

Mind Over Matters

WCPC Monthly Newsletter

Building community and identity by encouraging members to share ideas and experiences, and offering support to one another in pursuit of present and future educational goals.

Club updates:

The World Campus Psychology Clubs elections are finally here! If you are interested in running for any officer position such as president, vice president, secretary, or web coordinator, then please send Dr. Withrow an email at jaj28@psu.edu stating which position you are running for along with a brief bio about yourself. If you have any questions about running, feel free to send Dr. Withrow or any of the current officers an email.

Remember to watch the movie *Shutter Island* for this month's movie discussion. Please join us in person or virtually for the *Out of the Darkness Walk* on **April 28, 2019** at [Sidney Friedman Park- State College, PA](#). The WCPC is joining the community of nearly 250k people walking in hundreds of cities across the country in support of the American Foundation for Suicide Prevention's mission to save lives and bring hope to those affected by suicide. The Check-in/Registration time is 11 AM. The walk begins at 1 PM and ends at 3 PM. We will also have T-shirts available for purchase to help raise funds.

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Save the date! What's going on this month?

April 8-12, 2019

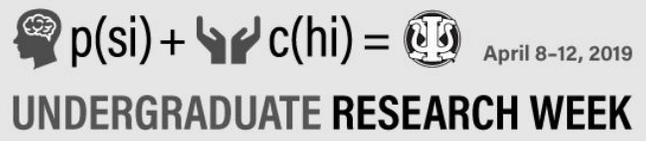


Image source

The international honor society in psychology named Psi Chi is hosting its second annual undergraduate Research week.

For a view of the program, please visit this [link](#).

April 10, 2019 1-2 PM EST Adolescent Substance Abuse: Why It's Different Webinar

This hour long free webinar was created by the NBCC Foundation. The speaker is named Robert Horne, who will discuss different social and biological factors involving adolescent substance use.

Participants will learn about effective and less effective treatment methodologies, emotional factors, current trends among substance users, and more. **If you'd like to attend, please visit this [link](#)**

April 19, 2019 1-4 PM EST Criminal Law and Mental Illness Webinar/In person workshop

The APA Office of Continuing Education in Psychology (CEP) is offering this in person workshop/ live webcast. The presenter of this webinar is Dr. David Freedman, who is a psychiatric epidemiologist. He will be going over different determinants of mental illness related to criminal cases, the overrepresentation of mental illness in the criminal justice system, and the biopsychosocial history approach of early life risk factors involving behavioral and psychiatric disorders.

If you are interested in both psychology and criminal law, then this webinar is for you!

To attend in person, please fill out the [enrollment form](#) or call (800) 374-2721, ext. 5991. The workshop will be held at the APA building, 750 First St. NE, Washington, D.C.

To register online, please visit this [link](#).

Fee: \$65 for members; \$80 for Nonmembers. CE credit: 3

April 24, 2019 Noon to 1:30 PM EST

[Families OverComing Under Stress \(FOCUS\)- A Family Resilience Model Webinar](#)

The Center for Deployment Psychology will be hosting a free 90-minute webinar on the Family Resilience Model. The last 15 minutes will open up to a Q&A session. The theoretical foundations of the FOCUS model will be discussed, this includes identifying

mental health outcomes of the FOCUS model, learning about various strategies that are used when working with military-connected families, and more.

To register for this webinar, click this [link](#).

April 29 to May 5, 2019 [Screen-Free Week!](#)

The Campaign for a Commercial-Free Childhood (CCFC) created Screen-Free Week to invite educators, parents, school officials and more, to help families, kids, and communities to unplug from their devices in order to have more time for creative play. I invite you to take a week off your devices. Take a step back and experience what it is like to live unplugged. A list of 101 activities you can try out can be found [here!](#)

In Praise of Interdisciplinary Research: The Case of Behavioral Economics

By Miguel Moyano

“The foundation of political economy is evidently psychology”

-Vilfredo Pareto, Italian Economist, 1906

The question that begs answers is whether human beings are rational decision makers or whether their behavior can be used to predict their economically-related habits. In other words, is Mathematics the best way to predict human behavior and are humans more or less rational everyday-decision makers? These are some of the critical questions that have been challenging the field of economics for the past forty years. It is best defined by the school of thought known as classical economics. The position taken by this discussion is that the key to practical application of economics lies in an interdisciplinary approach.

For decades, classical economists have used one crucial assumption in the development of economic theories - that we are mostly rational and unemotional beings. Classical economists use mathematical models to simplify our complex world. However, the increasing reliance and dependence on mathematics and models has left some economists spending too much time doing calculations, less time assessing human behavior. They assume that when individuals receive tax credits or pay raises, they will either place the money in a savings account or invest it in a retirement fund. These rational beings are known as “homo-economicus,” and only exist and inhabit the realm of economic models, mainly because most humans do not behave rationally.

