

Some links to my writings on trauma and politics.

Updated: 9-21-2016.

Links on my primary web pages. These provide further information and updates:

1. Sinan Soc's life: <http://SinanSoc.com> The story of a survivor of multiple traumas including the Cambodian Killing Fields. (A draft in preparation.)
2. My clinical notes including drafts on trauma issues: <http://wteague.com>
3. Some of my past and present concerns: <http://www.redandgreen.org> .

Trauma and PTSD issues by Walter Teague:

<http://www.wteague.org/Trauma>

Some of my concerns, writings and references related to trauma, including PTSD and my definition for the particular condition of childhood traumatic I call **Childhood Post Traumatic Shame (CPTS)**. These writings are not finished, but may be helpful:

PTSD and Politically related Issues:

Wounded veterans historically presented governments and the military with major problems. Even as they glorify the heroic warrior, the costs are both physical and political. When troops are inadequately prepared or the war seems unjustified, the stresses take a greater toll. In the US war on Vietnam, young soldiers became disillusioned or hardened. Many escaped through drugs, alcohol, or outright refusal to fight. And in the recent Afghanistan and Iraq wars, multiple deployments increased the PTSD and related conditions. Returning veterans of all wars have a high rate of depressions and suicide. The U.S. Veterans administration resistance to providing adequate treatment to these growing number of veterans suffering PTSD and other injuries was ultimately exposed.

The government's resistance grew out of a serious combination of factors. Basically the government viewed the veterans as either a resource to be returned to battle as quickly as possible or a liability to be discharged if possible without ongoing disability costs. As the scandal of poor treatment was exposed, the military focused on quick and superficial treatments aimed at returning the soldier to fighting capacity. Ongoing treatments stressed techniques to reduce and eliminate symptoms while urging the soldier to be resilient and strong. The ideal goal became for the loyal soldier to return to battle and to rejoin his buddies.

The equivalent in sports is rallying the team to get back into the game, work through the pain, throw off any troubling fears and be a man. Since this shaming doesn't always work, instead of considering they might have more underlying damage, the wounded were then considered a liability. For years the Veteran's Administration discouraged doctors from making diagnoses that could be attributed to the war experience, PTSD among them. Instead the military psychiatrists were encouraged to find preexisting "personality disorders" that weakened the individual before they enlisted and thus were not assumed not to be the military's responsibility.

Continued resistance to appropriate care was also blocked by the military's unwillingness to look at the causes of PTSD or other disorders because that would open them up questions of their ethical and psycho-social responsibility for both causing the wars and accepting volunteers

without determining if they had hidden vulnerabilities. Understandably young recruits don't volunteer childhood traumas or other vulnerabilities.

Just as in Vietnam, the US then and now refuses to consider that putting young people in harm's way in a war of aggression and without clear understanding and valid justification for the war, is likely to cause soldiers emotional and psychological distress when they face the inherent injustices of the war. Troops called upon to suppress civilians are either brutalized or left feeling guilty and ashamed.

Such reactions are most disabling if the individual had early childhood trauma, because often such developmental traumas leave the individual with deeply buried and irrational feelings that they are inherently at fault, even loathsome. Such vulnerable individuals are unlikely to be discovered during enlistment since they have a lifelong experience hiding their shameful feelings. But under stress conditions that suggest they have once again failed or committed wrong behaviors, they are not only more likely to break, but if they do, they are among the most severely affected and most difficult to effectively treat.

The government's response to the early scandals was to mount an aggressive approach to providing treatment that continued to emphasize symptom reduction and avoidance of any primary causes, either in the nature of the wars or the early lives of the volunteers. They set up a network of information and service resources that claimed treatment would be effective and available to all in need. They invested in recruiting supportive research from universities and individual therapists that would be willing to work within the government's guidelines.

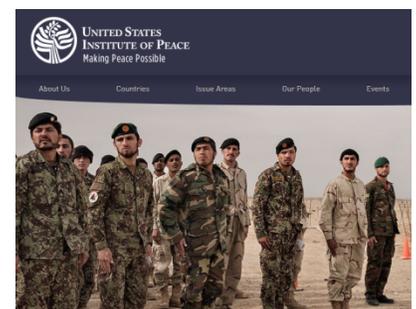
However while this aggressive militarized approach to PTSD and treatment is ambitious and impressive, their approach continues to emphasize returning veterans to combat readiness and while avoiding any serious exposure of causes or effective prevention. Thus both the destructive factors prominent in current warfare and in the early developments of unexamined recruits remain unaddressed:
<https://tango.uthscsa.edu/strongstar/>



A local example is the impact of these programs influence on a major peace group in Washington, DC.

Washington Peace Center:

Check out these links relating to the politics of PTSD treatment below. Recently, I attending a workshop on dealing with trauma offered by the Washington Peace Center. They hired a "conflict resolution specialist" who had taken a course at the United States Institute of Peace (USIP) and presented a workshop closely reflecting the US government's perspective on trauma issues and treatment - which is to ignore causes and focus on superficial and often clinically



inappropriate “shake it off” techniques. The USIP was set up in 1984 and run by the US intelligence services to promote international conflict resolution in line with US government interests. A detailed report Regarding Workshop on Trauma given at the Washington Peace Center is available on request. A summary on this issue follows:



US Institute of Peace (USIP): <http://www.usip.org/>

Wikipedia on USIP: <http://tinyurl.com/g5rslo>

Workshop Presenter, Jenica Wright: <http://www.jenica-wright.com/>

Tango Star, main web site promoting STAR treatments:
Studies on Trauma and Resilience.

<https://tango.uthscsa.edu/strongstar/>

Article in Wall Street Journal: Urging teachers to tell children stand up strong, after 9/11 “ Good Grief: Don't Get Taken By the Trauma Industry” <http://tinyurl.com/n8z92k4>

Special programs developing STAR technology, Example: Eastern Mennonite University:
<http://www.emu.edu/about/>

I have long supported the Washington Peace Center for its years of work for peace and justice. Recently I was glad to see they were providing a workshop on trauma resolution to the volunteers, but I was shocked by the content. As an anti-war activist and therapist with 35 years experience treating traumas such as PTSD, it was clear this presentation was both clinically and politically damaging and was based on the US military’s approach to PTSD treatment. At the end of the workshop, a number of the many volunteers raised questions that the presenter admitted she wasn’t equipped to answer. I found out that WPC had hired the presenter Jenica Wright, and were unconcerned that her resume included a course from the USIP and they seemed unaware that her technique was superficial and could be damaging to those with childhood trauma. The workshop was attended by many volunteers who were drawn to the WPC work because of their own traumatic experiences. Clearly the WPC leadership was unfamiliar with the political and clinical conflicts involved with the government’s approach to trauma and its treatment. Even after I spoke about this with a number of them, they seemed unconcerned. Talking with board members and others I about this issue and their relationship to the USIP, I believe shows that the WPC lacks leadership and political understanding of both the treatment and politics of conflict resolution.

Washington Peace Center (WPC): <http://washingtonpeacecenter.org/node/16340>

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