

# F\*ck PTSD

The *F\*ck Feelings* Guide For  
Individuals And Support Groups  
On How to Manage, Live With,  
and Generally Put Up With The  
Gift/Curse That Is PTSD

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# INTRODUCT\*ON

## **Why the authors of *F\*ck Feelings* and *F\*ck Love* feel PTSD deserves to be called out and told to f\*ck itself in its very own guide.**

After co-authoring two successful books—one full of general advice (*F\*ck Feelings*) and the other a guide to relationships (*F\*ck Love*)—it may seem like our writing a short guide to a specific ailment is an odd choice, especially since we intend to distribute it online, for free. After all, a smarter business plan would be to write another book for a wide audience about how another basic element of life can go fuck itself.

Then again, when we started writing together, we did so on something between a lark and a dare; we didn't know anything about self-help, and the elder Bennett didn't know very much about writing anything beyond patient records and administrative memos, but we figured it would be a fun project. That we've managed to get two books out of this little project, let alone ones with "f\*ck" in the title, is something we still have trouble wrapping our heads around.

Aside from being a fun experiment, we also thought our collaboration could be a nice tribute to Dr. Bennett's mentor and the younger Bennett's almost-uncle, the late Dr. Ted Nadelson, who was psychiatrist-in-chief at the Boston VA Medical Center.

So when we received an email via our website from a man leading a PTSD support group at the VA in Long Beach, CA, our minds were fully blown; in fact, this email remains the only one via our website that we've personally responded to, not because it was a threat so grave we had to get the FBI involved, but because this person, Nurse Jonas Jacoba, was writing to ask if he could use *F\*ck Feelings* as a text for his group to use in their recovery. And that our book wasn't just out in the world but was actually serving a purpose and acting as a perfect tribute to Ted was beyond anything we could have imagined or asked for.

Several months later, after writing and publishing *F\*ck Love*, we went out to California to do some readings and met up with Mr. Jacoba and some members of his group over coffee and pancakes. They told us their stories, how their group came to be, and the issues they

continue to struggle with. We hope that meeting was as insightful to the veterans as it was to us, because we got the idea of this short book out of it (and a really delicious breakfast).

Of course, because we also hope to protect their privacy and best reflect their needs, we've run this guide by them for their input and approval before releasing it to the public. Some of the material in this guide is taken directly from or adapted from our books while other material is new, drawn from what we discussed at that breakfast and the feedback those vets have given us since then.

Within this guide, we use a colloquial definition of PTSD: fear-related symptoms, usually tied to a scary event or events, that won't go away and that interfere with everyday life\*. While this guide was inspired by and shaped by veterans, it's intended for anyone who lives with PTSD, whether the core trauma was caused by combat, child abuse, a random assault, etc. It is not, however, about figuring out whether you have PTSD, finding a cure, or discovering new treatments.

That's because, as is true for most psychiatric illness, there's no exact professional consensus on what the diagnosis means, what treatment will work best, or whether any treatment will work for a given individual. Instead, this guide will show you how to be realistic about your PTSD and stay patient and persistent while trying every reasonable treatment, seeing how much each one does or doesn't help while learning how to live with the symptoms you're left with.

In short, as always, we're writing this with the hope it helps people, does right by Ted and those he worked so hard to help, and because, fuck it, we can.

-Dr. Michael and Sarah Bennett

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\* Knowing whether your symptoms meet the current, official diagnosis won't help you find better treatment, but if you need an official diagnosis to become eligible for an insurance or disability benefit, then learn what definition is used by that bureaucracy before you get evaluated.

# CHAPTER 1

# PTSD 101: INTRO TO POST- TR\*UMATIC STRESS DISORDER

If you're reading this, you're likely looking for support for the symptoms you know all too well. If, however, you're still on the fence/unwilling to confirm whether the symptoms and thoughts you're experiencing add up to PTSD, or if you're only reading this because a loved one who's been on your ass about how you might have PTSD won't get off said ass until you read these words, then it's worth starting out with a basic breakdown of the disorder, whether or not you've received a diagnosis, officially or otherwise.

## WHAT IS PTSD?

PTSD stands for "post traumatic stress disorder," which is the label for a group of symptoms (see below) that can occur in someone who's experienced a traumatic event or lived through a prolonged period of extreme stress and alertness. These symptoms can also warp your thoughts and tell you that you should have done better, things are worse than they really are, and they're going to get worse in the future. So, for practical purposes, PTSD isn't just a bunch of symptoms; it's a whole set of beliefs and attitudes that can destroy your faith in yourself and your future.

## What Are The Common Symptoms of PTSD?

While classifying the following symptoms as PTSD is useful for scientists who are doing research and administrators who must figure out who has the highest priority for help, it's

not necessarily useful for patients who are hoping to get an idea of what's happening to them and why.

For one thing, PTSD can probably affect someone long before the diagnostic symptoms do, i.e., it can manifest with depression, irritability, or insomnia, all of which can be attributed to any number of causes, before you notice PTSD-specific symptoms like nightmares or startle reactions. In turn, it can be hard to connect symptoms to prior trauma. As veteran and physician Dr. Al DiNicola explained to us, "military personnel with multiple deployments or even one deployment may not be aware of PTSD issues until they have been home for months or even years."

And even if the symptoms are obvious and a PTSD diagnosis is clear, identifying which of these symptoms you experience won't predict what treatment will help or ensure that treatment will be helpful. If, for example, you've got high standards of achievement or believe strongly in doing your share and helping others (as soldiers often do), being incapacitated by PTSD symptoms can make you feel like a loser, and knowing it's a medical diagnosis with treatments that are supposed to be effective can make that feeling of failure worse.

So, if you can accept that you're experiencing PTSD symptoms and are dealing with them at their worst—and intense anxiety can make you feel like you're literally about to die—learning the medical lingo may help explain where you got them and place you in good company, but it won't help you control them.

That's why it's important to remember that, if you're someone who has PTSD, not someone studying it or treating those with it, knowing the symptoms won't do much but help you to demystify what's happening in your brain and better refine your management plan.

All that said, the current definition requires you to have:

- at least one “re-experiencing” symptom such as flashbacks, bad dreams, or frightening thoughts;
- at least one avoidance symptom, such as staying away from a place or situation that frightens you;
- at least two arousal and reactivity symptoms, such as getting easily spooked, feeling tense for no reason, insomnia, and blowups;
- and, at least two cognition and mood symptoms, such as negative thinking, guilt, blame, loss of interest in life, etc.

## What Causes PTSD and Who Is Commonly Affected?

PTSD is, of course, usually triggered by trauma, so common PTSD sufferers include soldiers (usually those who've been in active combat), survivors of sexual assault, violent crime, domestic abuse, child abuse, etc.

PTSD can happen to anyone, no matter how tough, strong, or well-prepared you are; the notion that it can only happen to the weak and/or weak-willed is a nasty myth (likely started by particularly weak-willed jerks). If there's any type of person who's likely to get PTSD, it's those who are genetically susceptible—being vulnerable to PTSD is passed down like a genetic STD--which means, essentially, that your parents are to blame. Feel free to take a moment now to let them know.

Almost all the symptoms, however, can appear without trauma, and the fact that it's triggered by a particular trauma doesn't necessarily mean that talking about said trauma with a therapist or your buddies will stop the symptoms. Sometimes it does, but the best thing talk therapy will do is help you recognize that your symptoms aren't unique and that your negative thoughts are unrealistic and undeserved. (For more on finding the right therapeutic approach to PTSD and how much talk is the right amount for you, see [Chapters 5 and 6.](#))

No matter who PTSD affects, it never affects those people alone; the negative thinking that makes someone with PTSD feel like a loser is experienced by that person's loved ones as well. If they don't think he's a loser for not throwing himself into treatment, getting to the root of his problems, and getting better, they feel like losers themselves for not being able to heal PTSD with their love, which is what always happens in the movies. Of course, talking animals and star wars also always happen in movies, and no one gets pissed or angrily blames themselves when their cat doesn't break into song or a droid displaying an SOS hologram never shows up at Thanksgiving dinner.

For whatever reason, however, when the cinematic convention of "healing PTSD through understanding" thing proves impossible in real life, people get angry and guilty. So, while PTSD isn't infectious, your attitude and thoughts about it are. That's why it's your job to fight those negative thoughts, and give yourself and your loved ones the encouragement you and they deserve. (Advice to give the people who live with and/or love someone with PTSD is in [Chapter 4](#)).

## Is There a Cure for PTSD?

The short answer— no. The slightly longer answer is that you may find very effective ways of managing your symptoms and minimizing the impact PTSD has on your life, but there's no guaranteed treatment—no vaccine, ointment, PTSD-acilin—that will clear it up and make



you all better, and expecting a cure will likely only make you feel worse. (The much longer answer can be found in [Chapter 3](#).)

## CASE EXAMPLES

Here are three hypothetical descriptions of what it's like to struggle with PTSD.

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*My babysitter molested me for many years, starting when I was five. I've been through therapy for decades, with and without my parents (who've had to deal with their own feelings of guilt and anger), and I've tried many different types of treatment and medication, but I still can't live like a "normal person." Decades have gone by and I still have nightmares; I can't use the locker room at the gym or even ride on a crowded bus or subway without risking a full-blown anxiety attack. And it should go without saying that being able to trust or just be comfortable enough with someone to get intimate seems downright impossible. My babysitter is long dead, but the fact that I'll probably die without being able to get married or even feel love means I'll never have closure or possibly even a sense of peace. My goal is to figure out how to move on from what I went through and finally have a life worth living.*

\*

*After getting mugged six months ago by a burglar I interrupted when I came home early, I changed the locks and installed an alarm. All of that should have made me feel strong and empowered and all that shit, but even though I've recovered physically, I can't get over my fear. I regularly have nightmares, am afraid to answer the doorbell, and get jumpy and start to hyperventilate at every little noise. It's so bad that sometimes I get anxiety attacks in the middle of the day for no reason at work and can barely do my job. My goal is to recover my sense of security and get back my old self.*

\*

*I haven't been the same since I got back from my last tour in Afghanistan; I can't stop having nightmares (that is, when I can actually get any sleep) and going to crowded public places, even if it's just to the supermarket, gives me crippling anxiety attacks that make me feel like I'm actually going to die. I'm trying to get help but the therapist at the VA keeps asking me to describe how I feel and what happened to me, as if talking about it will make me feel better when in fact*

*constantly reliving what I've been through just makes me feel worse. Then again, I'm lucky to get therapy since mostly they want to deal with the problem by drugging me into oblivion so I can barely work or be there for my kids. And either way, I'm sick of how the doctors at the VA make me feel sick, useless, and broken. My wife is losing her patience with me, mainly due to my insomnia and how I tend to drink to deal with it, but I have no idea what I could be doing differently. My goal is to figure out how to do therapy right so my PTSD doesn't totally take over my life, take down my marriage, and take my kids and reason to live away from me.*



## TABLE:

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# THE ANATOMY OF A PANIC ATTACK

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Panic attacks are for people with PTSD as public erections are adolescent boys; they can happen easily, both for obvious reasons (being in a place associated with your trauma/seeing a nanosecond of cleavage) and for no reason (it's 10:17 AM on a Thursday), but either way, they're always unwelcome. Of course, there are some things you can do that help to prevent attacks from happening—carrying around a single dose of strong anti-anxiety medication without ever having to take it can be extremely calming/the anxiety version of "thinking of baseball"—but there's never any guaranteed method for making anxiety attacks go away forever.

Since panic attacks can feel so overwhelming and terrifying, especially when you've never had one before, it can be helpful to know exactly what you're going through when you're going through it so you don't think you're having a heart attack or a stroke or just generally about to drop dead. You can't make panic attacks stop, nor should you feel embarrassed to visit the emergency room if they get really out of control, but by understanding them better you can get rid of something of the panic that goes with them.

Symptom:	How It Feels:	What You Can Do In The Moment:	Could It Actually Kill You?
<b>Shortness of breath</b>	Like anything from just having finished a sprint, to hyperventilating after a hard cry, to straight up drowning on dry land.	Breathe into a paper bag, just as they do in the movies— it will raise your carbon dioxide level without suffocating you, which can be calming.	No.
<b>Dizziness/Vertigo</b>	From feeling a little light-headed to like the room is spinning so hard that you must unknowingly be doing donuts in a parking lot or being flushed down a toilet.	There are relaxation and breathing exercises or self-hypnosis tapes you can learn from a therapist, support groups, and/or the internet.	No.
<b>Nausea</b>	You might feel a little queasy or you might think you're going to lose your lunch any minute (and your breakfast, and that leftover burrito that seemed like such a good snack choice at 2 AM).	Same as above. Also, ginger can help.	No. (Sense a pattern?)
<b>Heart Palpitations/ Racing Pulse</b>	From that same "just ran a race" feeling to "holy shit my heart is about to explode out of my body like that scene in <i>Alien</i> ."	Along with the exercises mentioned above, you can also take your pulse, either manually or by using a fitness monitor (like a Fitbit), to assure yourself it's pretty regular.	Nyet.