A SunTrust survey reported on Money Magazine tries to conceptualize the mishaps of this phenomenon. According to the survey, 33% of respondents making \$75,000 per year are living paycheck to paycheck. The author concluded that “the secrets to savings are as much of a mindset issue as they are an income issue.” Therefore, the deduction

that can be made is that achieving moderate wealth starts with psychology and is not strictly an economics matter.

In an article titled 'Poor Behavior,' *The Economist* magazine notes that "people do not act in every instance in their long-term self-interest; they do not weigh up all the cost and benefits before taking a decision." One interesting example of this is in energy efficiency investments. According to Penn State Professor David Bice (2019), "people do not make energy conservation investments, even though those investments will pay for themselves relatively quickly and this suggests some level of myopia or nearsightedness". People tend to care more about their present situation than their future self so planning for retirement or preventing diabetes is difficult.

Richard Thaler's book *Misbehaving* discusses one interesting finding of human behavior, losses sting more than the joy we receive from gains - this is known as loss aversion. Professor Bice (2019) explains that the feeling of losing \$100 is stronger to the sense of winning \$100. Loss aversion influences many of our decisions as we may fear losses more, consequently choosing not to do anything at all. The relevance of psychology in the field of economics cannot be underestimated.

Between the 1970s and 1980s, economist Richard Thaler began to observe real-world human behavior that contradicted economic theories, and he called these inconsistencies 'anomalies'. Thaler mingled with psychologists and ended up working closely with cognitive psychologist Daniel Kahneman and the late Amos Tversky. They formed a coalition of psychologists and rogue economists that were eager to challenge traditional economic theories including but not limited to the idea that human beings are rational decision makers. Their interdisciplinary work led to fascinating findings that had enormous implications for the field of economics. As a result of the merger and multidisciplinary efforts, the field of behavioral economics was born. Today, the area of behavioral economics provides us with a different perspective to analyze our complex society and human behavior in

economic situations. Behavioral economics helps the broader field of economics in developing realistic economic models that take into account human behavior variables and consequently produce more accurate predictions. In turn, economists can provide policymakers with prudent advice to make better economic policies and effective regulations or deregulations to manage the best and worst human actions adequately.

The work of psychologists and economists now enjoys many victories to include two Nobel Prizes (Daniel Kahneman - 2002 & Richard Thaler - 2017) and one of its first theories, Nudge Theory. The nudge theory is a modern concept that takes into account the behavior of people and how they think as far as decision making is concerned. In an article published by the World Economic Forum, Thaler explains that behavioral economics is about "removing barriers and making life easier".

Around the globe, Nudge Theory is widely used; from business to climate change. While in Kenya it is being used to fight waterborne diseases, in Canada it is being used for organic waste collection. In the city of Mumbai, it was used for water conservation during a prolonged drought. Restaurants and airlines are using behavioral economics ideas to reduce plastic waste in our oceans by giving a plastic straw only if one asks. Businesses are setting their printers to print double-sided as the default option. The medical field is also using Nudge Theory to boost medication adherence in cardiovascular patients (AMA, 2018). Recently, HBO used a behavioral economist to provide insights and analysis about the rise and scandalous collapse of Elizabeth Holmes' Theranos in their documentary *The Inventor: Out for Blood in Silicon Valley*. Simply put, the application of behavioral economics ranges far and wide.

Archilochus stated that "The fox knows many things, the hedgehog knows one big one." While the classical economist knew the importance of mathematics to solve and reach complicated conclusions in our complex world, it is best to be a fox in an ever-changing modern world; therefore, the need

for interdisciplinary studies and collaboration has not been greater. Multidisciplinary research is the best bet to answer some of the most pressing challenges of the 21st century. Humankind depends on interdisciplinary efforts to tackle the issues of climate change and global warming.

The work of psychologists and economists has given the hope that the field of economics can be improved to create realistic models and projections of human behavior that can result in pragmatic policymaking for issues such as inequality, universal healthcare, environmental economics, or retirement

planning. The future of the nation's working and middle class depends on finding and enacting sensible solutions that can ensure sufficient opportunities for those hard-working, inventive, risk-taking and industrious individuals while funding safety net programs to make sure no one stays behind merely because of their social status set at birth. Collaboration was vital for the survival of our ancestors, perhaps a little cooperation among science fields can be the key that can aid in the survival of our species as we face a future stacked with adversities.

Not All Superheros Wear Capes

By Alicia Lazar

I sat at my computer around 10:00 pm, as I logged into the platform and anxiously waited for the first text to come in. She was a young girl, a broken girl, struggling to hold on to hope of a more beautiful day. I began the risk assessment process, as I delicately calculated every word I typed back. Which words would have the most impact? How could I help keep this fragile girl from ending her precious life? Did I have the tools to change her mind? As I tapped into the poetic words she used to describe her endless invisible pain, I realized that I could do this! Time continued and before I knew it, the mood of the conversation had shifted. I will share with you the moment which made me feel more powerful than Superwoman herself, her next message came across the screen and instantly not only had her life changed, but mine did too. I will never forget the words she said that night, “You have made me rethink this. From the bottom of my heart, thank you! You probably just saved my life.” She explained how she didn’t know what she was going to do if she did not have a conversation with me and graciously thanked me for taking my valuable time to talk to a stranger.

