





Military Culture & Identity Price of Entry is a shift in IDENTITY This gives a sense of belonging, intimacy, and connections A sense of shared struggle Family...... MEANING A Culture based on INTEGRITY- CORE VALUES, IDEALS, PROTECTION- in a context of violence and aggression Dissonance- Inner Conflicts

Military Culture & Identity

- Military culture asks for sacrifices from its members (warrior and family)
 - Family, Time, Self (physical, moral, developmental)
- There are dichotomies between empowerment and disempowerment
 - Huge and exciting responsibility
 - Day-to-day is predictable and managed
 - "We get so taken care of, we forget how to take care of ourselves"

Military Culture & Identity

- It is a job that leads one to NOT be in touch with one's emotions
 - Keep that which we came in with and loved "boxed off"
- It is a job that can leads one to see things and do things beyond what we (civilians) have to deal with- beyond the media
- Reintegration
 - "Unpacking" all that was packed away
 - Mourning for the self that was lost
 - Readjusting to our "insane and mundane" civilian world

Don't pathologize this!

Just understand it and try to be open to seeing how this may impact one's transition back to civilian society and back to family and work.

Military Cultural Competency

- Important consideration with any specialty or culturally distinct group
- Military personnel and veterans are a HETEROGENEOUS group- the whys, the whens, the wheres, and the hows differ
- Military Cultural Competency entails an integration and understanding of service and its impact on multiple levels



Social Context of War

- We are defined by our socio-political-cultural landscape
- What are we fighting for? Each war is different.
- Media Portrayals
- Who Defines our Wars and our Warriors















Stigma

- Stigma is real
- See the person, not the label
- Stigma is not only a concept but an experience
- The "system" is set up with inherent labels, categorizations, and assumptions

<u>Transitional Challenges that</u> <u>Service Members Commonly Face</u>

- Post traumatic Stress
- Substance/Alcohol Misuse
- Suicide Attempts
- Military Sexual Trauma
- Chronic Pain/Physical Injuries
- Emotional Injuries
- Isolation/Disconnection from others
- Identity Loss- Warrior to Civilian
- Existential Conflicts
- Hopelessness about self and future
- Anxiety and Sleep Disturbance
- TBI and resulting Cognitive Limitations

<u>Psychological Factors</u>

- Self-Protection- Adaptive Mechanisms
- Traumatized persons can become so terrified of re-experiencing the horror of a traumatic event that they avoid any triggers of the memory. Protecting themselves from pain, they are unable to see in the triggered memory, the dream, or flashback as an opportunity to " make meaning" – to find the words.
- Protection of Others
- Some never put words to the feelings, sensory images or somatic glimpses of their traumatic experience because they try to protect others from what they have faced. Trauma Survivors fear overwhelming their loved ones.

Psychological Factors, Continued.

- Disenfranchised Trauma
 - "Who am I to speak look how others have suffered."
 - Those with PTSD would look to their physical disabled battle buddies and feel ashamed to share their reactions.
- Burdensome Reactions
 - The attempt to share the history of a trauma experience brings so much emotion that those sharing may end up taking care of those listening. Sadly, their experience confirms a fear of being different, pitied, or damaged. It keeps them from finding those who can share and bear witness to their story.

Suicide & Loss

- ➤ Levels of Loss (purpose, identity, service, family, self, others)
- Grieving (how, where, when)
- ➤ Ambiguous Conflict
- ➤ Closure, Grief, & Healing takes Time
- ➤ Invisible Wounds
- ➤ Giving Up
- ➤ All or Nothing Thinking
- ➤ Point of No Return
- Questioning Mortality

Bad Paper

- ➤ Other Than Honorable or Dishonorable Discharge, often tied to a struggle or incident the person encountered
- Slim to NO support from Community
- Feelings of Futility- What's the point?