Symptom:	How It Feels:	What You Can Do In The Moment:	Could It Actually Kill You?
<b><i>Sweats/Hot Flashes</i></b>	You might just feel slightly clammy or you might start raining out of all of your pores.	Aside from making sure you never leave the house without a good coat of antiperspirant and avoiding fabrics that don't breathe (especially tops), strip down as much as decency allows when the sweating starts and make sure to stay hydrated.	No (not even from shame if you sweat like a hog on a spit).

# CHAPTER 2

## PTSD P\***S**ITIVES AND NEGAT\***V**ES

Now that we know what PTSD feels like and some common symptoms and circumstances it's associated with, we can use the cases at the end of the previous chapter as examples to break down how PTSD can affect someone's life in both negative and positive (yes, positive) ways.

### HOW PTSD SUCKS...

- **You're Sure You'll Never Get Back To Normal**

Due to the constant feelings of dread and anxiety that PTSD can fill you with, it can be hard or even impossible to feel comfortable with people anymore; among other issues, the lingering anxiety that results from your trauma can get in the way of making small talk at work, trying to find a partner, or keeping a marriage going. You wish you could fake the confidence to pass as normal—to act less tense and odd, and pretend to be the same old person you once were—but you're never confident in anything but your gift for making other people uncomfortable. By every measure of how you're doing, you're sure you're not doing well, it's not getting better, and the only thing that will make it better is a time machine to take you back to a time before the abuse/mugging/tour of duty occurred so you could make other, less scarring plans.

- **You Feel Cursed With Cowardice**

It's impossible to feel brave, or like anything but a pathetic wimp, when you're fearful for no reason, ready to jump at nothing, and happiest when you can avoid going out or spending time with the people, even and especially those who love you the most. Even if you aren't a soldier, in law enforcement, or anyone for whom bravery is a job requirement, it's still embarrassing and frustrating to be so cowed by the irrational

fears PTSD puts in your head that you can't use public bathrooms for fear of assault or even go to Target because you'll spend the whole time on edge about a possible ambush. Even worse, you can become crippled, not just by fear of possible attack, but, as FDR once said, by fear itself; you may dread anxiety attacks so much that you'll do anything to avoid them, like drinking or overusing medication, even though they'll just cause you to hate yourself and your inescapable cowardice even more.

- **Treatment is a Terrible Joke**

No matter what your mental illness, treatment is often a long process of trial and error; finding the right kind of therapy for you, then the right therapist, and then, if necessary, the right medication, can take months (or, if you're really suffering, a virtual eternity). So if you've perfectly followed the treatment path—waited patiently for your first appointment, showed up on time, answered all the uncomfortable questions, recalled scary memories, taken all prescribed medication regardless of how much it costs or the foul taste it puts in your mouth or how it makes you so groggy you feel like a zombie straight out of *The Walking Dead*—and your symptoms still haven't changed, and you still can't shake the effect of your abuse/mugging/combat experience, it can seem like your only option is treating yourself to giving up on treatment (or worse, living) altogether. Your frustration and hopelessness will drive you to hate all the clinicians and therapies that promised to help, the worthless pills, and maybe the world in general.

- **You're Frustrated And Convinced You're Fucked**

Between the isolation, shame, and hopelessness that your trauma's left you with, you can become convinced that your life is permanently ruined; thanks to the bad luck of being exposed to one evil person or spending one day too many in a very evil place, you're convinced that you're helpless forever and doomed to spend the rest of your days a lonely shadow of your former self (if you don't just give up and put yourself out of your misery). Like anyone with depression, you've lost what you like about yourself and drawn away from the people who like you. If you've found relief in addiction, even if you know it's making things worse, it's very hard to stop knowing that the alternative/being sober sucks so much. You're caught in the negative vicious circles that drive someone from horrible feelings to despair to bad behavior that makes horrible feelings even worse and defeats the possible benefit of medication and other treatment, guaranteeing that you're now actually as fucked as the PTSD made you feel.

## ...AND HOW IT DOESN'T

- **Anxiety Itself Saves Lives, Doesn't Just Make Them Suck**

If people who suffer from anxiety are guilty of anything, it's being born at the wrong time; there was a time when being hyper-alert and quick to fear was the best way to keep from being eaten by a prehistoric mega-bear at the watering hole or stay prepared for an attack by a rival warlord. Alas, in today's world, where mega-bears are long gone (if they ever existed outside of my imagination) and rivals post all their moves in advance on Twitter, such hyper-alertness feels like more of a burden than a gift. While your response to your brain's constant awareness of a potential repeat attack may be "thanks, but no thanks," your brain will, of course, think it knows better.

- **PTSD Is Your Brain's Healthy Response To What You've Been Through**

PTSD is just your brain trying to protect you from a repeat, or just a possible or historical, dangerous experience, which is why you may freak out in settings similar to the one where you were first traumatized, like dark alleys or crowded buses. It's the mega-bear reflex described above, not just because that's where its roots are, but because, like a mega-bear, it's incredibly powerful. More powerful than your efforts to persuade your brain that you need to go out and the street is safe, not a sea of future abusers, suicide bombers, and muggers (human or mega-bear), waiting to strike.

- **You've Acquired A Skill, Not Just A Disorder**

Trauma probably has such lasting effects because of the way our brains adapt to, or, in the case of the military, are purposely trained to deal with, overwhelming stress. The symptoms are a torment, but they also save the lives of those in a dangerous war-zone, be it a literal one or the stress of an abusive home. So, instead of beating yourself up for the now-unnecessary alertness, credit your nervous system with having a very active emergency alarm and train yourself to discount the negative, dreadful warnings and dire predictions it puts in your mind.



## TABLE:

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# F\*CK YOU FOR YOUR SERVICE

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## THE SPECIFIC WAY PTSD CAN SUCK IF YOU'RE MILITARY OR A FIRST RESPONDER

When risking life and limb to help others is part of your job description, then giving your life (or a limb or two) on the job rightfully results in a great deal of honor and respect.

Unfortunately, those whose sacrifices aren't clearly curable, or even tangible, are instead made to feel that they're dishonoring their mission and the others who fight for it by not having an obvious reason to stay out of the fight. So despising yourself for having PTSD or other psychiatric symptoms isn't just a matter of personal prejudice; it also reflects your organization's way of defining heroes and cowards, duty and dishonor, and victory and defeat.

It's fair to think that just acknowledging you may have PTSD or psychiatric symptoms could well lose you the respect of colleagues and superiors, ruin your career, and, worst of all, endanger your self-respect. On the other hand, if you don't admit to and work to address these problems, they'll stay with you and continue to make doing your job, being a good person, and generally living life impossible. That's why making decisions about PTSD requires you to ignore those job requirements and define for yourself what it means to be tough, fulfill your duties, and be a hero on your own terms.



Reason You Don't Want to Seek Treatment...	...And The Argument Against That Reason
<p><i>I wouldn't just be "losing my career," but giving up the chance to work for something I believe in with people I'd give my life for. Simple career change, this ain't.</i></p>	<p>Careers should promise stability and give meaning to life, but life promises to deliver the kind of changes and instability, e.g., illness, bankruptcy, hurricanes, etc., that fuck up careers, whether they're simple or not. Besides, the importance of your career is one of the main reasons you need to seek treatment; if your health prevents you from working up to your standards, you could be putting your life and the lives of your fellow soldiers at risk. You can still work for something you believe in with people you believe in outside of the military, so don't confuse losing your career with having to abandon your overall mission.</p>
<p><i>I'd be letting everybody down, from my superiors and mentors to my family and friends to my fellow soldiers whom I'd be abandoning because I lack the temper- and sleep-control skills that can be mastered by your average toddler.</i></p>	<p>You may think you're letting them down by having to seek treatment, but you'd really let them down if your illness caused you to make a critical (or even fatal) mistake while on duty. Like you, the people who support you may be disappointed that you got sick, but they're probably smart enough to know that you didn't ask for your illness and will work as hard as you can to put your big boy pants on and manage it as best you can.</p>
<p><i>If those guys I knew in training who couldn't get through a five mile run without wetting their pants and begging for Jesus to take the wheel aren't having these issues, then I'm the problem, not PTSD. Someone as strong as I am just needs to dig deeper before soiling myself and giving up.</i></p>	<p>Yes, you trained to be an Iron Man and may have actually been an Iron Man more than once or twice (in terms of doing a triathlon, not wearing a robot suit and fighting alongside the Hulk). Unfortunately, PTSD, like so many illnesses, doesn't only prey on the weak; strength can't prevent you from getting cancer and Superman died in a wheelchair. Real strength means accepting when you can't carry out your mission, even one you used to do easily, and being ready to move on to the next best thing, even when you get lapped by the pants-shitter and feel like a total loser.</p>

Reason You Don't Want to Seek Treatment...	...And The Argument Against That Reason
<p><i>If the VA offered an efficient, effective treatment plan, that would be one thing, but giving up my career and self-respect so I can be put on a long waiting list and a bushel of pills doesn't seem worth it.</i></p>	<p>Just because the VA is your main (and mainly dysfunctional) health-care provider doesn't mean your care is completely out of your control. Don't let the long waits deter you when there are management techniques you can try on your own (like exercise and support groups), and don't assume you can be forced to take medications or do treatments that you don't think are helpful. Ultimately, finding a way to manage your PTSD is a solo mission; the VA is there to help you, but you're there to make sure nobody, from the VA to the haters, gets in your way.</p>
<p><i>Simply put, I'd feel like such a failure on so many levels that I'd never be able to look anyone in the eye again, including my dog.</i></p>	<p>Feelings of failure are like professional All-Star games or the ProBowl; there's no way to completely ignore them, but they're always a meaningless waste of time. You can never fail when you do your best, take proper care of yourself, or make tough compromises, even when everyone else thinks you're a loser. In fact, doing the right thing, even if you still feel like a failure while doing so, leads to the highest level of success.</p>

# CHAPTER 3

## YOUR PLAN FOR LIV\*NG WITH PTSD: WISHES VS. GOALS

Before we get into describing the different treatment options that can help you manage your PTSD, it's important to think realistically about what successfully living with PTSD actually means; if you can get a better idea of your priorities and the possibilities for your future, then you can go into your treatment search with realistic, achievable goals instead of diving in blindly with false dreams of a silver bullet therapy that provides full recovery. Even better, in assessing your disorder, you can learn management techniques on your own before even starting the process of shopping for help.

### **WISHES VS. GOALS: WHAT YOU CAN AND CAN'T CONTROL**

The first step in looking at any major problem, be it PTSD, a major marital conflict, or dealing with a boss you can't stand, is to figure out what about the problem you can and can't control. That way you can determine a feasible goal you can aim for, as opposed to a false wish that you can hope for but can't possibly achieve (but still count as a personal failure and reason to hate yourself).

For example, you can't control someone else's thoughts or behavior, so if you're fighting with your wife over how messy she is or want to get your boss to stop being so critical of everything from your reports to cube decorations, then you have to abandon the false wishes of getting your wife to become a clean person or your boss to be less of a dick (unless you have access to dark magic or a hitman). Better goals would involve creating boundaries to

protect yourself from their slobbish or dickish behavior (or, in the case of work, looking for a new job/less dickish person to work for).

So here's a brief breakdown of what about PTSD one does and doesn't control. You should, of course, do your own personal assessment that will be more specific about the ways the disorder affects you, but these lists are a good start to thinking more realistically about your PTSD and formulating long-term management goals.

## **WHAT YOU CAN'T CONTROL OR FEEL RESPONSIBLE FOR, BUT WISH YOU COULD**

- **Your Symptoms And How Much They Affect/Fuck Up Your Life**

If you're patient and persistent, you may get lucky with treatment, whether it involves talk, medication, or both. If you're not lucky (and, alas, you wouldn't be alone) and treatment doesn't offer much in the way of relief, you've got to come to terms with the fact that your symptoms are what they are, as are the negative thoughts they push into your head. Which is to say, they are not going anywhere, and hanging onto the false hope that they will can only make you feel worse. Even if symptoms can always affect your feelings and cause you pain, however, they may have less influence than you think about what you actually do with your life, and less power to leave you totally fucked (see list below).