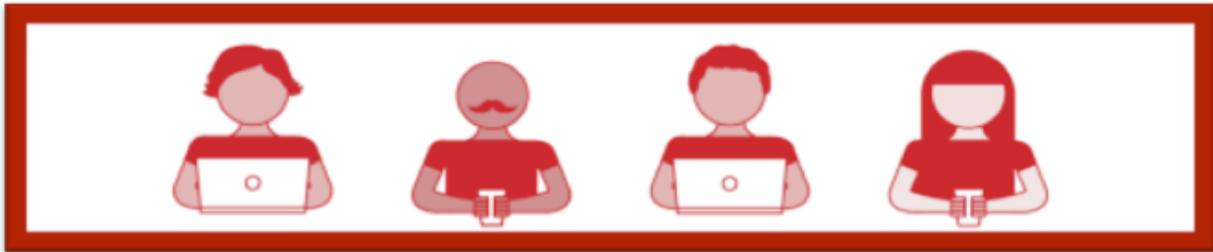
A few years ago I had been looking for a volunteer opportunity to bulk up my graduate school application, at that time I had not realized that I would find something so impactful to be a part of. That I would find something that would bring me such a continuous positive intrinsic gift.

During this time in my life I was incredibly busy with school and nannying full time, so it was critical for me to find an opportunity that was flexible for my already overwhelming schedule. After some serious research I decided I wanted to volunteer as a crisis counselor, but it was challenging to find a program that would work for me and my specific needs.

I eventually came across *Crisis Text Line*, their website had an endless supply of information for someone dealing with just about any crisis you could imagine. The site explained how their crisis counselors work to help texters move “from a hot moment to a cool calm” by providing empathetic listening (Crisis Text Line, 2019). After building rapport, they assist texters on exploring their problems and creating a goal where they collaborate with one another to aid them in problem solving. The crisis counselors are trained and supervised volunteers from throughout the United



States. At this point I was extremely intrigued and wanted to learn more about the process of becoming one of their crisis counselors.



Crisis Text Line is a free service that offers help to people in crisis 24/7 and operates solely by volunteers that work remotely, from wherever they are with their computer and a secure internet connection. The volunteer opportunity is a big commitment in the sense that they take the training program and helping texters very seriously. In order to be a Crisis Counselor for them, you must commit to **200 hours** of volunteering. Geez that sounds like a lot, huh? Well, the program only requires a minimum of **4 hours** of your time per week. The training itself is completely free and teaches you everything you need to know in order to be successful and empathetic when working through a crisis intervention. The training costs *Crisis Text Line* over \$1,000, which is why they ask their volunteers to commit to 200 hours. The training program consists of 30 hours (over the course of a few weeks) where they teach you “reflective listening, collaborative problem solving, and crisis management” (Crisis Text Line, 2019). This training has been something that has helped me not only with crisis counseling, but also in my personal relationships with friends and family. The skills are something that every person could benefit from in order to be a better sister/brother, daughter/son, mother/father, friend, and overall human being.

After reaching out to show interest in the program, I received an email that gave me a link to apply. They requested a few references, whom were expected to respond to online questions about my character. Once they heard back from my references, they let me know that I was accepted into the program. I had to wait for a training group to open up and when I logged in for the first time, I was shocked to find such familiarity. The program uses Canvas, just like Penn State World Campus, to teach you all of the modules of information and to test your skills as you learn. You are assigned a coach to assist you with any questions you have and to check on your progress. The training program provides mock conversations with texters to make you feel extremely prepared. By the time I finished the training program, I could not contain my excitement about getting officially started!

When I logged in for my first shift, my nerves were off the chart with anxiety. But my supervisor immediately messaged me to let me know she would be with me the whole time and that I had all the tools I needed to be successful. In the platform, you receive texters when you are ready and make yourself available. At the beginning, you are only allowed to take one conversation at a time. However, once you have a certain number of quality in-depth conversations you become a level two and have the opportunity to take on more than one conversation at a time. During the time that you are a level one, all of the other crisis counselors logged in can tell and some of the seasoned veterans message you with words of wisdom or encouragement. One of my favorite things is sending messages to new crisis counselors to let them know that I believe in them and how much of an amazing person they are for volunteering their time. There is a phenomenal sense of community amongst the counselors, as there are various chat rooms where you can talk to other crisis counselors about struggles you are encountering with your texters or about anything else including music, jokes, and other topics that assist in helping keep the morale up for counselors. Feeling like you are part of this large community of people that are so willing to help complete strangers is like nothing I have ever experienced before. *Crisis Text Line* has a social networking site for their volunteers as well, where you can

communicate with other crisis counselors and support one another, which is just another reason why I have felt so connected to their community. This type of connection with others, whether it is with other crisis counselors or with texters is invaluable, it truly is completely life transforming. This has been much more than just a volunteer opportunity to bulk up a grad school application, it is something that will ignite the passion within you through serving.