Statistics

- Suicide is the 10th leading cause of death in the US for all ages.
- There is 1 death by suicide in the world every 40 seconds.
- Depression affects 20-25% of Americans ages 18+ in a given year.
- Over 800,000 people die by suicide every year.
- Suicide is the 3rd leading cause of death in the world for those aged 15-44 years.
- Depression is the leading cause of disability worldwide.

Alarming Numbers

- Suicide statistics- Approximately 22 reported service members a day commit suicide (VA study, 2012)
- There are more self inflicted military deaths than deaths by combat (Time)
- People who have suffered from mild traumatic brain injuries or concussions carry a higher suicide risk (Public Integrity)
- Suicide rates for veterans are more than double the rate of the civilian population (Center for Public Integrity)
- Approx 49,000 took their own lives between 2005 and 2011 (Public Integrity)

- Vietnam Veterans have the highest rates of suicide- Annual suicide rates among adults aged 35 to 64 increased from 13.7 to 17.6 suicides per 100,000 people between 1999 and 2010.
- About 1.4 million veterans are considered at risk of homelessness due to poverty, lack of support networks, & dismal living conditions in overcrowded or substandard housing. (HUD)
- The US Department of Housing and Urban Development estimates 49,933 veterans are homeless on any given night.(HUD)
- Veterans make up one in four homeless people in the United States (National Coalition for the Homeless)
- Since 9/11, 246,000 returning veterans are Unemployed- higher than the civilian population (Bureau of Labor Statistics)

Sub-Groups Affected

- Gender / Women
- Sexual Trauma
- ▶ LGBTQ
- Vietnam Era
- Non-Combat Veterans
- Legally Involved

Evolution of Community

- As Warriors change, so do the Communities that welcome them Home (parallel timelines)
- "We see by now that the Warrior is a foundational archetype built into our spiritual, psychological, cultural, historical and social lives. In dealing with its warriors any society is dealing with the warrior archetype's contemporary manifestations of identity, role, social, historical, political and economic functions, psychological stage of development and spiritual status. Every society should be concerned with healthy, honorable and creative warrior development." (Ed Tick, Soldier's Heart)

A Warrior's Path

 Being away from home and homeland and in combat is a most challenging, difficult and transformative part of the journey, yet we must focus on the lifelong journey supporting its unique and irrevocable identity. To the warrior, even the negative, betraying or morally questionable dimensions of military experience can provide opportunities for growth and reintegration into a positive identity. To be on the warrior's path includes the spiritual and social conditions of warriorhood, the private and public identities of individual warriors, the relationship between warriors and their societies. (Ed Tick, Soldier's Heart)

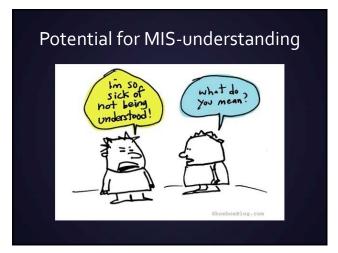
Departure, Initiation, and Return

- Joseph Campbell mapped the "hero's journey." Though there are many individual and cultural variations in how journeys unfold, the underlying pattern is identical across cultures, religions, and civilizations.
- Campbell mapped three stages of the warrior's journey:
 Departure, Initiation and Return

Bearing Witness

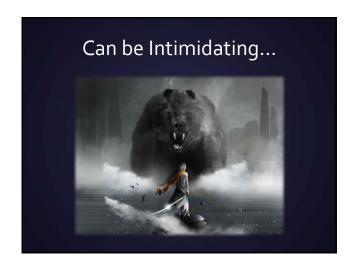
"Public truth telling is a form of recovery, especially when combined with social action. Sharing traumatic experiences with others enables survivors to reconstruct repressed memory, mourn loss, and master helplessness, which is trauma's essential insult. And, by facilitating reconnection to ordinary life, the public testimony helps survivors restore basic trust in a just world and overcome feelings of isolation. But the talking cure is predicated on the existence of a community willing to bear witness. 'Recovery can take place only within the context of relationships. It cannot occur in isolation." (Judith Herman, Trauma and Recovery)