- **The Public Perception of PTSD**

Because mental illness in general is harder to diagnose than physical illness and treatment is less consistent and reliable, many people seem to think that mental illness, including PTSD, exists on the extremes of a paradoxical spectrum where it's either life-ruining or a total crock of shit. As such, too many people with symptoms resist getting help because they don't want to admit they're sick and end up saddled with stigma as someone who's irrevocably ruined or a lying coward. And those who are brave enough to seek treatment and be open about their condition are either treated as sickly and broken or like fakers seeking special treatment (although "special treatment" mostly means being treated like someone sickly and broken).

As demeaning as it is to be treated like an invalid or an eternal victim, or to be defined by disorder overall, you're not responsible for setting the world straight and stopping the weird looks, condescension, and/or malicious gossip around you. All you can do is be confident in the knowledge that you are neither helpless and sickly nor devious and dishonest; you're just a normal person who, despite dealing with an illness, still works hard to be a good parent, co-worker, person, etc. As management-

enhancing talk therapies will teach you, your awareness of the public's perception of your problems is never as important as your own observations and actions. So, as long as you remind yourself of that and stay confident, not defensive or angry, in the face of pity or doubt, then the perceptions of others, false and annoying as they may be, will still be out of your control, but at least they'll be unimportant and off your nerves.

- **The Reaction of Your Family, Friends, Co-workers, etc.**

You can't stop people who know you, and particularly those who care about you, from having feelings about your symptoms, particularly if those people are sensitive and attached to you. Sometimes, you just want to prevent others from taking your symptoms personally; you wish your kids could understand that you're not a scary person, you just get freaked out sometimes, or for your spouse to understand that you're not trying to be withholding, you just feel uncomfortable explaining what you're going through. Other times, you want people to take your symptoms seriously, like, if your co-workers accuse you of faking being overwhelmed to avoid work, you wish they'd understand that you genuinely sometimes get overwhelmed by stuff they find mundane. Then there are some people close to you who feel a strong urge to help and then get frustrated and angry when they can't, while others may just get nervous and not know what to say (and then find themselves avoiding you, which they then feel guilty about and so avoid you even more). Ultimately, you can't control their feelings or the actions your symptoms provoke, but if the people close to you are strong and reasonable, there may be lots you can do to educate and bring out the best in them (see list below).

- **The Symptoms And General Wellbeing Of Fellow Sufferers You Care About**

If you're a military veteran, you've been trained to feel responsible for the lives of the men and women you serve with; without that strong sense of unity and cohesion, missions would fail and soldiers would die. That training is invaluable during combat, but it can become insane-making once you come home and still feel responsible for your fellow soldiers when they (and maybe even you yourself) are dealing with issues that nobody can take responsibility for fixing, let alone you. That's why, as strong as the instinct is to make sure all your fellow soldiers make it (or, if you're not a soldier, your fellow family members of an abusive home or friends who were victims of the same violent attack), you have to train yourself to ignore feelings of guilt and responsibility for their troubles, because if you can't get to safety/stability yourself, you'll never be in the position to give them the right kind of help, period. So every time you feel like you're ignoring your brothers and sisters and letting them

down by not making sure they're all recovered and safe, tell yourself that you can't rescue them or yourself from this particular battle. By focusing on your own health, however, you can make them, and yourself, proud.

## **WHAT YOU CAN CONTROL OR FEEL RESPONSIBLE FOR WHEN IT COMES TO PTSD MANAGEMENT**

- **Being Proud Of Pushing Through The Pain**

Most decent people respect the willingness of a disabled person to tolerate pain and work extra hard in order to be independent, make a living, and lead a decent life; unfortunately, those same people often judge themselves in a harsher, less-decent way. So, whenever you feel like a sweaty, helpless, aching blob of jelly who can't focus on the job or what your partner is saying, see yourself from the outside and respect yourself for pushing ahead in spite of the pain and distraction, doing as much as you can, and trying your best to be good, honest, and independent, regardless of how much you're able to get done or how your achievements compare to what you used to be able to do. Just getting up and facing the day can feel like a challenge to everyone, but when a series of crappy symptoms make it feel less challenging and more impossible, you need to think less of how pathetic you feel for being challenged and more of how proud you are for getting out of bed, doing your best, and living up to your values, despite all the obstacles PTSD puts in your way.

- **Managing And Making Your Own Treatment Decisions**

At a certain point during treatment (namely, the lowest point), it becomes clear that you probably can't make treatment work (or just work better) by trying harder or finding bigger experts. What you can do, however, is become your own treatment manager and personal mental health expert. Instead of leaving your decisions up to others and sticking with treatments that don't work, take control by asking lots of questions and doing a little research. Then make up a list of possible treatments and, for each one, figure out the odds it will help, how much time and money it will cost, and the risk of its doing harm, so you can best decide which ones you want to try and get started. No, you probably won't find anything that will give you total relief, but chances are you'll find some treatments that will give you partial relief some of the time. You'll also definitely find that becoming a knowledgeable expert who makes good decisions based on real treatment experience gives you a renewed sense of purpose, hope, and empowerment. You'll know you're a good decision maker who runs his own show, not a disappointed victim of some expert's preferences, no matter what the results may be.

- **Your Own Attitude, Despite The Overwhelming Negative Thoughts**

You can't get rid of negative thoughts, but you can define your own standards for trying hard and being a good person, like by doing your best to stay sober, work hard and take care of your health and the people you care about, regardless of how you really feel or what you'd like to get off your chest. Then, if you're able to meet your own standards in spite of symptoms, disability, distraction, pain, etc., then you might not be able to make the depressive thoughts go away but you have more than enough ammunition to stand up to them and stop taking them seriously. If depression makes it hard to see yourself as anything but a loser, use the same good values and fairness you would use when judging a friend or even a stranger in your same situation; if you think of yourself as you would a friend, not as a failure, you'll realize you should be proud of yourself more and punish yourself less. It may be impossible to take the depressive, self-critical thoughts out of your head, but that doesn't mean you have to take them seriously; they may fill your brain, but if you talk back to them like a friend would on your behalf, you can tell them they're full of shit.

- **Leading Your Team**

In the beginning, loved ones may feel overwhelmed, angry, and demoralized; consciously or not, they may think you're trying to hurt them, either through your symptoms or your inability to get better "for them," even though you obviously have no control over either. It may not make sense for them to take your illness so personally, but the sad fact is that negative feelings are more infectious than Ebola and pinkeye combined. Your job then, once you're sure you're doing your best, is to share your positive beliefs with them, educate them about PTSD, and let them know that, while your symptoms aren't a reflection of their actions or efforts, you do have suggestions for things they could do for you that would be positive for everyone. Assuming your expectations are realistic and that they're trying to be helpful, let them know when they're doing a good job, even when it can't make your symptoms better. The depressive voice in your head may insist that nobody really wants to hang around a nervous, burdensome person like you, but if you show the people who love you that you're doing your best, no matter how bad you feel, they'll recognize and want to spend time with the strong, courageous, caring person you are.



## PEER REVIEW:

# ONE VET'S FOUR STEP PTSD PLAN

by Jonas Jacoba, MSNed, RN

*As a veteran, an RN, and the leader of a PTSD support group at the VA in Long Beach, CA, Jonas Jacoba is clearly a good resource when it comes to dealing with PTSD (and a good dude in general). As such, we were extremely grateful when he agreed to contribute his expertise and share his personal experience, and we hope you find his advice as insightful as we do.*

After getting out of the military and going through a period of deep depression and crisis mode, these are the things that pulled me out of that and spurred my decision to go to school, become a nurse, and start programs to help my fellow vets.

### 1. I went on vacation.

My specific plan was to travel to see my grandfather's grave for the first (and last) time; I was going through a severe depression, so I promised myself I wouldn't try suicide again without getting a chance to say my farewell to this person I was still grieving over. When I standing in front of his grave, a funny thing happened to me there-- I started to cry. And that was funny because I never cried about anything or any losses before that like I did then, but this time I cried for over an hour, wailing like one of those professional mourners or something. I cried, not just over my grandfather and not having a chance to say goodbye to this dear person in my life, but about so many life regrets...about Iraq, about EVERYTHING. And after a couple hours in front of that grave just letting it all out, I actually felt better. I wasn't all there, but I was strong enough not to plan my next suicide attempt.



## **2. I read a lot.**

*The Alchemist* by Paulo Coelho, which I read before getting in school, was especially helpful. It's a short read, but it gave me a huge sense of encouragement. I felt like the book was just saying, "Fuck being negative—just trick yourself to be more positive!" So I did, telling myself I have to believe things will get better because I've been negative for way too long about everything. And it actually worked, because I was able to hold down a job I enjoyed and eventually start college. I read a few other books—about relationships, about neuroplasticity.... I just kept reading, looking for answers as to why my head was like this, and eventually came to see that emotions and feelings are important, because if you're not aware of them they can end up taking control of even the strongest (physically or mentally) of people. I learned to look at my PTSD like a rollercoaster ride photo; I can be the asshole that is clinging on for dear life looking like an idiot, or I can be the one smiling at the camera even if I'm about to puke in my seat.

## **3. I worked out like crazy.**

On a basic level, exercise is good for everyone, but I learned that there is something about pushing myself to the threshold of insanity at the gym or outdoors that triggers the "zone" where I started feeling normal, like my body finally caught up to my brain. It was the best feeling, because for a short instance, my brain and my body were getting along, and, even if it was just for a split second, they both simultaneously came down...and I felt normal. That is why I pushed to have a workout program specifically run by a vet (me for now) for combat vets with PTSD.

## **4. I went to college**

Every veteran was once a "mission-oriented" service member; once I got out of the military, what helped me the most was making a new mission for myself, using all my anger to make a difference. I know I needed to "speak civilian" to get the "rank" I needed, which, in the civilian world, would only be achievable through more schooling. No matter how hard or confusing it got, I kept focus on something outside of myself because I believed in it and the mission. I kept equating everything I learned while in the military with my challenges in school. It helped, and I found out something new about myself-- I liked learning shit. I was good at something more than just being a soldier medic, and, most importantly, finally in a better place in my life.



## TABLE:

# YOUR SCRIPTS TO SAY TO/WHEN:

## A HANDY PTSD EXPLANATION GUIDE

There are many times when PTSD—or really the anxiety, depression, and general cognitive issues that go with it—can get in the way of your daily life, creating situations that are as frustrating for you as they are confusing to everyone else. Here's a brief crib sheet of explanations you give in those situations, not just to clueless bystanders, but to your annoyed self.

When This PTSD-Induced Situation Happens...	You Should Say This To Your Spouse...	Or Kids...	Or Someone Else...	And Self.
<i>You wake up consistently in the middle of the night and pace (as the hours between 2 and 5 AM were the most dangerous during your last deployment).</i>	"Since I can't prevent my survival alarm from going off in the middle of the night, I have to get up, but I do so not to ruin your sleep but because I don't want to thrash next to you and wake you. So please know that my pacing isn't personal— if I were to feel safe anywhere, it would be sleeping in our bed."	"I know it's weird when you see me pacing in the middle of the night, but I'm just having trouble sleeping and trying to tire myself out. So don't get worried and do go back to sleep, because if you can do that it will help me to relax and get back to sleep, too."	<i>Your boss, if you're tired at work:</i> "It's true, I'm tired, but I've always been a terrible sleeper so I'm an expert at working hard and doing my best work while looking and feeling my worst."	"I hate being tired, scared, and listless in the middle of the night (and how tired it makes me the next day), but I've learned a great deal about insomnia management from therapists, my own research, talking to friends, and looking online, so I'll keep working at it, even if I'm tired."

