioral therapy are psychotherapy methods that employ exposure in imagery or virtual reality to those conditions and cues, while the person is being present with the incompatible information and experience that they are in a safe place and time now.

A virtual, sense-around of wartime Iraq

www.virtuallybetter.com/IraqOverview.html) is a cognitive-behavioral intervention in which the patient is virtually exposed (for 30-45 minutes per session) to a variety of stimuli (i.e., visual, auditory, kinesthetic, and olfactory) with the purpose of having the patient gradually face the fearful experiences that underlie his/her traumatic memories until habituation to the anxiety occurs, called a reconditioning of the original frightening stimulus.

Eye Movement Desensitization Reprocessing ([EMDR](#), www.trauma-pages.com/s/emdr-refs.php) prepares the brain – grounding the person in the ability to switch to a safe place now internally and adds stimulating the brain bilaterally, a kind of adaptive reprocessing motor of the brain.

Trauma-focused cognitive behavior therapy and EMDR both focus on the meaning of the trauma to the person.

Brain-as-Self Strength Work When Things Are Complex

When a veteran has any complicating factors, many trauma-focused psychotherapists combine their method with other approaches so that the warrior's self is strong and stable. My e-article "[Contributions To Trauma and Resilience](#)" discusses the variety of sources and complexity of trauma with which

a given person may be dealing. My [book](#) (due in September, 2010) describes the usefulness of understanding and working with how each individual's self is being impacted by their particular combat experience. [Self-strength work](#), using my [brain-as-self](#) strength framework, helps guide and accomplish improvement with complex realities.



Self-Strength Recovery Work in the [Brain-As-Self](#) Framework

In the Fort Lewis Ranger weekly newspaper (Spring, 2010), Gen. George Casey was quoted: “Sometimes “the mental, physical, and emotional changes may reach a culmination point when an individual's internal resources and ability to sustain him [/her] self are exceeded by the demands and stresses” confronted.

Some experiences shift a person in the less desired direction and they haven't yet been able to shake it. Has the lousy has taken over too much of your neural territory and you want you back?: “The more tours of duty I do, the more of Afghanistan there is in me. The less of home is in me,” said one soldier in the “Tattooed Under Fire” documentary.

Combat stress injury recovery in a [self-strength work](#) context enables you to draw upon both your core of intact wellness and your profound reparability capacities (neuroplasticity) to recover, to readapt your [brain-as-self](#) to living here. Together client and psychotherapist provide the guidance, structure, and healing processes you and your brain use to strengthen, readapt, and repair a wounded warrior's self. With the development and re-building processes of self strength work, any needed remembering is done while you are fully protected and contained within strong inner resources – adult parts of self and spiritual guidance – which already distinguish past, present, & anticipated future and internally enable your best to prevail.

Considering your particular circumstances and goals, there is a path to get your mental and biological rhythms working toward recovery, toward a healthy post-combat you. Each person finds a safe and healthy combination of ‘staying above

the water' and 'cleaning out the cesspool swamp'.

Note about physical brain injury.

Given the tremendous neuroplasticity of the adult brain, I propose the following hypothesis for research: Individually-tailored timing and coordination of the combination of 1) physical brain injury repair treatment regimens and 2) self strength psychotherapy work (in my [brain-as-self](#) strength framework) significantly increases improvement outcomes in combat brain injury victims.



Family and Folks in this Together

Reunion with family and homecoming are often idealized as smooth, quick, and 'return to normal'. The reality may fall short of that ideal. Family members who live with or care for a wounded warrior may even experience secondary trauma and be in need of their own individual services. Their recovery needs may need self strength work. Moreover, the basic issues, challenges, or problems of self and family living – oftentimes exacerbated during or after deployment – may need to be addressed.

The American Psychological Association has the article on homecoming mentioned previously: Resilience in a Time of War: Homecoming

<http://www.apa.org/helpcenter/homecoming.aspx>

Veterans Centers and outreach centers have various groups and social support services. Innovative social support programs are available.

<http://www.samhsa.gov/vets/>; <http://www.health.mil/>;

<http://www.mentalhealth.va.gov/>;

<http://www.militarymentalhealth.org/About.aspx>.

Further Reading or References

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