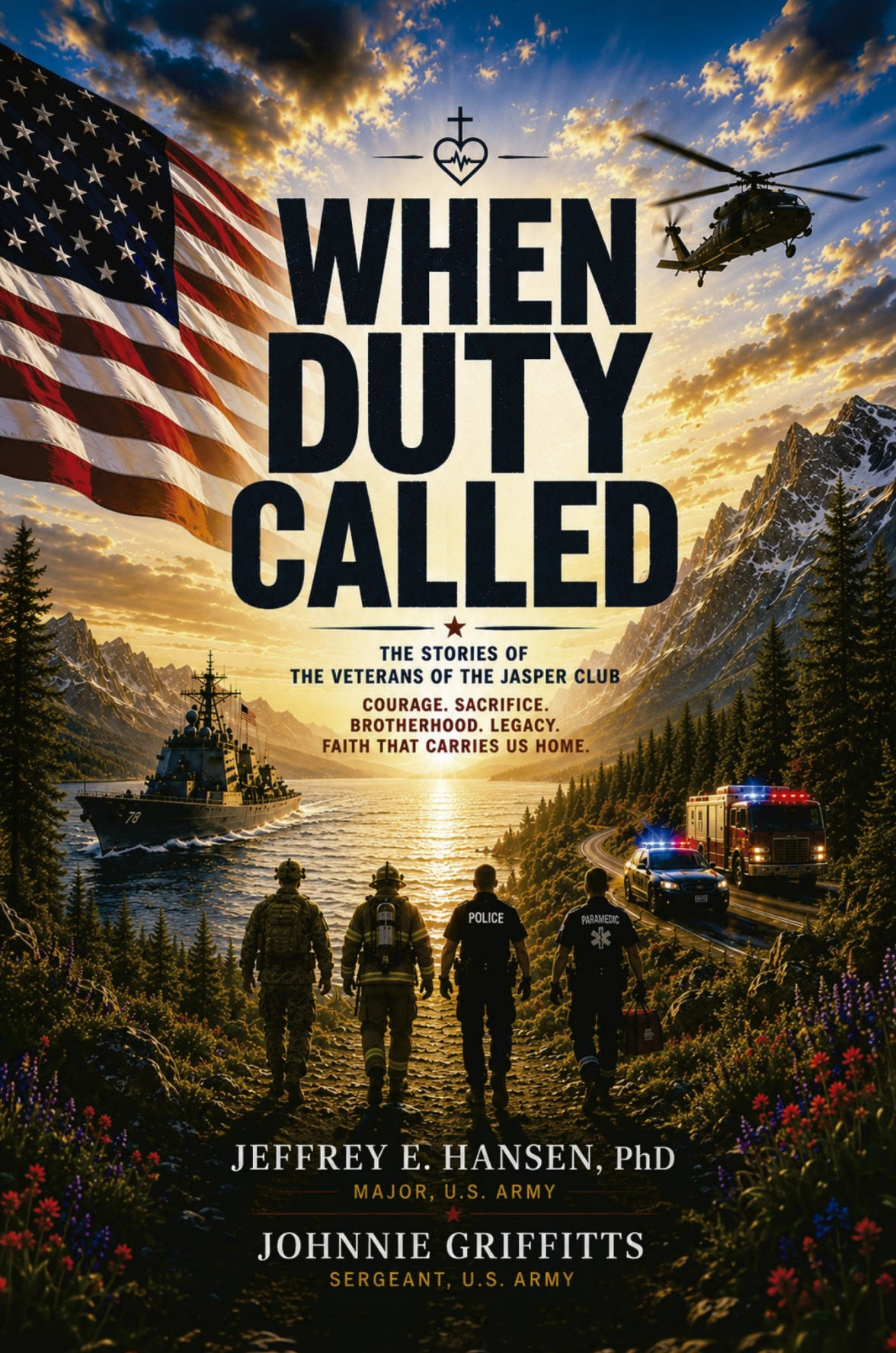




WHEN DUTY CALLED

★
THE STORIES OF
THE VETERANS OF THE JASPER CLUB

COURAGE. SACRIFICE.
BROTHERHOOD. LEGACY.
FAITH THAT CARRIES US HOME.