When This PTSD-Induced Situation Happens...	You Should Say This To Your Spouse...	Or Kids...	Or Someone Else...	And Self.
<p><i>You get caught looking at pictures of grisly war casualties online; they're disturbing, but they remind you of the adrenaline you miss so you can't help yourself.</i></p>	<p>"I know it seems creepy and disturbing to you, but there's something comforting to me about looking at these pictures because they remind my of what I'm protecting my family from and why I'm proud of whatever mental and medical scars I've picked up along the way."</p>	<p>"I'm sorry. I know those pictures were scary and I didn't mean to frighten you, but sometimes I have to remind myself that the really horrible things I've seen weren't just in my imagination, and why I'm so happy to be home with you and away from that world I never want you to have to see."</p>	<p><i>Your boss:</i> "I know this looks psycho (or just like I'm slacking off), but this nice, peaceful job sometimes feels unreal, at least compared to my last, not-at-all peaceful job, so looking at those images helps me focus by reminding me that my anxiety is real, just from a different reality."</p>	<p>"I have a weird need to see pictures that conjure up the adrenalin of combat, but I will find healthier ways to achieve that rush while doing everything I can to appreciate my family, work, and this quiet but equally important life."</p>
<p><i>You're in the middle of grocery shopping when the stress of being in such a crowded place becomes too overwhelming and you have to abandon your cart full of food and walk out.</i></p>	<p>"I'm sorry we don't have stuff to make dinner, but a bad anxiety attack stopped me from doing the shopping. I'm going to talk to my therapist about it and I've researched a bunch of treatments to try that may help, but in the meantime, I'll try again tomorrow and the pizza is on its way."</p>	<p>"I know it seems strange, but sometimes I get this weird kind of really bad headache that can make me feel sick if I don't get somewhere quiet as soon as possible. It's not contagious and I'm OK otherwise, but until my doctor and I figure out how to stop them we've just got to roll with it and not panic when one of them starts."</p>	<p><i>An annoyed store employee:</i> "I'm sorry for leaving the full cart but I have to in order to prevent having something like a seizure, so if I stay it will be a bigger mess, believe me (and possibly require an ambulance). If at all possible, I'd appreciate it if you could take my card, check out the goods, and bring them to me outside but I understand if you can't."</p>	<p>"Yes, that attack was a bad one and it sucks for the kid who has to put all that food back and for me for heading home without Oreos, but, as my treatment manager, I'll write up the length and intensity of the attack for my records and my doctor's and use the information to look for a relaxation technique or a new medication I can use next time."</p>

When This PTSD-Induced Situation Happens...	You Should Say This To Your Spouse...	Or Kids...	Or Someone Else...	And Self.
<p><i>You start sobbing uncontrollably at your kid's 7th birthday party because an otherwise happy moment causes you to flashback to your own childhood trauma.</i></p>	<p>"I hate to do this to you, but, fun irony, wonderful events can trigger not-wonderful breakdowns like this. So if you could please cover for me until I can get myself under control, I'd appreciate it. If anyone asks, tell them I was watching that video about the guys reuniting with their lion on my phone or change the subject by bringing out the cake."</p>	<p>"I'm sorry, because I didn't mean to scare you or make you sad, especially on your birthday. I just sometimes have this crying problem where, like a little baby, I can start crying randomly and don't know why. But it doesn't mean I'm unhappy or that anything is wrong, so let's not let it ruin your day and all these awesome presents."</p>	<p><i>Your kid's curious friend:</i> "If you ask my kids, they'll tell you I'm a crier even when I'm happy, but thankfully, my kids didn't inherit my cry-baby gene and are way cooler than I am."</p>	<p>"I hate not knowing when some random trigger is going to make me embarrass myself by breaking into tears, but I never let it stop me from doing what needs to be done, I'm good at making other people comfortable with it, and I'm not going to let the occasional bout of humiliation stop me from living my life."</p>

When This PTSD-Induced Situation Happens...	You Should Say This To Your Spouse...	Or Kids...	Or Someone Else...	And Self.
<p><i>When the kids ignore your first warning to quiet down and keep making a lot of noise, you instantly and inexplicably go from calm to completely ape shit, scaring your spouse and making the kids cry.</i></p>	<p>"I know that was totally over-the-top and unnecessary, and I'm so sorry if I scared you or acted like someone you couldn't recognize. But for what it's worth, I scared myself and was acting like someone I don't know, either. For now, please know that I'm sorry, my crazy temper has nothing to do with you, and I will never stop trying to get help until I've got it under better control."</p>	<p>"I'm so, so sorry I scared you guys—you didn't deserve that and I hate that my behavior made you feel scared or like I don't love you more than anything in the world, which I do. And I wish I could promise you I'll never do it again, but sometimes I get angry and can't control it until it's too late, no matter how hard I try to stop it. What I can promise is that I will keep on trying to stop, and that my problem isn't caused by you guys being bad kids, because you're great kids. And I'm never going to stop trying to get my temper under control until I can be the parent you deserve."</p>	<p><i>A concerned neighbor who overheard the outburst:</i> "I'm sorry you had to hear that, because I know I can sound pretty scary when I lose my shit, but verbal outbursts are just a symptom of my PTSD, which my wife and kids understand and which I work very hard with my doctors to get under control. Obviously, I'm not where I'd like to be with that, but at least the outbursts are just verbal, never physical, and my family and I understand that's it's a process that we're working to get through together. Thanks for speaking to me directly though, and I hope you'll continue to if you have any questions in the future."</p>	<p>"I hate getting so angry so quickly, wanting to hurt and scare people for the dumbest reasons, knowing both that it's stupid and that it could happen again tomorrow. But I know I love my family, would never actually hurt them, and that one of the most important things I do every day is to try to be a decent person and keep the rage that's always bubbling under the surface from bursting out."</p>

# CHAPTER 4

## THE PLAN FOR TH\*SE WHO LIVE WITH YOU AS YOU LIVE WITH PTSD

Enduring the effects of trauma is extremely difficult, but almost-as-difficult is having to helplessly witness someone you care about suffering through trauma's aftermath. As those with PTSD thrash through nightmares, anxiously pace through their days, and struggle with negative thoughts, those close to them can only do their best and bear witness. The traumatized are haunted by past events while in the present day their loved ones now feel as useless as ghosts. And all too often, in the process, relationships die.

What most caring bystanders hope for, of course, is an ability to share the pain; the idea being that sharing will give the person with PTSD some relief and the bystander the ability to carry some of their burden, or, if that fails, a sharing-induced feeling of closeness and connection. Unfortunately, a lot of people with PTSD either can't or don't want to express what they're going through, so when loved ones make sharing their goal it often just leads to feeling shut out, lonely, and helpless. Their anguish and anger then make the person with PTSD feel guilty, which makes them guilty, widening the distance between the two of them and making everyone feel worse.

If, however, a bystander can accept his or her inability to relieve pain or feel connected, with or without the help of the

person with PTSD, they are no longer responsible for their loved one's pain; the bystander's goal isn't to relieve the burden of PTSD but to acknowledge its place in a shared life and salvage as much of their relationship as possible while helping their loved one do the same with his or her own life.

If, as someone with PTSD, you have people close to you in your life who want to help but need a lot of help figuring out what's actually useful to you and what isn't, here's a simple list of "Dos and Don'ts" to pass along. You don't need to give this to them with any added words of defensiveness or criticism, just with a brief explanation of your shared goal (as described above) and how these tips will help them implement it. After all, you can't stop their pain or yours, but you can suggest some things for them to do, and some things to definitely avoid, that may actually make things better for everyone involved.

## **DO'S AND DON'TS FOR DEALING WITH A LOVED ONE'S PTSD**

### **DO**

- **...Recognize The Limitations On Your Ability To Help**

As someone PTSD adjacent, your job isn't to help your loved one heal by providing love, empathy, and a willingness to listen; your love may have the power to get your spouse to do the dishes or put up with your crazy sister, but, like everything else out there, it doesn't have the power to heal PTSD. You should certainly try to be a good friend if and when it seems to help and take responsibility for your mistakes when it's warranted. Otherwise, your goal is to become independent and build as much of a relationship as you can with what you've got, respecting the extra effort required from both of you and the limits on your (and your love's) ability to help.

- **...Know The Right Way To Assess/Approach Someone About Addiction/Self-Medicating**

If you care about someone who has PTSD and it's clear they're dealing with it by drinking, indulging in avoidant behavior, and generally not caring about anything anymore, it's understandable if your instinct is to freak out and confront him or her with your hurt and anger. Unfortunately, expressing negative feelings usually pushes people away, makes bad behaviors worse and helping much more difficult; if you confront someone about a problem they don't believe they have, the only problem they can see is you. So, before you confront them or even attempt your own live action reenactment of *Intervention*, get some training from a therapist or an Al-Anon group and develop a positive way to frame a warning, protect yourself, and incentivize sobriety and good behaviors. Then you'll know how to convince them to decide to get sober for themselves based on their own values, not so you'll stop haranguing them with anger and guilt.

- **...Find Substitutes for What's Lost**

Without giving up hope that things will eventually get better and your relationship will get back to normal, find positive ways to be independent, fill your time, and protect yourself from loneliness and the impact of symptoms that feel personal but aren't. If you focus too much on getting back the old smile or easy intimacy or not-volcanic temper, you'll just feel worse, and without the power of a genie or time machine, expecting things to go back to the way they were will set you up for disappointment and failure. Don't give up, but first get strong; build up other relationships, keep yourself safe, and distance yourself from bad behaviors. Then, whether things improve or not, you'll be confident that you're exerting every bit of power you have, and that things will, at least, improve for you.

## **DON'T**

- **...Push Someone To Open Up**

Intuitively, one might feel sharing fears and nightmares would provide some relief—if, as we said in the intro, PTSD makes one feel haunted, then exposing those ghosts to daylight should make them disappear—but the symptoms of trauma are often hard to soothe, and the memories that cause it don't vanish so easily. That's because, for many people, there's no off-switch to the anxiety once the war is over, so no matter what movies and books tell you about the healing power of emotional release, sharing intense feelings does not necessarily purge them. Instead, dredging up and reliving



those painful moments often leaves people shaken and feeling more helpless than before, even when friends or therapists are there to offer support. So don't push someone who has been traumatized to tell their story until you're sure they can do so without feeling overwhelmed and that it's more likely to benefit than harm. You can, however, help them try to find relief through other therapeutic measures, like with treatments that aren't sharing-based (see [the next chapter](#)).

- **...Take Symptoms Personally**

Not only do you have to remind yourself that you're not responsible for healing your loved one's PTSD, you're also not responsible for their symptomatic behavior, even when it's directed at you, which anger often is. We call you a "bystander" because bystanders are presumed innocent; you don't cause the symptoms, just experience them due to proximity. So no matter how much it seems like you're the one who's triggering their temper or making them anxious, remember that you're not the cause, just the one lucky enough to be around while these symptoms occur. The more you stay calm, not get defensive, and respect what you're trying to accomplish, the better off you both are.

- **...Take Responsibility For Fixing Their Problems**

No matter how much you love someone with PTSD and are determined to figure out how to get them healthy, you can't make it your job to get them cured or even to care about their health as much as you do and they should. Don't feel obliged then to make someone who's indifferent or oppositional try a treatment you think will help or to stop a bad habit, like drinking, that prevents him or her from getting better. Of course, your concern is so great and good health is so important that it's hard not to make yourself responsible for advancing it as a goal, even when every effort to help causes nothing but trouble. But if you limit your responsibility to what's both reasonable and constructive, like taking care of yourself, you'll find your positive impact will be greater; the moment you stop taking responsibility for someone's health you become more effective at taking care of your own and giving advice that is less likely to cause conflict and more likely to get the person you care about to care about their own health as much as they should.

- **...Freak Out Too Easily**

When someone you care about is acting weird and distant and looking anxious, it's easy to get scared and anxious yourself. The problem, of course, is that acting fearful and nervous will undoubtedly make their anxiety worse; PTSD may not be contagious, but fear, like negative thoughts, spreads faster than itchiness during a

discussion about bedbugs. Plus, if you're quick to react strongly to every possible negative symptom then you're likely to say and do things that you think are providing urgently needed help but are actually showing your own fear, which stirs up more. So, before you lose your shit over a possible anxiety attack or drinking problem, take a deep breath and do a pragmatic, non-hysterical assessment of their behavior, from how severe it really is to what/how much you can realistically do to help. That way you won't just avoid making things worse, you'll have a much better chance of making them better.



## TABLE:

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# DUMB THINGS WE SAY TO PEOPLE WITH PTSD

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## AND THEIR MORE HELPFUL ALTERNATIVES

Dumb	Why It's Dumb	Not Dumb/Helpful Alternative
<i>"C'mon, pull yourself together. Where's your willpower?"</i>	Willpower may help you face and manage the symptoms of PTSD, but some of those symptoms (e.g., depression and anxiety) are actual diseases, like cancer, and nobody'd assume you should will away a tumor.	<i>"How bad is it today, and is there anything I can do to help? It sucks that the symptoms are so bothersome, but it's great to see you doing things despite them."</i>

Dumb	Why It's Dumb	Not Dumb/Helpful Alternative
<i>"How come we don't know how to get rid of this?"</i>	Since professionals don't know how to get rid of most psychiatric symptoms, asking someone with PTSD if he or she's managed to do it for themselves isn't just a stupid question, but a damaging one; it makes someone with PTSD feel like a failure because it's their fault they still feel bad.	<i>"Have you found anything that works, like, do any of the mindfulness or relaxation techniques work for you, or any of the medications? Do you want help finding a good shrink or support group?"</i>
<i>"It kills me to see you like this."</i>	Making a sick person feel guilty for your suffering is about as helpful as a punch in the dick. Don't point fingers, offer a hand.	<i>"The symptoms obviously suck right now, but I'm here to help if you need it, or I'm happy to just hang out and take your mind off things."</i>
<i>"Are you sure you're getting the right help?"</i>	Again, this makes their suffering their fault, like they can't even choose treatment right.	<i>"You know that if the therapy you're getting now isn't working that you're free to stop it and try something new—you're the management boss, and I'm happy to be your assistant and help you find something new."</i>
<i>"You shouldn't have to live with so much suffering."</i>	A really depressed, frustrated person finishes this sentence in their head with, "so I should kill myself." Be positive by accepting, not highlighting, the unfairness of suffering.	<i>"I know the negative voices in your head must be relentless, but don't let them rob you of the pride you should take in just pushing yourself to get through another tough day and doing your best."</i>

# CHAPTER 5

## APPRO\*CHING PTSD

### TREATMENT

For all the problems PTSD can cause, there are plenty of reasons that make people hesitant to get treatment or even admit they have the disorder in the first place: because facing PTSD treatment or a diagnosis would force them to come to acknowledge traumatic memories they'd rather bury and avoid; because of the stigma around mental illness, especially in the military, and the way the diagnosis can get you labeled as sick and make people treat you differently than before; or because some people doubt that PTSD even exists, even if they're the ones suffering from it or witnessing its effects firsthand.