Crisis Text Line teaches you about the importance of self-care by making your own mental health a priority and provides great flexibility in your life. About a year into volunteering for the program, my life took a dark turn and I became incredibly depressed due to personal issues. I apprehensively reached out to my coach and expressed a need for taking a break from being part of the program. Her response was so encouraging by explaining that I should take all the time I need to take care of myself and my mental health. I took quite a few months off before returning and I was not contacted or pressured to come back at all. They still included me in the monthly newsletters and updated me on

anything new they implemented, which allowed me to still feel like I was part of the program without feeling like I was a disappointment to them.

My experiences with Crisis Text Line have been nothing but positive. Since August 2013, *Crisis Text Line* has exchanged nearly 101,000,000 messages with texters (Crisis Text Line, 2019). In the month of March 2019, they had 4,709 active crisis counselors and almost 90,000 conversations (Crisis Text Line, 2019). As you can imagine, when texters have to wait more than 5 minutes to receive a response from a crisis counselor, they are more likely to disengage and more likely to

proceed with ending their life. It is crucial for *Crisis Text Line* to have enough volunteers to respond to their texters, and it is through people like you and I that make that possible. I can promise you that if you want an incredibly rewarding volunteer experience, you will find it with *Crisis Text Line*. Something as simple as telling a person that they are special, can literally save their life. Who wouldn't want that opportunity? For me, having just one person tell me that I kept them alive with only my words and time has created such a powerful feeling inside of me. We all have a light inside of us and when we can share that with those in darkness, we only radiate our light even brighter. "Thank you Alicia :) You saved a life tonight and talked me down from the metaphorical ledge", these words from a texter are forever ingrained in my heart. If you are looking for an opportunity that will make your heart sing, I highly recommend that you check out *Crisis Text Line*. As the psychologist Carl Jung once said, "You are what you do, not what you say you'll do". If you are interested in *Crisis Text Line* as a volunteer opportunity, check out:

<https://www.crisistextline.org/volunteer>



What's behind that frown?

By Cathryn Couzens

Depression is a significant mental illness with devastating relational and economic effects in terms of lost productivity and lost relationships. 16.2 million adults have at least one major depressive episode in a given year (Depression: Facts, n.d.). Depression is of great concern to clinicians who want to help alleviate their clients' symptoms and increase their life satisfaction. But what is really behind that frown? If counselors are focused on increasing self-esteem, building resilience and coping strategies, they may miss the very real possibility that the root cause of a woman's depression lies in her intimate partner relationship. Depression is strongly correlated with intimate partner violence (Spencer et al., 2019). IPV, or domestic violence, can lead to depression and might not be diagnosed without proper screening tools (Gibbs, Dunkle, & Jewkes, 2018). Abuse is extremely common with 20 people experiencing IPV every minute (Statistics, n.d.). Seven out of ten psychologically abused women have PTSD or depression symptoms but nearly 1/3 are never treated (Statistics, n.d.). It is my strong belief that women who are presently with depression should be screened for IPV. Otherwise, clinicians may continue to treat the symptoms while the real problem continues to rage unfettered and unaddressed. One meta-analysis suggests that clinicians working with couples in an intimate partner violence situation should screen both partners for mental health (Spencer et al., 2019). I suggest the opposite as well, that clinicians working with depressed women in particular should screen them for domestic or intimate partner violence.

Intimate partner violence includes a variety of behaviors used to create a sense of power over a victim and to control her in every way, including controlling her emotional self. It happens in homes of all income levels. In fact, women who earn more than 65% of their household income are more likely to experience

psychological abuse by their spouse (Statistics, n.d.). Physical violence such as hitting, punching and strangling is easy to diagnose. Even overt verbal abuse can be readily recognized, such as when an abuser calls his partner names or criticizes her in public. More covert and difficult to identify without specific training are the covert forms of abuse. Treating a spouse well in public but poorly behind closed doors can make the public not believe her when she does speak up. Using subtle forms of intimidation such as raised eyebrows can send her a signal that she is out of line and will be dealt with at home. Even more covert are things like ignoring a partner, redirecting a conversation without addressing her concerns, subtly inferring that she has once again done something wrong. It's at this level of abuse that victims don't even know that they are being abused. They sense that something is not right, they start to feel bad about themselves and eventually they feel like nothing they do is good enough. If there is no overt physical or verbal abuse, they may not identify as a victim and may not talk about these subtle things to their therapist, if they even have one. So IPV often remains undetected and untreated (Feltner et al., 2018). Women may describe their loss of zest for life and their feelings of hopelessness that can be easily identified as depression, but neither they nor a therapist might think to screen them for IPV.