JEFFREY E. HANSEN, PhD

MAJOR, U.S. ARMY

★
JOHNNIE GRIFFITTS

SERGEANT, U.S. ARMY

When Duty Called

The Stories of the Veterans and First Responders of the Jasper Club

Jeffrey E. Hansen, Ph.D. and Johnnie Griffiths

NO MEDICAL ADVICE IS GIVEN NOR PROVIDED IN THIS BOOK. SUCH INFORMATION, WHICH MAY BE MEDICAL IN NATURE, IS INFORMATION ONLY FOR THE USE OF LICENSED AND EXPERIENCED MEDICAL PRACTITIONERS. A READER INTERESTED IN MEDICAL ADVICE OR MEDICAL TREATMENT SHOULD CONSULT A MEDICAL PRACTITIONER WITH AN APPROPRIATE SPECIALTY WHO IS PROPERLY LICENSED IN THE READER'S JURISDICTION.

Author's Note on AI Collaboration

This book reflects decades of clinical work, research, and the development of the NeuroFaith® model, integrating neuroscience, trauma-informed therapy, and Christian spirituality. In the writing process, I utilized AI tools, including ChatGPT, to assist with drafting, organization, and refinement of ideas. These tools served strictly as support for clarity and efficiency. All clinical insights, theoretical frameworks, and conclusions presented in this work are my own, and I stand fully behind them.

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DEDICATION

THIS BOOK IS LOVINGLY AND RESPECTFULLY DEDICATED
BY THE VETERANS AND FIRST RESPONDERS
OF THE JASPER CLUB TO OUR BELOVED BROTHER

DOUG MCPHETERS

U.S. NAVY SUBMARINER

Doug honorably served our nation as a submariner.

He lived a life of courage, humility,
service, and quiet strength—earning not only
our respect, but our lasting friendship and love.

Thank you for your noble service.

Thank you for being our brother.

Thank you for living well,
even after the price of service and sacrifice.

YOU WILL FOREVER BE REMEMBERED.

YOU WILL FOREVER BE RESPECTED.

YOU WILL FOREVER BE APPRECIATED.

YOU WILL FOREVER BE LOVED.

Fair winds and following seas.

YOUR BROTHERS ALWAYS.





WHEN DUTY CALLED

INTRODUCTION

Before Their Stories Are Lost

There are moments in the life of a nation that shape its character forever.

Some are remembered in history books. Others are etched into monuments of granite and bronze. Still others are marked only by a folded flag, a weathered photograph, a pair of worn combat boots tucked away in a closet, or an old veteran who quietly stares into the distance when a certain song is played or the sound of a helicopter passes overhead.

History remembers battles. God remembers people. This book is about the people.

It is about ordinary Americans who, when their nation called, answered without demanding guarantees, applause, or certainty that they would ever return. They came from farms and factories, crowded cities and forgotten mining towns, universities and machine shops, Native reservations and immigrant families who had only recently become

citizens of the country they would soon defend. They represented every political persuasion, every socioeconomic background, and every personality imaginable. Some were barely old enough to shave. Others left behind spouses and children. Yet each raised a hand and swore an oath that liberty was worth defending, even if the cost proved to be their own life.

That oath matters. It has always mattered. It will always matter.

Throughout our nation's history, generations of Americans have stood in places most of us will never see. They crossed beaches under enemy fire, flew into hostile skies, patrolled jungles, silently cruises beneath dangerous seas, endured deserts and frozen mountains, and answered calls that history demanded of them. Most never considered themselves extraordinary. They simply believed someone had to go. And so they went.

Some came home carrying medals. Others came home carrying memories. Many carried both.

Some returned physically wounded. Others came home with wounds that could not be seen. Their wars did not always end when the aircraft landed, or the ship returned to port. For many, another battle had only begun, one fought in silence against grief, guilt, nightmares, moral injury, addiction, broken relationships, and the haunting question every warrior eventually asks: Why did I come home when others did not?

Those stories deserve to be told, not because veterans seek sympathy or applause, but because memory matters. A nation that forgets those who defended it slowly forgets the virtues that made it worth defending: courage, duty, sacrifice, loyalty, humility, and service before self.