As the previous chapters have made clear, however, having PTSD doesn't make you weak, crazy, useless, broken, or, to put it frankly, utterly and irreparably fucked. It's a disorder that impairs your health, and like any other disorder or disease, it requires you search for and try any possibly effective treatment (see definition below) that will get you closer to functioning normally, or finding a new normal, even if you don't feel that way.

So let's begin by breaking down what treatment can offer, what it can't, and your options and rights as the person who's ultimately in control of/the #1 expert on your own health and (currently wonky) mind.

# TREATMENT GOALS AND EXPECTATIONS DEFINED

## WHAT TREATMENT IS / WHAT TO EXPECT

- **An "Effective" Approach To Dealing With Symptoms**

First of all, it's important to know that, in the world of medicine, "effective" means "better than nothing," not "successful most of the time." In the terms of PTSD specifically, which treatment will be most effective just isn't known; if a treatment is only partially and unpredictably effective in general, experts can't promise that it will work for you or anyone else. So when approaching treatment, adjust your expectations accordingly; don't assume treatment is useless, but don't assume that "effective" treatment is anything other than a possible means to feeling better than you do now (as apposed to a guaranteed way to feel as good as you used to). Plus, finding the right treatment can potentially be a long, frustrating process, which brings us to the next item.

- **A Lot Of Hard Work**

Because experts are clueless as to what treatments will work best for you (or work at all), you have to take an active role in your own treatment; if you passively sit back and expect your doctor to do the work for you, you'll just get increasingly frustrated with her inability to help when she's really just unable to read your mind or rely on scientific knowledge that doesn't yet exist. That's why it's up to you to pick the experts' brains, figure out your options, and compare the possible risks and the required investment of time and money for each treatment. The work is worth taking on, however, since the only person who is best able to tell how well treatment is working or what its (non-medical) side effects are is, you guessed it, you.

- **A (Criminally) Long Exercise in Trial and Error**

Finding the right treatment, no matter how urgent the need, can take a lot of time, not only because of the amount of trial and error required, but because many treatments require a month or so before you can expect a result. Even then, if a treatment does work immediately, it may cause too many side effects to be worth it, or it may work so slowly that you're not sure whether it's actually working or your improvements are due to some unrelated factor. The process of finding a treatment or a combination of treatments that's worth continuing and allows you to lead a

normal life can require a huge amount of time and patience, which is an especially tall order when you're trying to treat a disorder that's likely making you feel anxious, negative, and quick to anger. Plus, once you find something that helps, there's a long adjustment period to your new not-back-to-your best, not-at-your worst reality; Dr. DiNicola refers to it as the PTSGP, or Post-Traumatic Stress Growth Phase, and this transitional stage can have its own challenges. It'll be hard to proceed slowly and methodically without feeling hopeless, but the bigger waste of time is giving up and not trying at all.

- **A Goal-Oriented Process**

In the old days, therapy was seen as an open-ended exploration; people used to go see shrinks with the ambiguous purpose of "feeling better" and keep going in every week and talking about their dreams until they or the shrink died. While that's a totally viable choice if you have an infinite amount of money, time, and/or self-obsession, it's a dumb approach for almost everyone else, especially when you're dealing with very tangible issues that need immediate attention. So instead of getting into treatment with no real result in mind, approach it as a mission; using the information in this guide, give yourself a realistic treatment goal and don't give up on finding or getting the right treatment until you achieve it. If you decide upon your goal with careful consideration and make sure it's pragmatic — i.e., about finding good managing techniques, not a cure to all that ails you — then you'll be getting the most out of treatment and be far more likely to get your mission accomplished.

## **WHAT TREATMENT ISN'T / WHAT NOT TO EXPECT**

- **A Cure**

Despite what medical procedural TV shows tell us, most serious psychiatric and medical problems have no cure, let alone an obscure cure that, with some clever know-how, can be found in 42 minutes (without commercials). Whether they like to admit it or not, doctors can only offer treatments that are effective to some people some of the time. That's true, not just for PTSD, but for diabetes, heart disease, high blood pressure, etc. So unless you like to be frustrated and disappointed, don't expect treatment for anything that ails you to make everything totally better.

- **One Size Fits All**

Even if a treatment gets rave reviews from a friend or everyone in your support group or knitting circle, that doesn't necessarily mean it will also be a slam-dunk for you.

On the other hand, just because a treatment caused someone or everyone else a variety of terrible side effects, from uncontrollable sweating to unattainable boners, doesn't mean it's guaranteed to mess you up as well. While it would be nice if treatment could be more predictable, the sad truth is that most treatments for PTSD and mental illnesses in general have different results for different people. Of course, it's worthwhile to do your research about every treatment to see how it has or hasn't worked for others and avoid certain treatments that have a low success rate if you think there are less risky treatments you can try first. No matter how much you learn about a treatment and its odds for success, however, the only sure way to know if it'll work for you is to try it yourself.

- **An Exercise in Torture**

If treatment seems to be making you worse—if it's not improving symptoms or actually making them more severe, not if it's bringing you down by taking a long time to show results—then you have the right to stop it and try something else. Don't assume that that you should torture yourself and stick with a useless treatment because it will eventually make you better; sometimes treatment can stir up more anxiety without getting to the bottom of anything other than a bottomless pit. So use your own judgment to decide whether negative results are likely to be temporary and worth withstanding, or if they're a sign this treatment isn't working and the self-punishment can stop.

- **A Means To Catharsis**

Of course, we always see therapy providing people with cathartic release from trauma in movies, but the reason we pay money for the tickets (and parking, and nachos, and babysitter, etc.) to see that happen onscreen is because we rarely get to see it in real life. If movies showed what treatment is really like—a frustratingly long process of trial and error that measures success in small increments—you'd want to get your money back or just riot and burn the theater down, so unless you're an actor on a set, catharsis probably isn't in the cards.

- **An Invariably Beneficial Activity**

Unfortunately, for all the strength treatment itself requires, you also need to gird yourself against the negative, dismissive opinions hurled your way by the people in your life who don't understand what you need from treatment, what it can do for you, or that it's generally not bullshit. Some may just be ball-busting types, but most are well-intentioned and just don't understand how impossible it is to control anxiety for those who are prone to attacks, regardless of your willpower or commitment. So

prepare yourself for hearing the whole gamut of misinformed, unsupportive bullshit, from those who dismiss therapy as stupid or only for the weak to those who believe in therapy but not in your ability to do it right. If you know not to expect a lot of encouragement, then you won't make the mistake of assuming you'll need it in order to expect results.

## TREATMENT RESULTS DEFINED

Even if you have a clear idea of what to expect from treatment, it's still worth going over how to tell when one is or isn't worth it; treatment for PTSD is never a cure and rarely a complete success, so even if your expectations are clear, the results of your treatment may not be. Here are some important things to look for when trying to assess whether a treatment is working or not, and the rules you need to follow as your treatment manager so, no matter how your assessment turns out, you can make the best decisions going forward.

### SIGNS TREATMENT IS WORKING

- **Symptoms Improve**

It's obvious that lessening symptoms would be a sign of good treatment, but knowing for sure whether you're feeling better is often less obvious than you'd think. Unless improvement is quick, it can be hard to determine if it's gradual or partial, particularly if other major life events are happening that may also affect how you feel. Often, you can't be sure a treatment is working until you see it appear and disappear as you start and stop it several times. Assigning a number scale to your symptoms and keeping a daily record both of how you feel and any possible external factors can sometimes help to reveal trends that are too gradual to notice otherwise. In any case, if and when you can determine that your symptoms are better—not all better, but an improvement over their pre-treatment state—then you know you're on the right track and have discovered an effective technique.

- **It's Easier To Live Up To Your Values And Standards**

In evaluating treatment, it's important to factor in whether it's allowing you to better meet your general goals and priorities in life—being a good spouse/parent/daughter or son, doing your job to your fullest, making yourself and those close to you proud—not the immediate goal of feeling better. So don't forget to measure the benefit of treatment by how well you're living the life you think you should be living, and not just by how well you're feeling, consulting those who know and love you if necessary.



If you find that treatment helps enough with your symptoms that it allows you to focus more on your living up to your values than living under the thumb of anxiety and depression, then it's worthwhile, even if you're still not living up to your old standards.

- **The Costs and Side Effects Are Minimal/Worth Putting Up With**

Since every treatment trial is also a trial of your ability to tolerate that treatment, including its side effects and costs, you know treatment is working when you're gaining more from treatment than you lose. It's easy to get spooked by side effects and costs, but those are just factors that need to be worked in to the algorithm of your decision making; after all, a tolerable, expensive, low-risk treatment that does a moderate amount of good may be better than a treatment that does more and is cheaper but harder to endure. Once you find a treatment where gains exceed losses, ask about possible long-term risks and, if they exist, whether there are ways to reduce them. Ultimately, the best treatment for you isn't the one that feels the best, but the one for which the cost and side effects are most worth putting up with.

- **Preventive power**

Even if you feel you've found a treatment for what currently ails you, it's worth being open to treatments that may have very little effect on current symptoms but are known to prevent relapse. For instance, even if you think your depression or anxiety has improved, it might be worth taking an antidepressant (or sticking with the antidepressant you're on) or continuing to exercise since they can sometimes prevent panic attacks from coming back or getting worse. Review your own experience/medical record to determine your vulnerability to relapses and then ask lots of questions/check the internet to discover how powerfully a medication or behavioral treatment reduces that risk. As much as you'd like to focus on a path to eventually stopping treatment altogether, PTSD doesn't work that way—you don't cure it, you manage it—so it's better to become knowledgeable about the long-term course of PTSD symptoms and plan around them instead of beyond them entirely.

## **SIGNS TREATMENT ISN'T WORKING**

- **Symptoms Are The Same Or Worse**

Never assume that a treatment is supposed to hurt or worsen your symptoms unless your research definitively indicates that a rough-yet-finite period is to be expected that should be followed by worthwhile results. After all, as your treatment manager, you have to make judgments that are based on research and evidence, not faith. So if

a treatment forces you to recount painful memories, or makes you so groggy or inarticulate that it's driving you crazy, it may literally be driving you crazy and not worth continuing on the promise of eventual improvement. Your job is to be prepared to protect yourself from therapists who put more faith into a treatment than it deserves.

- **It's Just A Shitload of Pills**

If you're in a crisis, it's normal for doctors to prescribe several treatments at once, particularly medications, in the hope that something will work and provide immediate relief. Once the crisis has passed, however, it can become unclear whether you actually feel better or just feel overwhelmed with the groggy, disconcerting feeling of taking too many meds at once. It would be nice if there was some scientific way to measure the positive impact of each treatment but, since there isn't, you have to do it yourself. At a certain point, try by conducting your own non-treatment trials, stopping your meds one at a time to see what happens. Otherwise you may be taking a bunch of pills with no assurance that that each one of them is necessary or even helpful.

- **One Missed Session Messes You Up**

If treatment stops working the second you stop having regular therapy visits, then it may be that you've found a therapist who's successful at making you feel good, at least temporarily, but not a successful treatment. Remember, good feelings aren't actually a solid indicator of real progress or success; booze can also make you feel good, and we all know how helpful that can be in the long run. As explained above, a major goal of therapy is to help you better live up to your values without your symptoms getting in the way. That means treatment should improve your ability to tolerate unhappiness, go about your business regardless of bad feelings, and be more independent overall. So if your treatment isn't helping you progressively do more on your own, that shouldn't prevent you from occasionally getting together with people for support. It should, however, prevent you from equating the temporary boost you feel after leaving a therapist's office with lasting improvement, growth, or a reason for taking more shots of this particular therapist.