Learned helplessness occurs when someone has tried and tried different approaches to changing their situation but nothing helps (Schneider, Gruman, & Coutts, 2012). Many previously positive-minded women become depressed in abusive situations. Even those whose outlook on life generally is hopeful can in fact learn helplessness and hopelessness when in every effort they try to change things is met with further abuse. While some depressed women do have a depressogenic attributional style, many do not. This type of bias describes a person who characteristically comes across bad situations and believes that bad things in their life are based on underlying factors that will never change (Schneider et al., 2012). Instead many victims situations have led them to correctly believe that more negative incidents will happen to

them. Coping methods and survival skills leave them to adjust their behavior in ways that inhibit openness and zestful living, such as speaking up less about their own opinions in order to prevent abuse or avoiding certain places and people. And then, depression sets in.

Symptoms of depression include anxiety and restlessness, thoughts of death or suicide, anger management issues, loss of interest in activities, irritability over minor things, focusing on negatives or on the past (Depression: Facts, n.d.), decreased energy, hopelessness, difficulty sleeping or concentrating, and anhedonia, (Depression in women, n.d.). Abuse can change a woman's self perception, causing her to feel unworthy of better treatment or unable to change her situation. Psychological abuse causes long term mental health damage to a victim (Statistics, n.d.). Women in IPV may develop depression and many other health consequences including PTSD, suicidal thoughts, anxiety, substance abuse problems, and chronic pain (Feltner et al., 2018). Higher levels of abuse correlate to more severe levels of PTSD and depression (Wood, Voth Schrag, & Busch-Armendariz, 2018). One of the antidotes to depression is understanding and adjusting the person's mindset (positive self talk, increase self worth and autonomy) but if she's still in the abuse it can be like running on a treadmill where you never get off and get a break; you stay beaten down just as quickly as you try to build your internal self up.

Treatment for depression and for intimate partner violence is not the same. While a victim may need positive self talk and coping strategies to increase her mental health, she first needs safety. When she receives enough support and people believe her, and she gets to a safe place, some of the effects of the abuse will naturally start to diminish. Her joy will return simply from no longer having to live with abuse. Other mental cognitions may have to be adjusted through therapy. Even something like learned helplessness can be reversed. She will learn over time that she does

have control over her life and that her efforts to heal will bring positive results. Because an abusive person continually undermines the victim's sense of self, it leads to internal causal attributions in the victim. She starts to believe that she really is at fault for the crazy things that he does because he tells her this so often. This leads her to continually try to adjust her behavior to avoid his angry reactions. Eventually she learns helplessness when nothing that she tries solves the problem. Part of healing includes the recognition that he is 100% responsible for his behaviors and they aren't because of anything she has done. Then she is able to move towards external causal attribution, realizing that he is causing his behavior, rather than internalizing and thinking it is about her.

Clinicians should regularly screen depressed women for IPV especially if they are in a relationship or have recently left one. Research shows that screening for IPV can successfully identify it (Feltner et al., 2018). However some assessment tools only assess the level of physical violence or what is called the lethality assessment. In order to accurately assess whether a woman with depression has been in an emotionally abusive relationship, you need an assessment tool that also includes questions about self-esteem and emotional well-being related to the partner. For example, "Do you feel that nothing you do is ever good enough for your partner?" (Grohol, 2018). This question refers to the tendency of abusers to put down their mates regularly, using everything from demeaning language to the silent treatment. "Do you feel anxious or nervous when you are around your partner?" is a question that signifies the 'walking on eggshells' feelings many victims get with a partner who explodes for any little thing. Depression is devastating and so is violence in the home. Both need appropriate treatment. Without screening for domestic violence, we may be actually treating a symptom but not the cause.

My Journey Here

By Charity Keith

Imagine the summer between your 6th and 7th-grade year, your parents bring you to the local middle school for a series of IQ tests. Your parents get the results and suddenly the all-knowing school psychologist pronounces you as “slightly mentally retarded”. Suddenly in the blink of an eye everything that you thought you knew about yourself crumbles. You start to hear, “you can’t do this because you are slightly mentally retarded” from those who are supposed to be your cheerleader’s. Suddenly, you are segregated in the “learning support” classes.

As a person with a Bachelor's degree in Child Development, I know that a 14-year-old child is like a sponge! They will believe anything you tell them about themselves. So, when I made even the slightest mistakes, I started to say I am so retarded because the ALL-KNOWING school psychologist pronounced it, so it must be true. I wore and believed the retarded label all through my teen years. My self-esteem was poor during this time.

When I was 20, I was in a school for students with disabilities called Hiram G Andrews Center or HGA for short in Johnston, PA. My insomnia, anxiety, and low self-esteem got to my head and I tried to kill myself for the first time. After a psychiatric stay, I came back to the HGA campus and was summoned by my advisors office. They told me that because of my suicide attempt on campus, I was a liability to them now and was driven 8 hours home to my sister’s house. I did not even last the night because I was so distraught after being “kicked out”. I was then driven to the psych hospital and dropped off. This was the first of many

psychiatric stays in my 20’s. I was also in a group home and for a couple of years I was in a personal care home until I decided to “take my life back”

At 29, my psychiatrist referred me to a new set of IQ tests. With trepidation in my heart, I agreed to do it. The results were very surprising because they said not only was I NOT slightly mentally retarded, but my IQ was 85- which is average. I also have ADHD, which I think is why I did so poorly on my original IQ tests.