This book was born around tables at the Jasper Club. On the surface it is a room filled with aging veterans sharing coffee, laughter, and stories. Stay long enough, however, and the room changes. An eighty-year-old man becomes nineteen again. He remembers the smell of diesel fuel aboard a submarine, the heat of Vietnam, the dust of Iraq, the mountains of Afghanistan, the endless gray of the North Atlantic, or the unbearable silence after the shooting stopped. These are not simply stories. They are living history, and living history disappears one funeral at a time.

As a psychologist and as a former Army officer, we have come to believe that beneath every uniform lives a human soul: capable of extraordinary courage, profound suffering, remarkable resilience, and enduring hope. Every one of those souls has a story worthy of being remembered.

The stories you are about to encounter are as varied as the men and women who lived them. Some will inspire you beyond words. Some will leave you sitting quietly, perhaps with tears in your eyes, trying to comprehend burdens that those of us who have lived in peacetime can scarcely imagine. Others are marked by folded flags, empty chairs around family tables, decades of silent nightmares, and memories that refuse to loosen their grip.

Yet if you spend any time around veterans, police officers, firefighters, you will quickly discover something that may surprise you. They laugh. Some of the stories you are about to read are so wonderfully outrageous that you will find yourself laughing until your sides hurt. Their humor does not minimize suffering; it survives suffering. Laugh with them. They would much rather hear your laughter than your pity.

Within these pages you will encounter courage and fear, sorrow and gratitude, heartbreak and hope, despair and resilience. More than anything else, it is my hope that these stories help my fellow veterans, police officers, firefighters, medics, and military families feel heard, understood, and remembered. No one should have to carry these burdens entirely alone.

And to you, dear reader, thank you for caring enough to open these pages. Thank you for slowing down long enough to listen. Perhaps the veteran whose story touches you is someone you deeply love, or perhaps it is someone you have never met. What matters is that you cared enough to listen.

Our only request is this. Reach out to a veteran. Reach out to a first responder. Offer your presence, your respect, your gratitude, and your willingness to listen without judgment. If they know they are safe, respected, and genuinely cared for, they will talk. Perhaps not today. Perhaps not tomorrow. But when trust has found a home, they will talk, and what they entrust to you will be far more than a war story. They will entrust you with a piece of their soul.

As you read these pages, perhaps you will whisper a quiet prayer for these men and women and their families. If prayer is not part of your tradition, simply pause for a moment and offer a sincere thought of gratitude, love, and appreciation. Maybe that is all you can do. But all you can do is great. It is certainly better than doing nothing.

So, before another voice is lost, before another flag is folded, and before another chair at the Jasper Club remains forever empty, let us listen. Let us remember. Let us honor these quiet warriors by preserving, with humility and gratitude, the stories they have entrusted to us. For

history records battles, but nations are ultimately remembered by the character of the men and women who answered when duty called.