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# FIVE BIGGEST RULES FOR YOUR TREATMENT MANAGER (I.E., YOU)

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## **1. Try anything that you think will work, stop anything that doesn't.**

Don't be overly impressed by anyone's treatment recommendation or overly repelled by horror stories. After finding out all you can, try any treatment that seems to be worth a go, knowing that failed treatments can still provide valuable information you wouldn't have access to otherwise. Once it becomes clear that a treatment isn't working, however, don't push yourself to stay with it; never feel obliged to continue anything that hurts more than it helps.

## **2. Talk about your trauma, but only if it helps.**

Be willing to talk about your trauma, particularly if it's with someone who has specialized training and/or has been through similar experiences, because sometimes it will provide rare opportunities for you to feel calm and safe. If, despite making the effort, you find that talking opens up old wounds more than it heals them, then let yourself stop such treatment without feeling like a failure.

## **3. Be open to trying medication, but only after trying less risky things first.**

If non-medical treatments like exercise and talk therapy aren't working, or if you don't think they're likely to work fast enough to keep your life from getting too far off track, never be afraid to consider medication. Ask your doctor what your options are, what the risks are, and then do your own research online and with friends to see if the possible risks outweigh the benefits. Then make your decision based on that information, because what's important is controlling symptoms and living your life according to your values, not buying into the stigma surrounding medication that tells you pills are evil.

## **4. Be wary of self-medicating.**

If, despite going to regular treatment and trying medication, you find yourself designing your own course of treatment that involves lots of non-prescription drugs, alcohol, Taco Bell, Xbox, and/or anything you consumed so habitually that it's interfering with your ability to do your job, be a good spouse and/or parent, and/or generally a decent person, then you're not just self-medicating, you're self-destructing. It's a common trap you can avoid by carefully monitoring your habits, asking your friends and doctors to do the same, and quickly replacing failed treatments with new ones (the real kind that don't involve video games or booze).

## **5. Ultimately, the only thoughts or opinions you should care about are your own.**

Learn all you can from experts, your own experience, and others with PTSD, but once you feel you have enough information to make smart treatment decisions, don't worry about meeting anyone else's definition of a good patient or even a good/strong person. A good treatment manager doesn't ever have to feel defensive or guilty about his choices if he knows he's doing right by the patient/himself.

# CHAPTER 6

## F\*NDING THE RIGHT PTSD TREATMENT FOR YOU

Now that you have your treatment priorities and facts straight, you're ready to begin your research with a general overview of major treatments, medical and not. The good news, as well as the bad news, is that there are a lot of choices; that's good because it means you can always try something else if one approach doesn't work, but it's potentially bad since the number of possible treatments and therapists can be overwhelming and take a lot of time and effort to sort through.

You should also be aware by now that most mental health treatments are not simply cut-and-dried procedures, and one of the many X factors in determining how they're administered and how successful they may be is the clinician him- or herself. Even medication-based treatments require a psychiatrist who is good at explaining risks and benefits and helping you decide whether another trial of a new medication is really worth the effort.

So assess each therapist the way you would a college professor, barber, or coach; based less on her personality and more on whether she shares your goal and successfully helps you reach it. If she doesn't, then reserve the right to change practitioners if necessary, because staying with a therapist you don't work well with is as smart as staying with the barbershop where you got a *Dumb and Dumber* haircut.

The bounty of options, from treatments to therapist, can't just be overwhelming, but it can make one endlessly tempted to pursue new treatments in search of a magic bullet cure. If you have symptoms that multiple forms of treatment don't have much impact on, focus on accepting and managing those symptoms so you can go on with your life, not on ignoring all your more important priorities to embark on a fruitless quest for a therapeutic holy grail.

For those of you without vast fortunes, platinum insurance, or dual citizenship in Canada, your selection is probably limited to whatever treatments and clinicians are paid for by the nightmare that is health insurance (and the epic shit-show that often is the VA), and also happen to be within driving distance. As such, your options may be way less vast/overwhelming than you think. That said, many effective therapies, like exercise and CBT (which can be learned via workbook), aren't medical and don't require you to fill out any paperwork in triplicate if you want to give them a try.

Also, if your insurer or the VA doesn't have someone in its network or facilities who provides a non-crackpot treatment that you wish to try (i.e., a treatment that doesn't involve crystals, cult membership, or animal sacrifice), don't give up. Not many people know this, but you can usually get your insurer (or even the VA, occasionally) to pay a clinician outside their organizations to give you treatment if you've first specifically asked their case managers to find a clinician within their networks or facilities who can provide what you want, and those case managers, after calling all in-network clinicians who met your requirements, are unable to find one with "confirmed availability" in a reasonable amount of time. That's why you shouldn't just hang up, give up, and get pissed (both in the angry and drunk sense); just focus on your values and

priorities and let them motivate you to push through whatever confusion, frustration, and general bullshit the treatment search throws your way.

## **THERAPEUTIC TREATMENT OPTIONS: THE BROAD STROKES**

### **TALK THERAPY**

When most people think of therapy, the traditional "talk" version comes to mind; lying on a couch and pouring your heart out to a note-taking shrink who occasionally says something cryptic about your dreams or your mother. That exact scenario may actually be fairly rare these days, but it is true that most types of therapy involve some degree of sharing, whether it's just answering basic questions or opening yourself up so far that you feel like you're turning inside out.

While many people feel intuitively that this kind of opening up and sharing fears and nightmares will provide some relief—expose the real ghosts to daylight and they should disappear—the symptoms of trauma are often hard to soothe, and the memories that cause them don't vanish so easily.

That's why we discourage loved ones from pushing PTSD sufferers to talk, because for some people, discussing the ghosts of trauma transforms them from wispy ghosts to hungry zombies; they go from haunting you to constantly lurking behind you, trying to eat up your brains (or at least all the thoughts within).

Unfortunately, for many people, there's no off-switch once the war (or the trauma) is over. That's why just sharing intense feelings does not turn on a magical, trauma-clearing light switch, no matter what movies and books tell you. Often, sharing actually leaves people shaken and feeling more helpless than before, even when friends or therapists are there to offer support, at which point everyone feels like a more traumatized failure. So don't push yourself to talk until you're sure you can do so without feeling overwhelmed and that it's more likely to benefit than harm.

Ultimately, if you suffer from trauma and symptoms persist, never assume it's because you failed to open up or that you need to open up more or "do more work in therapy." You may never be able to escape your undead followers, either by sharing or coaxing someone else to share what the trauma feels like. You can learn, however, to listen to your own needs, interests and priorities, either in spite of the anxiety you can't avoid experiencing or the pain you have to witness.

## COGNITIVE THERAPY

Cognitive treatments are a kind of talk therapy that correct negative thoughts as a way of either changing your feelings or at least changing the way you think about them. For trauma, it often involves recalling the details of the traumatic experience in a controlled, calm manner, but the emphasis is on training your brain to see your trauma realistically so you can better respond to and dismiss the overly anxious, depressive, trauma-distorted thoughts that come out of your brain.

Since fear usually prompts such a brain to spew out helpless, negative, irrational thoughts, e.g., “this is going nowhere, I’m wasting my money, and I’m going downhill,” etc., cognitive treatment that gets you to recognize and challenge these thoughts is of first importance. On the other hand, cognitive therapy can share the same drawbacks as other talk therapy; that opening up or talking about your trauma can do more to prolong the pain than relieve it or may prolong hope for relief long after it’s realistically impossible.

Some therapists who ask you to review your trauma also hope that re-exposing yourself to it will gradually reduce your anxiety; they call their treatment “exposure therapy,” but this technique doesn't always have positive results. One veteran we spoke to, who was frustrated with the cognitive and exposure therapies he'd tried at his VA, said he felt that his clinician was equating his PTSD with Obsessive Compulsive Disorder (OCD) and trying to help him come to terms with his trauma by making him recount it constantly as if he were pushing someone to get over his fear of germs by forcing him to repeatedly touch a toilet seat.

The key to cognitive therapies then, as with a tell-me-your-feelings talk therapy, is to share no more than you believe is helpful, i.e., not let it make you worse, keeping the focus on managing your current thoughts, not ruminating on past wounds, so you're learning useful tools and not just needlessly, repeatedly touching your mental toilet.

## MEDICATION

As stigmatized as mental illness is, the medication prescribed for mental illness seems to have an even more toxic reputation. After all, if a disease doesn't really exist, then the medication for that disease must be made up of 100% profiteering bullshit and should be avoided at all costs.

In reality, many medications for mental illness are no more dangerous than your average, over-the-counter pills. Like all prescription medications, there are always possible side effects, both good (weight loss) and bad (boner loss, a.k.a., blunted sex drive), and you can learn about them beforehand by asking your doctor or researching online on sites like [www.crazymeds.us](http://www.crazymeds.us), in which people with mental illness post reviews of their meds that are unbelievably honest and helpful. Some medications take longer than others to show results, and some require you to withdraw from them carefully while you can easily stop taking

others instantly. (See table ahead for an overview of some less-obvious side effects and how to research and assess them.)

Because doctors can't measure your symptoms better than you can, you're the one who must honestly and carefully assess whether they're effective; if they aren't, you should taper off or stop, and if they are, you must ask yourself whether side effects outweigh the medication's benefits (e.g., if the loss of constant panic attacks makes the loss of boners worth it). For anxiety and depression specifically, there are several useful, non-addictive medications as well as some addictive medications that pose very little risk if they aren't taken daily. Many people who suffer from anxiety attacks find that just carrying medication around and knowing it's there, just in case, provides some relief.

Of course, medication should always be your last resort; even if it's not very dangerous, it's even less dangerous (and less expensive) to try non-medical treatments like exercise and support groups first, which we'll explore later in the chapter.



## THERAPEUTIC TREATMENT OPTIONS: THE SPECIFICS

# TABLES OF TREATMENT OPTIONS

Here are tables that list (with short descriptions) talk-based therapies, then not-talk-based therapies. They're listed from most to least commonly offered before moving on to therapy that's less/not talk-y at all, all while using as little shrink jargon as possible (even though it's largely unavoidable and much of it [e.g., CBT, DBT, Psychopharmacology] sounds to the average person like the names of chemical weapons used in Vietnam).

We explain what each kind of therapy is about/these terms by giving a brief description of each type, including how likely they are to be covered by insurance, who performs them, their risks and drawbacks, and a one to ten rating on the BTPS, a.k.a., the "Bullshit To Pragmatic Scale," with one being totally flaky and subjective (e.g., new age crystal-type bullshit, relying on willpower, etc.), and ten being supremely objective, measurable, and unbiased (e.g., a kind of therapy that hasn't been invented yet and will probably be performed by a robot, but some existing therapies get close). Ratings are based on the assumption that the patient is a willing and eager participant in therapy; if not, they'll rate everything as 100% bullshit, anyway.



Of course, you can always learn more about each treatment by talking to your primary care doctor, looking online, or talking to friends about their own therapy experiences; but for now, here are the basics.