In February 2013 when I was 13, I decided that since I was NOT slightly mentally retarded I was going to try my hand at school and see if I was any good at it. Since I have anxiety, I wanted to try an online school. So I went to www.educationconnection.com and was matched with Ashford University. After that, I applied and decided to give it a try. To my surprise, not only did I do ok but in June 2017, I graduated Cum Laude with a minor in Psychology and as I mentioned earlier, with a Bachelor's degree in Child Development!

I watch a vlog called *Fathering Autism* about a little girl named Abbie. I saw how far Applied Behavior Analysis (ABA) had taken Abbie in a such a few short years and I wanted to be a part of that! I decided to apply to PSUWC! Despite my laundry list of mental health diagnoses which includes Bipolar I disorder, PTSD, ADHD, and Anxiety disorder I am proud to say that I am succeeding here at PSU! I think that this is what I want this piece to be about. I wanted to show you the journey of how I got here at PSU. If my struggles can encourage just one person to start their own journey or keep going, then it was worth it.

My Depression by Suzanne Kopecki

**Why do you hold on to me so tight?
I can't breathe. I can't move.
Why can't I break free from you?
People tell me I'm in control, not you.**

**But, you have been holding on to me for so long.
I almost don't know what it feels like without you.
They say there is a way to happiness.
Can I get there without you? Can you come with me?**

**I'm not alone, but I feel alone.
I have choices, but I feel they are made for me.
I am loved, but I do not love myself.
I am in pain, but I feel numb.**

**I tried so many things, but you never go away.
You never let go all the way.
You are always there, always watching.
I stay strong, but I see you there in the background
Waiting for me to fall, so you can grip me**

**Why do you hold on to me so tight?
I smile on the outside so no one will know.
My secret...my pain...my scars.
On the outside I am strong.
On the inside you are in control.
I can't breathe, I can't move.**



A reprint from:
<https://fibromomblog.com/depression/>

Life After War: Veterans in a Civilian World

By Miguel Moyano

A critical view of life after war reveals alarming and appalling truths. In the past decade, mainstream and social media have been characterized by headlines on high suicide rates among the veteran community. At the core of this is the impact of prolonged combat exposure especially regarding neurological and psychological percepts. The government, on the other hand, has actively made attempts to address the situation by deploying policy makers and mental health professionals to look into the critical issues associated with this situation.

Nonetheless, statistics do not lie; suicide rates among veterans are significantly high, relative to among the non-veterans. This discussion reviews the core issues that lead to suicide rates and the role of the healthcare system in addressing the problem.

Nobel Prize winner Ernest Hemingway was wounded during the First World War. His wartime experiences became the muse for some of his greatest literary works. During the Hemingway centennial celebration author, Tobias Wolff remarked "Hemingway's great war work deals with the aftermath...It deals with what happens to the soul in war and how people deal with afterward" (Putnam, 2006). This statement goes to highlight that life after war is critical because it occurs in the realm of civilian society. A society not torn by war and conflict responds differently to their returning soldiers than a nation who endured the hardships along with their soldiers. Solidarity is commonplace, and an ability to relate to each other's struggles helps people reconnect smoothly. In Hemingway's short story, *Soldiers Home*, Howard Krebs returns home from war. Initially, Krebs did not want to talk about his wartime experiences, however, "later he felt the need to talk, but no one wanted to hear about it" (p. 86). There seems to be a social disconnect among civilians and veterans that is exacerbated by generational circumstances. Mental health professionals must be aware of these social

factors and how each wartime period comes with a different experience for the service member.

Sandlin (1997) skillfully points out that the returning veterans are unable to reconnect because there is no common language between the veterans and what he called the "children of the peace". The truth about the war, the sense of what happened during combat, cannot just be told in the language of peace. This language of peace is in a bubble in which contemporary society exists. Service members witness difficult moments of death as well as tragic random death "so impossible to believe" (Sandlin, 1997). That which they experience cannot be described by ordinary words.

A relevant statement by General Douglas MacArthur can be used to conceptualize the issue. He stated that "the soldier, above all other men, is required to practice the greatest act of religious training - sacrifice. He who is called upon to offer and to give his life for his country is the noblest development of humanity". MacArthur clearly understood PTSD and went ahead to point out that "on the contrary, the soldier, above all people, prays for peace, for he must suffer and bear the deepest wounds and scars of war." (MacArthur, 1962). This statement so ably summarizes the complexities that need to be taken into account in the bid to address the issues affecting veterans and contributing to the increased suicide cases.