Veteran Civilian Divide

- It's a job that lends itself to NOT being in touch with one's emotions and with keeping that which one came in contact with "boxed off"
- It's a job than can lead one to see things and do things beyond what we as civilians have to deal with (A Failure of the Imagination)
- When one gets home, one can be confronted with having to 'unpack' all that was packed away; and the realization that they are not who they were when they went in
- Mutual Misunderstandings

Spiritual Deprivation-Clinical Trends

- WHO ARE YOU- how to identify
- Re-Defining Normal
- Roles
- Life Areas Affected
- Impact on Family



nothing is like it was.

• Apathy, Anxiety, Void, Loss

II- Moral Injury?

Moral injury is a relatively new concept and "involves psychological and spiritual wounds that result from experiences that conflict with one's deeply held beliefs of right and wrong. This is not a mental disorder", says Katinka Hooyer, PhD, also a character in Almost Sunrise.

Dr. Brett Litz, a pioneer in the study of moral injury, points out that, "The key precondition for moral injury is an act of transgression, which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life..."

What is Moral Injury?

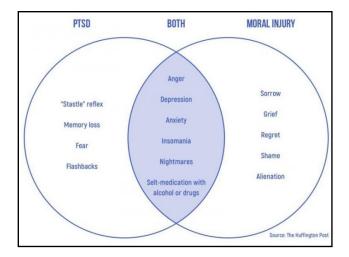
- Taking Inventory / Introspective Questions
- > Spirituality and Existence
- Soul Wound
- Post Traumatic Stress and Moral Injury Distinction
- Trends of Moral Injury to be Aware of
- Mixed Feelings and Contradictions

PTS and Moral Injury Distinction

"The diagnosis of PTSD has been defined and officially endorsed since 1980 by the mental health community, and those suffering from it have earned broad public sympathy and understanding. Moral injury is not officially recognized by the Defense Department. But it is moral injury, not PTSD, that is increasingly acknowledged as the signature wound of this generation of veterans: a bruise on the soul, akin to grief or sorrow, with lasting impact on the individuals and on their families."

– David Wood, A Warrior's Moral Dilemma, Huffington Post

"Moral injury is not PTSD. Many books on veteran healing confuse and conflate them into one thing. It is possible, though, to have moral injury without PTSD. The difference between them is partly physical. PTSD occurs in response to prolonged, extreme trauma and is a fear-victim reaction to danger. It produces hormones that affect the brain's amygdala and hippocampus, which control responses to fear, as well as regulate emotions and connect fear to memory. The moral questions emerge after the traumatizing symptoms of PTSD are relieved enough for a person to construct a coherent memory of his or her experience. We organize emotionally intense memories into a story in the brain's prefrontal cortex, where self-control, planning, reasoning, and decision-making occur. The mind creates a pattern from memory fragments stored in various places. Emotions are essential to moral conscience, but until people can construct enough of a coherent narrative to grasp what they did, they cannot evaluate it." (Soul Repair: Recovering from Moral Injury after War, Nakashima Brock & Lettini, 2012)



MORAL INJURY IN THE CONTEXT OF WAR

The actions that war requires, whether committed or witnessed, often violate the core cultural beliefs Veterans learned from their families and communities. Moral injuries surface when a Veteran begins to reflect on the memories of war, judging their own behavior or that of their friends or leaders. The memories that define a moral injury are about sorrow, shame, and deception, not so much fear or anger.

The consequences of violating one's moral code, even if the act was necessary and unavoidable in that moment, can be very destructive. In these instances, self-judgment is at the core of moral injury.

The emergence of moral injury has no particular timeline. There are life experiences that may trigger awareness of moral injuries. These experiences include changes in life stages, marriage, the birth of a child, and the loss of a relationship, the empathy of a stranger, the death of a loved one or even experiencing unconditional love.