## COMMON THERAPY OPTIONS

Therapy Basics:	Done by:	Available at the VA?	What It Is:	What It Isn't:
<p><b><u>Psychopharmacology</u></b>  <b>Insurance</b>  <b>Friendly?: Yes,</b>  <b>if the prescriber doesn't overuse expensive medications when cheap generics are available.</b>  <b>BTPS: 7</b></p>	<p>Psychiatrists and nurses only, at least in most states.</p>	<p>Yes, but the form it takes—who administers it, how it's administered and how many sessions are allowed—varies.</p>	<p>Quick visits centered on prescribing/assessing medications that can reduce depression, anxiety, distractability, crazy thoughts, and hallucinations. Visits should, but don't always, include talk therapy about your attitude, illness and medication, including cognitive therapy to help one stay positive about possible negative side effects or bad results.</p>	<p>Medication itself has no guarantees as it's frequently unreliable (fails to work), weak (some symptoms remain), and has side effects. Treatment with your prescriber may or may not include sufficient verbal support or specific talk therapy, so you must be ready to seek a better or additional clinician if you think it's necessary.</p>

Therapy Basics:	Done by:	Available at the VA?	What It Is:	What It Isn't:
<p><b><u>Tell-Me-Your-Feelings Therapies</u></b>  <b>Insurance</b>  <b>Friendly?:</b> Yes, but only if there's a measurable goal and a willingness to stop every few sessions for progress reports. <b>BTPS:</b> 4 to 6, depending on the therapist</p>	<p>Psychiatrists (MDs), psychologists (PhDs), social workers, nurses, the professional hand-holders on shows like <i>Hoarders</i>. Hereby referred to as "those in all major clinical disciplines," but talking more like consultants or teachers than stereotypical shrinks.</p>	<p>Possibly, but will probably be mixed with CBT or DBT.</p>	<p>Asking questions, giving advice, support and criticism. Basically a professional friend who is legally prohibited from gossiping to others or even acknowledging they know you.</p>	<p>Not standardized — very dependent on the talent and steadiness of the shrink and whether you're on the same wavelength.</p>
<p><b><u>CBT (Cognitive Behavioral Therapy)</u></b>  <b>Insurance</b>  <b>Friendly?:</b> Usually, at least for a few months  <b>BTPS:</b> 7</p>	<p>Those in all major clinical disciplines, but more often psychologists and social workers than MDs.</p>	<p>Usually, but in varying forms, e.g., as exposure therapy (see below).</p>	<p>Identifies standard negatively distorted thoughts usually caused by anxiety, depression, and other conditions, and then teaches you mental and behavioral exercises for fighting their impact on your beliefs and habits.</p>	<p>Not likely to make you feel better, but by keeping your perspective and modifying your behavior, you can negotiate with and dismiss the negative thoughts that would otherwise make you feel even worse.</p>

Therapy Basics:	Done by:	Available at the VA?	What It Is:	What It Isn't:
<u>DBT (Dialectical Behavioral Therapy)</u> Insurance <i>Friendly?: Same as above.</i> BTPS: 7	Those in all major clinical disciplines, with special DBT training.	May be available if clinician with specific training is available.	A kind of CBT that focuses on thoughts of despair, self-hate, and self-injury and teaches a set of thought and behavioral exercises for staying positive and not giving in to dangerous impulses.	Not likely to make you feel less like hurting yourself, leaving your family, or generally blowing up your life, but makes you less likely to actually do any of those things.
<u>Exposure Therapy</u> Insurance <i>Friendly?: Same as above</i> BTPS: 7	Psychologists, sometimes social workers or nurses.	Usually, but in varying forms.	Willfully exposing yourself to things that scare you (usually by orally recounting them) in a safe situation with the therapist who asks you to repeat the process until your fear goes away.	See the OCD/"toilet seat" complaint earlier in the section. Also, sometimes repeating a traumatic memory doesn't alleviate fear and pain, just forces you to relive it, thus making you feel worse.

Therapy Basics:	Done by:	Available at the VA?	What It Is:	What It Isn't:
<p><u>Couples or Family Therapy</u>  <b>Insurance</b>  <i>Friendly?:</i> Again, depends on whether there's a focus and time limits <b>BTPS:</b> Was low (4), when all individual problems were blamed on the family. Now not so bad (6), but still, depends on the therapist.</p>	<p>Those in all major clinical disciplines.</p>	<p>Probably available.</p>	<p>Meeting as a couple or family, uses many different techniques to identify problems and conflicts and get people to work together on solutions. Can help loved ones respond to your PTSD without feeling responsible for helping you (when they can't) and without feeling guilty for protecting themselves when necessary.</p>	<p>Not guaranteed to keep things from exploding (think Jerry Springer), particularly if the therapist gives people too much encouragement to air their grievances, share their feelings and "vent" (which, like the venting of intestinal gas, can cause the vent-er momentary relief but will poison the air for them and everyone else for the indefinite future).</p>
<p><u>Self-hypnosis</u>  <b>Insurance</b>  <i>Friendly?:</i> Yes  <b>BTPS:</b> 4</p>	<p>A few clinicians in all major clinical disciplines who chose to get special training.</p>	<p>Rarely.</p>	<p>A specially trained therapist teaches you to hypnotize yourself (if you're sensitive to hypnosis) in order to create calming thoughts when you're feeling fear, or to help your mind avoid certain bad habits.</p>	<p>It doesn't work on people who don't respond to hypnosis, which, frankly, seems to be most people.</p>

Therapy Basics:	Done by:	Available at the VA?	What It Is:	What It Isn't:
<b><u>Biofeedback</u></b> <i>Insurance Friendly?: Yes</i> <i>BTPS: 5</i>	Psychologists and social workers and rarely nurses or psychiatrists.	Unlikely, but possible.	A technique that, by linking tension to something you can measure (like a tone that gets higher when you're tense), allows you to train yourself to relax and then use your training when you're freaking out/ made tense by other things.	Unlikely to work when you're really, really scared as one usually doesn't have the wherewithal to recall one's exposure to a high tone when having a full-blown panic attack.



## UNCOMMON THERAPY OPTIONS WITH NO TALK

Therapy Basics:	Done by:	What It Is:	What It Isn't:
<b><u>TMS (Transcranial Magnetic Stimulation)</u></b> <i>Insurance Friendly?:</i> Nope— high price, and not clear when it's more effective than less costly treatments. <i>BTPS:</i> Probably higher than insurers think.	Those in all major clinical disciplines.	A painless method for applying intense magnetic fields to specific areas of the brain, it may help depression without requiring anesthesia or causing memory loss.	Not cheap, not welcomed by insurance, not backed by tons of research. It may require many daily sessions followed by refresher sessions.

Therapy Basics:	Done by:	What It Is:	What It Isn't:
<p><u>ECT (Electro-Convulsive Therapy)</u>  <i>Insurance Friendly?:</i>            Surprisingly, yes.  <i>BTPS:</i> Was once low (it was once tried for whatever ails you until the 70s), but now very high (9).</p>	<p>Doctors in hospitals.</p>	<p>A method for causing seizures in people who don't have epilepsy, because seizures tend to clear up depression (as was probably discovered thousands of years ago). Only administered in hospitals under anesthesia.</p>	<p>Not good for your recent memory and requires lots of time and money, because you need to be anesthetized first so the seizure won't hurt you. Also nothing like the bullshit shown in <i>One Flew Over the Cuckoo's Nest</i>.</p>




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## COMMON-YET-NOT-OBVIOUSLY-RECOGNIZABLE SIDE EFFECTS OF MEDICATION, EXPLAINED

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If you're thinking about taking medication, or have just seen an ad on TV involving two bathtubs and/or the phrase "ask your doctor if [this pill] is right for you," you might technically know a prescription's possible side effects but don't really know what they actually mean. Worse, you may confuse the word "possible" with "inevitable" and, upon hearing of any side effects, spook yourself out of taking a medication entirely (unless your doctor has the same soothing voice as the side-effect announcer on TV).

Like the word "effective," "possible" has a distinctive scientific meaning; "possible" doesn't mean certain or even likely, just that a side effect occurred a little bit more often compared to not taking the medication. Luckily, most side effects are just bothersome and/or basically harmless. Plus, if you encounter one that you don't like that you think outweighs the medication's benefit, like bloat or fatigue, you can either stop the medication right away or immediately begin the process of tapering it off. Either way, once you stop the medication, the side effect should stop, as well.

Of course, some side effects are dangerous and worth taking very seriously, but you shouldn't let fear stop you from learning about them, either from your physician or the internet, or distract you from also learning how frequently these side effects actually occur (as they're usually very, very rare). For example, some medications have very weird, very unique, and very infrequent reactions—e.g., Prozac and other SSRIs (serotonin reuptake inhibitors) may cause “serotonin syndrome,” a condition marked by confusion and twitchiness, and Lamictal can cause a severe rash—that require immediate emergency care.

While learning about side effects can have its own risky side effect of scaring you off medication entirely, it's important to do your research, not just for the obvious reason that you'll learn there's nothing to be scared of, but so that, if you do end up trying a medication, you won't end up even more scared later on. For example, if you don't know what side effects to expect, or what those side effects mean, you might confuse weight loss with a parasite or cognitive impairment with a brain tumor.

So here are some not immediately recognizable side effects of medication, both official and unofficial, whose real-life impacts may be unfamiliar (as opposed to diarrhea, nausea, or weight gain, which should only be unfamiliar to you if you're a cyborg). This way, you can make the most informed decision possible before you waste all that money making room for that second tub.

Not Immediately Recognizable as Side Effects	At Its Most Mild (If It Occurs At All)	At Its Worst (If It Occurs At All)	Broader Impact
<b>Grogginess/Fatigue</b>	Never really feels like you've gotten a full night's sleep; you have trouble staying awake through movies/past 7 PM, even if you woke up at 9.	You're so perpetually exhausted no matter how much sleep you get that you feel like you could fall asleep at any moment, anywhere. As such, working, driving, paying attention for more than three seconds or doing anything but sleeping seems impossible.	Can put a huge toll on your ability to function, as well as the ability of those around you to put up with your zombie self. Plus, being tired might make you even more irritable, which, as any married person knows, is highly contagious. Extreme fatigue can be too much for anyone to deal with for too long.

Not Immediately Recognizable as Side Effects	At Its Most Mild (If It Occurs At All)	At Its Worst (If It Occurs At All)	Broader Impact
<b>Decreased Sexual Function/Libido</b>	You're not quite as interested in sex as you once were, but not so turned off as to upset your spouse or generally make your life difficult.	You're so disinterested in sex that you can't even fake it for your spouse, or, even worse, you're not just not into it but grossed out by it entirely.	Obviously, not wanting to or being able to have sex can cause major problems in a relationship, especially when your partner can't understand that it isn't personal.
<b>Cognitive Impairment</b>	You find yourself occasionally struggling to find the right word, remember someone's name, or recall a specific story anecdote (even the embarrassing ones from high school that you haven't blocked out on purpose).	You have frequent trouble articulating thoughts and ideas and remembering more pressing stuff like why you just walked into a certain room or where you left your car. If you didn't know better, you'd think you were constantly having a stroke.	If you ever have to speak in public or just in sales, having difficulty with being articulate can obviously be a huge problem. If you have lots of responsibility, i.e., multiple kids who need to get to different lessons/ practices/ orthodontic appointments, then you've got to get really good at writing stuff down, fast.
<b>Inexplicable Moods (i.e., anger, sadness, elation/mania, etc.)</b>	You might find yourself feeling down or really happy for no discernible reason, i.e., random, spontaneous tears and laughter are sometimes involved.	You feel painfully depressed or uncontrollably manic, and while the depression may make life difficult, it's easier to catch before things get too dangerous. Mania, on the other hand, is far more likely to do real damage by pushing you to do crazy things, like maxing out your credit cards or correcting cops on their grammar.	Even if you don't go overboard yourself you may still freak yourself out, as well as everyone around you. If you're not careful and stop the medication at the first sign of this side effect, you can end up in the emergency room (or jail, or morgue).



Not Immediately Recognizable as Side Effects	At Its Most Mild (If It Occurs At All)	At Its Worst (If It Occurs At All)	Broader Impact
" <i>Brain Zaps</i> "	This is a term for a side effect that occurs when tapering off certain medications, like venlafaxine or citalopram, which, at its mildest, can sometimes make you feel short bursts of dizziness or light-headedness.	They feel like their name—like a zap of electrical current to your skull that's a little painful and very disorienting. Can cause brief spells of dizziness, nausea, and even impaired vision.	It can be scary if you get a zap during a work presentation or while driving, but, on the plus side, zaps can make you feel confident in your decision to/grateful for the fact you'll soon be off whatever fucking medication you're currently tapering off which is causing this.



## SELF-TREATMENT OPTIONS: THE BROAD STROKES

Self-treatments (i.e., health-improving techniques you can try on your own) are always worth exploring first because they're usually less risky and costly than the professionally administered kind. Plus you can start experimenting with them immediately, whereas finding the right type of therapy/therapist that works for you can take a while. Finding the right self-treatment won't take nearly as long, but, like all treatments, they do require discipline, work and commitment.

### EXERCISE

The best self-treatment is exercise, which doesn't just have potential benefits to your physical health but your mental health, as well; it can naturally relieve anxiety and give you a distracting, engrossing, healthy-habit-building structure and natural endorphin rush that work well against depression. Similar treatments include everything from meditation and yoga on one end of the spectrum to boxing and martial arts on the other.

### SUPPORT GROUPS

Aside from diet and exercise, there are other places you can find help that don't involve therapists or medication; support groups are free, not just of cost and side effects, but also of

annoying shrink talk. You can meet people with PTSD, from those who live full lives in spite of their symptoms to others still struggling to find their footing, who can relate to your experience and give valuable insight. Plus, you don't have share or open up more than you feel comfortable with. We'll talk more about support groups in [the next chapter](#) when we provide some tips and guidelines if you're interested in starting a support group of your own.



## TABLE:

# D.I.Y. SELF-TREATMENTS

Below is a sampling of some less costly alternatives to professional treatment alternatives, listed in order from those with the highest benefit-to-risk ratio to those with the lowest (and highest absurdity factor).

Approach	Useful For	Effectiveness	But
<b><i>Exercise</i></b>	Depression, anxiety, rage	Reduces anxiety and depression within hours, or at least distracts you from them for a while.	Relapse is rapid after an injury (as if you weren't already hurting).
<b><i>Diet, Vitamins, Health Foods</i></b>	Depression, anxiety	Very hit-and-miss, so you don't know until you try it, but diet means what you eat, not necessarily eating less; nobody feels happier when they're starving.	Don't get superstitious about all the things that seem to hurt or help, with very little real evidence, and wind up on an all-Cheerio diet because your depression cleared up the morning after you had a bowl.