To put matters into perspective, two war scenarios can be conceptualized; The World Wars and the Korean War. World War I veterans were deployed to defend the French and the British. The United States was never attacked, and neither was it under any severe threat. The deduction that can be made is that the war did not affect their everyday lives in dangerous ways. World War I veterans enjoyed the victory, a grand welcome home parade, and celebration. The cards changed, and the United States was attacked during World War II. The world was under serious threat by Japan and Nazi Germany. Over 16 million GIs were deployed overseas and many more contributed directly and indirectly to the war effort. The entire country and American society mobilized for this significant war

undertaking. The veterans fighting overseas felt the overwhelming support of their country. WWII veterans also enjoyed the victory and a celebratory parade.

On the contrary, the Korean War ended in a cease-fire signed in July 1953 that left many Missing In Action (MIA) soldiers remains left behind enemy lines. The Korean veterans did not get closure. The remains of MIA soldiers are slowly returning to the United States. In Vietnam, “a group of American fighting men who had obeyed their country's call and who had fought as bravely and as well any American in our history. They came home, greeted by no parades, no bands, no waving of the flag they had so nobly served. There was no “thank you” for their sacrifices” stated the great communicator President Ronald Reagan (1981).

Service members leave America's artificial bubble of peace to enter the realm of war and conflict of the world. They quickly learn that the planet is a world of conflict and chaos, blood and death, poverty and starvation. They comprehend that war is more common than peace around our blue marble. After the Vietnam war, for instance, the draft was ended, and a smaller All-Volunteer Force (AVF) was assembled which later ended up fighting wars in Iraq and Afghanistan. The post 9/11 veterans faced a new enemy and combat circumstances. The smaller AVF meant more deployments for the average soldier and even higher deployments for Special Forces. The burden of national defense fell on the shoulders of a few. As a result of decades of an AVF, the country has created a small caste of career warriors that were exposed to prolonged combat exposure during more than one combat tour. This group was unable to reconnect or relate to their family, friends and the central American society; mainly because military service is full of different experiences such as traveling abroad to dangerous locations, interacting with other cultures, witnessing extreme poverty, seeing sudden death, tragic loss of friends, and the aphasia provoking carnage of war.

This is contemporary America. Nonetheless, when the men in uniform return home and express

these feelings, they found indifference just like Hower Krebs in Hemingways' short story. For the millennial American soldier, the welcome home is a hard one. His peers are consumed by social media and smart device screens and are indifferent to his overseas experiences because of their minor predicaments of internet speeds or malfunctioning video games. Their service is viewed as a choice because they volunteer for employment and benefits rather than a patriotic act like those who immediately volunteered after the attacks on Pearl Harbor. For veterans who were drafted during the Vietnam era, they may view post 9/11 volunteer veterans as gung ho for choosing to volunteer to go to war.

On the other hand, a World War II veteran may see it as a patriotic thing to do considering that terrorists attacked the United States. These differences reflect, how each war and generation views and feels about service to our nation. Within these conflicting views, there is room for misunderstanding and indifference.

It is this kind of indifference that pushes veterans to withdraw and go into social isolation. They are primarily misunderstood, their lives, and souls have been altered and shattered as they grieve their fallen comrades, feel guilt and shame for their actions on the battlefield while nobody seems to care. Time stands still for them while for the rest of America time flew, and everyone is concerned about status updates, filtered selfies, streaming series, or the next concert of the most trending music star. For their friends who died far away and their buddies who lost limbs, or sight, their sacrifice is irrelevant for most Americans. Memorial Day is now viewed as the official start of the summer rather than a day to remember those who paid the ultimate price for our nation.

This is the point at which most veterans are lost. It is the point at which they lose support from their friends and family members and feel misunderstood. They meet a society that does not care and one which forgot that there is still war in other parts of the world or the outcome of the Iraq war. That there are still service members fighting overseas in Afghanistan and

Syria. They feel unable to reconnect, distant, and different from everyone else. The difference between current times and the times before is that previously, most families had at least one family member who served during a time of war which means that our communities had plenty of neighbor veterans that created a social network of support. Our small AVF makes it more difficult for post 9/11 veterans to find others to relate and share experiences other than in veterans' organizations. The future for veterans looks more isolated and smaller in size as our veterans from World War II pass away, and our service members from Korea and Vietnam continue to age our Gulf war veterans would inevitably find themselves in a world that is less like them.

The Veterans Health Administration (VHA) is the most extensive integrated healthcare system in the United States, receiving billions every year in federal funding. Regardless, death rates within the system are very high. Parking lot suicides are common. Emily Wax-Thibodeaux, in the Washington Post article *The Parking Lot Suicides*, reports on a trend regarding veterans committing suicide in VA parking lots. According to Wax-Thibodeaux, between 2017 and 2018, 19 veterans committed suicide within VA campuses, and VA employees stopped 233 suicide attempts. In the same article, Wax-Thibodeaux highlights that Marine Col. Jim Turner committed suicide in a VA parking lot in Florida leaving a note that read: "I bet if you look at the 22 suicides a day, you will see VA screwed up in 90%". Suicide among veterans is a real-time issue, and that is the bottom line.