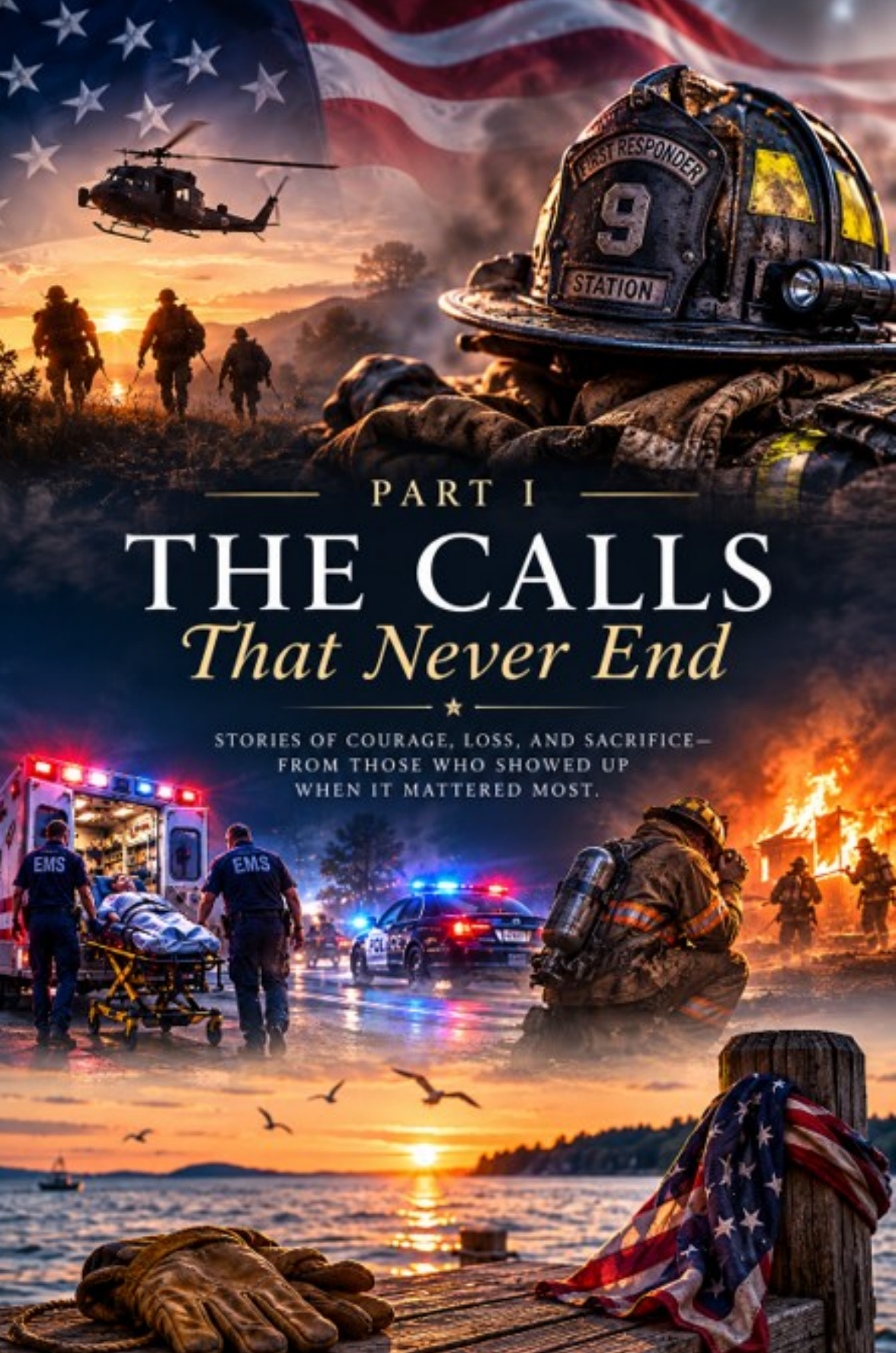
Before we begin, we would like to share one final thought.

Many of the men and women whose stories fill these pages returned home carrying invisible wounds. Some found healing through faith, family, purpose, and time. Others have quietly struggled with memories, grief, anxiety, depression, PTSD, moral injury, addiction, or the lingering effects of trauma. If you recognize yourself, or someone you love, in these stories, we want you to know there is hope.

After these personal accounts, we have included a second section that is very different in style but deeply connected in purpose. Drawing upon more than four decades of Jeff being a military and clinical psychologist, we introduce the NeuroFaith® Model, a neuroscience-informed and spiritually grounded framework for understanding trauma, resilience, and restoration. It is offered not as the only path to healing, nor as a substitute for professional care, but as a practical and hopeful guide for those seeking to better understand the remarkable capacity of the human brain, nervous system, heart, relationships, and spirit to heal.

If you are doing well, we hope you will simply enjoy the stories that follow and carry a deeper appreciation for the extraordinary men and women who have served our nation and communities. But if these pages awaken something within you, or someone you love, we invite you to continue into the second part of this book. Our hope is that the stories you are about to read will inspire you, and that the pages that follow may offer understanding, encouragement, and, above all, hope.

So, dear friends... let's begin.