Approach	Useful For	Effectiveness	But
<b>Support Groups</b>	Almost everything	Helps you fight addiction of any kind and negative thoughts not rooted in addiction (but in, say, PTSD instead)	You have to find a group that has what you need, and some don't. Avoid a group that favors whining or whose members are out of control, i.e., a support group that needs its own support group.
<b>Meditation/Yoga</b>	Reduces anxiety	Definitely helps a little bit and some people are helped a lot.	Doesn't help everyone, the effect is limited, and like exercise, yoga has an injury factor.
<b>Religion</b>	Structure, comfort, a supportive community.	For those feelings especially hopeless and empty, religion can give you a strong sense of direction and purpose. I.e., there's a reason it's so popular in prison, but you can benefit from religion without going full born again.	Some religions shun the kind of treatments that are beneficial and worth exploring, or can also alienate you from friends and family if the ideology is especially judgmental and/or rigid. Leadership is also important; choose your pastor/priest/rabbi as you would a therapist.
<b>Cults</b>	Gives a certain kind of person a feeling of meaning and community that traditional religions/less bankrupting faiths can't.	May fill a void (even if it creates one in your savings). Or at least get you closer to Tom Cruise.	It's not cheap, and it's not, shall we say, inclusive to outsiders or forgiving of insiders who decide to leave. And again, choose your leader (or guru, or prophet) wisely.

# CHAPTER 7

## YOUR PTSD S\*Pपोर्ट GROUP GUIDE

As with therapy, there are many common misperceptions about support groups—that they're all just touch-feely bitch sessions, or sad clubs for pathetic people, or as religious as church but somehow even less fun—that are equal parts negative, misleading, and generally unfair. As is also true with therapy, support groups are often very different in reality and can be very beneficial if you know what to look for...and a total waste of time if you don't.

That's because, despite the name, not all support groups are necessarily supportive; some encourage members to focus too much on their own misery and victimhood, which may make one feel supported in the short term but won't actually give the necessary support or knowledge needed to move beyond trauma or addiction and rebuild one's life. It's your job then to determine what you're looking for in a support group, how to look for it, and when you've found it.

So, whether you're trying to find an existing support group to join or start your own, here's a general idea of what to look for and avoid.

## DO'S AND DON'TS FOR SUPPORT GROUPS:

### GOOD SUPPORT GROUPS DO:

- **...Urge Acceptance**

You may come to a support group to get help figuring out how to correct your faults and bad habits, but a good group won't focus on fixing what's wrong but accepting that some wrong things are what they are and can't be fixed. They'll help you come to terms with your inability to change your feelings, personality, and strongest urges and show you how to strive to become stronger and act decently nevertheless. A good group does not oblige you to get better or be better, but helps you try to be a good person regardless of your unavoidable flaws, addictions, and burdens.

- **...Focus Less On Past Pain Than How To Push Forward**

Lots of people think that finding the answers to the basic, anguished questions behind your problem—where your pain comes from, what caused it, and what you and others could have and should have done about it—will help you find the answer/fix to your problem overall. Unfortunately, searching for those answers is often nothing more than a useless exercise in torture, so a good group doesn't let you waste time on past injuries. There should always be someone to say, nicely but firmly, that no one can change the past, many problems have no answers and many injuries can't be healed, so it's time to ask yourself the bigger question of how you can lead a good life from this point on.

- **...Offer, Duh, Actual Support**

If you've been unfairly hurt, cheated, abused or dumped, then you might be looking for a group that will help you recover by giving you unlimited support; for a gang that will always be loyal and have your back, even if that means boosting your anger or risky decisions. While a good group will offer sympathy and encouragement, it's also quick to examine whether your angry, energetic response is pushing you to get better and stronger or whether you're so fixated on vengeance or quick relief that you're heading to a darker place than you are now. A good group supports the good things you do when you're hurting, but it also knows that not all things that feel good are good for you; expressing victimhood and negative behaviors, or taking risks for the rush, are bad things, no matter how good they feel or how much intimacy they seem to create with others.

## GOOD SUPPORT GROUPS DON'T:

- **...Encourage Self-Pity**

Most members of a support group carry real damage and pain, but a good group never encourages members to feel sorry for themselves because of what they've gone through. The group is always ready to listen sympathetically if you want to discuss your abuse and trauma, but only so they can help you appreciate how little responsibility you should bear for your symptoms, suffering, and disabilities and keep you from obsessing over what happened to you and all the damage it's caused to your life. As such, a good group will insist that you treat yourself with respect, not self-pity, for what you're enduring and don't deserve.

- **...Urge On Anger and Unkindness**

There's nothing like a sense of shared injury to draw people together and create a sense of intimacy; if internet message boards have taught us anything, it's that people take pleasure in bonding over feelings of righteous anger while confronting someone who is obnoxious, hurtful, or just stumbles into the crosshairs. Good support groups, however, do not nurture anger or attacks; while they acknowledge that everyone has a right to feel the way they do and accept that negative feelings are sometimes inevitable and hard to let go of, they also discourage expressing those feelings and avoid anything resembling a tough love approach. That's because a good group encourages people to stick to their purpose, which is to help one another behave well and act with kindness, regardless of what nastiness boils inside.

- **...Channel Blame**

People feel better if they can all agree on whom to blame, particularly when they're feeling wounded or helpless. If the blaming draws support or leads to public shaming, it satisfies a need for justice or "closure" and leads to booming sales in torches and pitchforks. Good support groups, however, know that blaming isn't only a destructive exercise, but a fruitless one. They don't hold members responsible for what they don't control and allow members to fume at the crimes of abusers since it only creates anger, self-pity, and wasted time. The group's purpose is to help members learn from what they've been through and devote their energies to recovering and becoming stronger by focusing their energies on everything but who's to blame for making them need a group in the first place.

## STARTING YOUR OWN SUPPORT GROUP

If you only feel comfortable meeting with a group whose members relate to your trauma and experience on a very specific level (e.g., a group limited to fellow veterans with PTSD) or just can't find a PTSD-related support group in your area, it's possible to find online message boards or Facebook groups that offer virtual support and advice. If, however, you're looking for some real life people you can meet with and count on and your search for a group, both online and through friends and therapists, has yielded no results, it might be worth working with your therapist to start a support group of your own. Even if you receive your care at the VA, starting a patient-run support group is not impossible—this guide was inspired by one such group at a VA in California.

Ask your therapist or clinician if they'd be willing to help, either by asking their other PTSD patients if they would be interested, asking fellow therapists who might be interested in helping out, and/or volunteering some time supervising the first few meetings to get things going. If there is interest, your therapist might know of a place you can use for meetings, or you can contact someone at a local church, synagogue, hospital, or community center about using their space.

If you can't find a therapist to act as a group leader or sponsor, you can still figure out a plan or agenda for your group on your own with some simple research. Aside from consulting experts, you can also read up on books or articles about treating and managing anxiety and borrow ideas from 12-step books. Focusing your group on Marsha Linehan's workbook for Dialectic Behavioral Therapy groups, which draws together an eclectic mixture of topics from 12 step groups, Buddhism, and CBT, would give you both useful material and a set path/structure for your group to follow.

If you've found people interested in joining your group and are put in the default position of leader, don't panic; aside from the good and bad qualities listed above, a good group tends to self-regulate since the members have a shared understanding of a common goal, and the group's specific leadership duties, from who leads the group to who brings the doughnuts, can rotate on a regular basis. If you make your group's goals and rules clear from the outset then you shouldn't be overly burdened with policing and organizational tasks. And again, if you have a therapist who can sit in, either to lead the group on a regular basis or just supervise, you won't find yourself overwhelmed.

# COMMON SUPPORT GROUP ACTIVITIES, FROM MOST TO LEAST ENCOURAGED

- **Sharing/Duh, Support**

Obviously, support groups are built on people sharing their experiences, from the event that originally traumatized them to difficult events of the past week, and receiving encouraging feedback and useful advice from other members. And of course, this sharing should stick to the "Dos and Don'ts" guidelines listed above.

- **Visiting Speakers**

While most group meetings focus on members sharing stories, groups can sometimes invite guest speakers—from therapists with specific insight to specialists who can teach useful relaxation techniques—to address the group to share insight and take questions. These meetings may be less individualized, but they give the group access to unique tools and information that can be just as useful as one-on-one wisdom.

- **Physical Activity**

Some veterans-based PTSD groups have found that intense, Cross Fit-style exercises, like flipping tractor tires or doing squats until your spine nearly emerges from your rectum, can provide a therapeutic kind of release. Of course, activity like this won't work for everyone—it's arguable that the familiarity of a boot camp-like atmosphere may only have a calming effect on those for whom it's actually familiar—but, as explained earlier, regular, not-punishing exercise can always have a positive effect.

- **Coffee and Doughnuts**

Every group requires refreshments, and when you're looking for support to escape the prison of your trauma or addiction, it makes sense to snack like a cop.

- **Smoking**

This is a favorite pastime of any AA or NA group, at least, which is why any place of worship that hosts a group could be confused with "St. Nicotine's" or "Temple Beth Marlboro" if judged by the crowd of smokers that stand outside when an AA or NA meeting gets out. Obviously not a recommended activity.





# TABLE:

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# SUPPORT GROUP SAYINGS:

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## WHAT THEY MEAN AND LESS-CORNY ALTERNATIVES

While the clichés of recovery—“One day at a time,” “Let go and let God,” etc.—often contain useful truths, the cheesy, tired, sometimes-religious nature of the clichés themselves can sometimes drown out the wisdom entirely. So here are some of those tried-and-true clichés, what they’re trying to say, and alternate/more profane and funnier ways you can say them if you can’t bear hearing them in their original/corny form.

Cliché:	Meaning:	Alternative:
<b><i>"One day at a time."</i></b>	Take on your panic/urge to drug or drink on a day-by-day basis; don't promise you'll be calm/sober forever and take on more responsibility and control than is reasonable.	"Here's to 24 not spent curled up on the floor."
<b><i>"You're only as sick as your secrets."</i></b>	It's OK to screw up, but only if you can admit it and take responsibility; if you can't accept a mistake, you can't accept your lack of control or take responsibility for trying to do better.	"I might fuck up, but if I own it it never gets me down."
<b><i>"Easy does it."</i></b>	If you can learn to put the breaks on whirling anxious thoughts or rage to get some clarifying perspective (and generally learn to take one issue at a time), you'll do better and remember what you're really after.	"When your brain breaks, pump the brakes."

Cliché:	Meaning:	Alternative:
<b><i>"Let go and let God."</i></b>	AA/12 step doesn't just require you to acknowledge your own powerlessness but to put your faith in a higher power instead. Hence, you need to let go of the notion that you can control your addiction and let God—or, if you're an atheist, Tom Brady, Judge Judy, or just the goal to be a good person, period—drive your thoughts and decisions.	"Jesus, take the wheel."
<b><i>"Wherever you go, there you are."</i></b>	No matter what figurative or literal lengths you go to to escape your disease, you can't, because you can't escape yourself. So instead of trying to outrun your problems, learn to accept and manage them.	"If something's a pain in your ass that means it's always right behind you."

# CONCLUSI\*N

Hopefully, this guide hasn't just given you the tools you need to think realistically about your PTSD and how to frame your search for treatment, but also showed you that, as shitty, scary, and unfair as PTSD is, you can still have a sense of humor about your illness and some hope for what your future holds.

Of course, that's not to say that PTSD is hilarious—shopping at Walmart with your brain constantly screaming at you that every other shopper is a potential insurgent isn't exactly a Bill Murray movie—but learning to laugh at life's most terrible moments is one of the best overall techniques for surviving them. It's not just a way of coming to terms with what you can and can't control, but overcoming anger and fear; you might not be able to make the ghosts disappear, but if you can learn to laugh at them then they go from being scary spirits to sad floating sheets.

The fact is, your goal with PTSD isn't to be healthy and happy, though it would be nice if you could be. It's to accept your shitty hand and still try to be as good, hard-working, and independent as you can be. Not to please your boss, therapist, or anyone else, but just because you know deep down that it's worth doing.

Your goal also isn't to feel "normal" again; even if your PTSD symptoms are persistent, painful, and crippling in spite of your excellent efforts to manage them, remember that life has a way of messing with most people sooner or later. Which means feeling fucked is more normal than not.

So, even if you're still uneasy about starting treatment or even admitting to yourself and/or others that you have a problem, we hope you come away from reading this with more knowledge, a clearer perspective of what's possible, and the ability to laughingly tell your symptoms to go fuck themselves.

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