Are my morals intact? Did I commit actions that go against my morals? Do I carry shame, guilt, or regret? Do I carry resentment? If so, against who or what? examining Am I a good person? yourself Am I weak? Have I maintained integrity? Am I here for a reason? Why did he/she die, but I survived? Could I have done something differently? What are my morals? Have they changed? What's most important to me in my life right now? Will I be able to be a good family member?

Trends of Moral Injury

- MI involves feelings of shame, guilt, questioning, anger, regret, and/or betrayal.
- MI is a complex and multi-dimensional concept, with psychological, spiritual, emotional, and cultural components.
- MI can either occur concurrent with, or independent of other conditions.
- MI is connected to one's belief system, which often (but does not always) have religious or spiritual ties.
- MI can be a result of action, inaction, mere involvement, or even bearing witness to particular events.

Trends of Moral Injury, continued

- MI is riddled with "What If" questions.
- Someone experiencing MI often turns the blame inward and self-punishes.
- MI tends to have a delayed onset and often sinks in after the immediate reactions or transitional periods level out.
- MI can be difficult for someone to describe and is best expressed through creative avenues such as writing, art, drama, or music, where metaphor plays a role in communication.
- MI often has subconscious roots, which makes the experience of it often unclear to the experiencer, and difficult to pinpoint.

Peripheral Trends

- Homelessness
- Suicide and Loss
- Bad Paper



Implications

Recently, researchers and therapists on the frontlines of veterans' care have started to identify what may be a critical factor in the overall suicide crisis – a sort of "missing link" – a condition called "moral injury".

"I would bet anything, that if we had the wherewithal to do this kind of research we'd find that moral injury underlies veteran homelessness and suicide."

– Dr. William Nash, Director of Psychological Health for the United States Marine Corps









The Creative Process as a Therapeutic Ritual Experiencing and holding emotions as a Community- Social Accountability The importance of Ritual- How/where/when to Feel, to Grieve, to Honor The Cathartic process is rejuvenating- Power of Experience, Renewal Including meaning-oriented and philosophical thought helps guide clients toward accepting pain as a part of life. (strength based)- EXISTENTIAL Isolation symptoms- How to support a connection to society with a sense of value and purpose- Establishing Roles- Relational "Soul Wound"- Post Traumatic Stress- Post Traumatic GROWTH Warrior mentality- How to support life transitions- Adaptation- Survival











Story and Metaphor in the Arts • Tangible depictions of the human experience • Existential Themes are common • Building Context -> Adding Movement to Life • Reintegration- Connect to others and environment • Create one's story and thus feel validated • Externalization: Pain shared is Pain divided, Joy shared is Joy multiplied

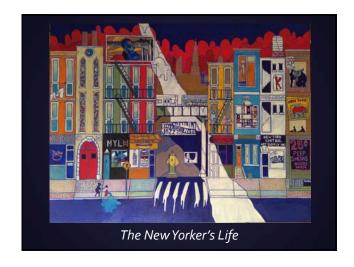


Stress as a barrier to problem solving and creativity:

- "It's only when desires get elevated to demands that anxiety is caused"
- Stress response elicits brain activity (cortisol) that prevents us from focusing and developing rational thought patterns. (cumulative risk factor and identity formation inhibitor)
- Calming the Brain = Recovery and Solution