It is difficult to conceptualize how such an extensive healthcare system in the nation funded by billions of dollars and staffed by licensed psychiatrists has not been able to address the psychological issues that lead to suicide among veterans. The healthcare system is armed with prescription drugs to treat PTSD, depression, and anxiety, and supported by highly skilled therapists and social workers helping veterans with psychotherapy such as Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR) therapy, Cognitive Behavioral

Therapy (CBT), Dialectical Behavioral Therapy (DBT) and Prolonged Exposure (PE). However, the fact that there are still so many suicide cases implies that there is more than meets the eye. It is also an indication of the fact that perhaps the current approach being used is not practical. It is for this reason that other alternatives such as yoga and acupuncture have been suggested.

The underlying question is on what the healthcare system continues to miss, year after year, as far as tackling this issue is concerned. The position taken by this discussion is that there is the need to approach the issue from an emic perspective- insider point of view. As opposed to creating policies or solutions from outside-in, it is imperative that the veteran community is understood from within. From a personal point of view, it seems like the country has failed to make a cultural and social interpretation of the veteran community as a way to curb the suicide rate.

Equally important to underscore is the essence of tackling the rise of PTSD, depression, and suicide with a biopsychosocial approach. So far, the problem has been addressed using biological and psychological methods. The social approach has not been given precedence yet there are a host of social issues involved. It is vital to understand a service member's life after the war. It is essential to comprehend the damage modern warfare causes to the mind and soul of a human being. At the core lies the need to understand and educate on the environment that veterans have dealt with, social and otherwise.

For the future mental health professionals tasked with helping veterans returning from combat zones or suffering from PTSD or depression, understanding the social aspect is invaluable. Identifying social isolation can help in preventing suicide by detecting the causes that lead to isolation. This is more critical than prescription medication or a neurological understanding of PTSD. It is more important to help veterans find purpose and meaning after service as this can help them in reintegrating back to society with and apply their skills usefully in their local communities. Our society has spent a great deal of effort in developing technology, innovations,

markets and industries, and conveniences that reduce social interaction. We have forgotten that we must also build communities and invest in our local social institutions so we can prevent segments of our population from isolating or feeling disconnected.

Equally important to note is the need to distribute the burden of national defense equitably among citizens to prevent individuals from experiencing prolonged combat exposure and multiple

combat tours that are so detrimental to the health of soldiers and the overall military readiness of the nation. The best way to conclude this is the words of Emer de Vattel, in Law of Nations. In this piece, he states that “It may not be doubted that the very conception of a just government and its duty to the citizens includes the reciprocal obligation of the citizens to render military service in case of need, and the right to compel it.”

Book review by Jenn Smathers

During my undergraduate studies I developed a great appreciation for Neuropsychology, which is where I discovered the work of Oliver Sacks. If you enjoy case studies and Neurology then “*Awakenings*” is the perfect book for you. In

“*Awakenings*”, Sacks shares his experiences and clinical knowledge about his patients who suffered from encephalitis lethargica, also known as the “sleeping sickness”. This book simply demonstrates that although all of Sacks patients were treated with L-Dopa (levodopa) they all reacted to it differently. Sacks does an exquisite job of giving his patients a voice, although they were in a trance-like state for decades. This book is not dry nor is it textual, instead it creates emotions of empathy and compassion. The reader can easily see the sensitivity and love Sacks had for his patients as demonstrated by the case study Rose R., who was also known as “sleeping beauty”. Rose R. contracted encephalitis lethargica when she was only 21 years old and was “awaken” when prescribed L-Dopa 20 years later. Rose did not understand how much time had passed but when she realizes it, she relapses and begins to experience Parkinson-like symptoms. Sacks moves his readers by making them understand that each patient has a story and should be treated humanely, with compassion, love, and respect.



[Image Source](#)

About the Editor...

I transferred to PSU's World Campus two years ago currently putting me at senior status. It is my fourth semester here and I absolutely love it! I am working hard to attain my Bachelor's of Arts in Psychology, after that I will attend a Doctor of Physical Therapy (DPT) program. On my spare time, I absolutely love to write, draw, and do anything creative! I am really interested in neuroscience, marine biology, human anatomy and physiology, and computer science. I currently hold two Associates of Arts degrees, one in Education and the other in Psychology. I am a five-star member of Phi Theta Kappa, an international honor society for two-year colleges, as well as a member of Psi Chi, an international honor society in psychology. In 2013, I won a gold medal for the Storybook Ethics Competition in the NJ Family, Career and Community Leaders Of America (FCCLA) State Leadership Conference. After that, I received a district medal from the Freehold Regional High School District in 2013. In 2016, a poem of mine titled "*Looking Glass*" was published in Brookdale Community College's student arts magazine called *Collage 2016* volume 46. The *Collage 2016* magazine was "awarded the Columbia Scholastic Press Association's (CSPA) Gold Crown Award", which I am extremely proud my poem was a part of (Brookdale, n.d.).

Yours Truly,
Jessica Kramer

Thank you to all of our contributing writers! See you in May for our next issue!
The deadline for the next months submissions is May 3, 2019.
Please email them to wpcmindovermatters@gmail.com

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