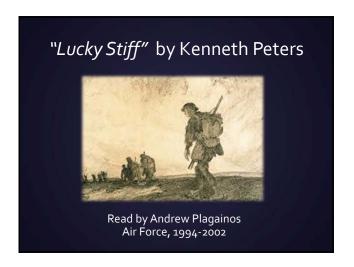










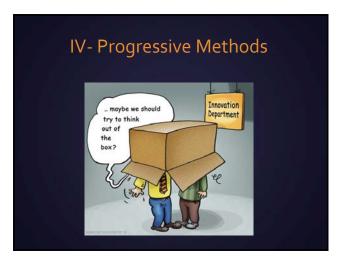




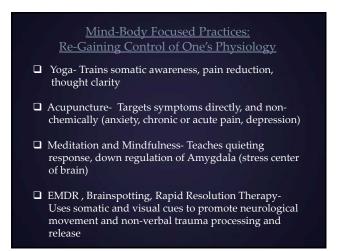










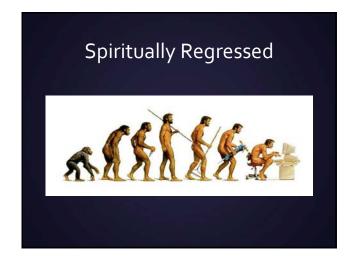


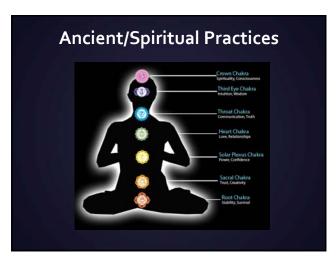
Counterproductive ways to Manage Stress

- Avoidance
- Denial
- Drugs or Alcohol
- Irritability/Anger/Scapegoating
- Isolation
- Withdrawal
- Co-dependent relationships
- Cutting/self-harm
- Poor Communication
- Severed relationships

Productive ways to Manage Stress

- WELLNESS HABITS AND LIFESTYLE
 - Exercise, Work, Social Engagement
 - Good eating and sleep habits
 - Open Communication with loved ones
 - Stress Reduction Skills
- Supportive Social Network
 - Aligned in goals
 - Validation, support, encouragement
 - Communication with peers





Learning to Channel Your Energy When You Need It Most

- Self-care timing: Avoiding explosions.
- When stress builds, we may employ our defenses.
 FALSE SELF- counterproductive habits
- Self-care strategies- channel the TRUE SELF
- Reservoir of "good" energy- self control and regulation techniques
- Managing "shoulds" by creating visual symbols of strength based awareness/insight/assertiveness



Nutrition • Weekly meetings with Nutritionist • Healthy Body/Healthy Mind • Early Recovery Diet • LICR Cookbook • Healthy Living • Garden • Comfort • Health

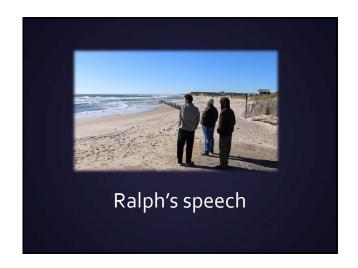














LICR-The Basics

Long Island Center for Recovery (LICR) is a comprehensive rehab center providing addiction treatment and recovery for adults struggling with alcohol addiction, drug addiction, addiction to prescription drugs such as depressants, opioids and stimulants.

Our 50-bed inpatient rehab was established in 1995 by Jack Hamilton, one of the first individuals to bring Narcotics Anonymous meetings to the local New York communities. In carrying out Mr. Hamilton's vision of providing compassionate, professional and affordable care, our alcohol and drug rehab offers a complete range of addiction treatment services including detox, inpatient and outpatient treatment, all in our Long Island rehab location.



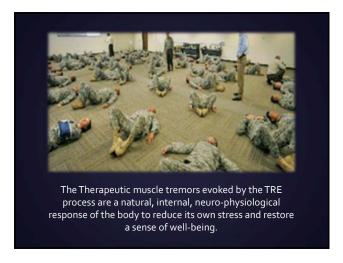














What Are The **Benefits? How Does it Work?** Stop AMA early Binaural beats discharges induce meditative Crisis intervention state. Assist with detox Low vibrations trigger **Prevent Staff** relaxation response. Burnout Induce relaxation and Heart rhythm patterns heighten awareness synchronize the body. Positive affirmations develop mindfulness.