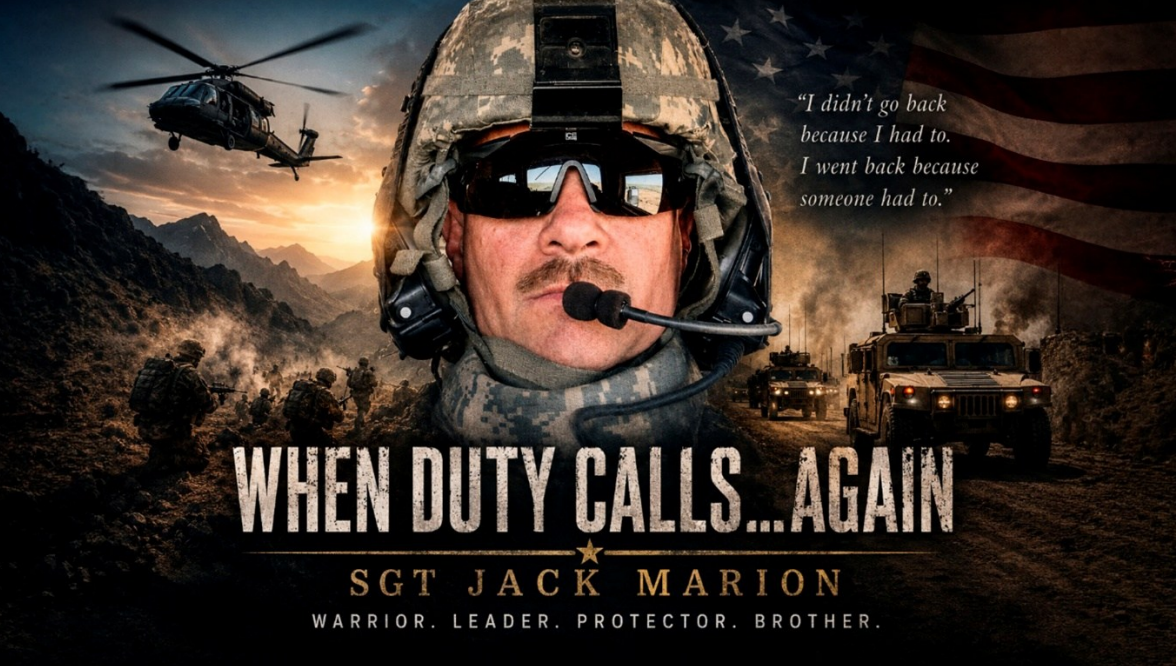
PART I

THE CALLS

That Never End



STORIES OF COURAGE, LOSS, AND SACRIFICE—
FROM THOSE WHO SHOWED UP
WHEN IT MATTERED MOST.



*The first time, courage is often fueled by youthful confidence.
The second time, it is sustained by conviction.*

A Word From Jeff

Some men answer their nation's call once.

SOthers answer it twice.

Jack Marion had already served his country with honor during the Cold War. He had earned the right to leave military life behind, build a career, raise a family, and enjoy the peace he had helped preserve. No one expected him to put the uniform on again.

Then came September 11, 2001.

While most Americans watched history unfold on television, Jack faced a deeply personal question. After more than twenty years away from active duty, would he answer his nation's call once more?

He did.

What followed was not the adventure of a young soldier eager to prove himself, but the deliberate choice of an experienced warrior who fully

understood the cost of war. He knew what military service demanded. He knew the risks. He knew that some of those who deployed beside him would never come home.

He went anyway.

As I read Jack's story, I was struck less by the firefight than by the man behind them. Again and again, his focus was never on personal recognition. It was on protecting the soldiers, medics, and friends entrusted to his care. That quiet commitment became the defining theme of his service and, I believe, the reason his story deserves to be remembered.

What follows is Jack's story, told largely in his own words.

A Boy Who Became a Soldier

If someone had told me at seventeen years old that the Army would become one of the defining influences of my life, I probably would have laughed. My story doesn't begin with some dramatic act of courage or a lifelong dream of becoming a soldier. It begins with a teenager who simply didn't want to go to school.

I wasn't a troublemaker, and I certainly wasn't headed down the road of drugs or alcohol. Like a lot of young men, I thought I already had life figured out. My parents finally reached the point where they gave me a choice that changed my life forever: stay in school or join the Army.

I chose the Army.

Within twenty-four hours I was wondering if I had made the biggest mistake of my life.

After a red-eye flight and a long bus ride through a Missouri snowstorm, I arrived at Fort Leonard Wood exhausted, hungry, freezing, and completely out of my element. Before I even knew what was happening, I stepped squarely onto my drill sergeant's highly polished boot. It wasn't exactly the first impression I had hoped to make.

Things only got worse.

A few weeks later, during the infamous gas chamber exercise, my gas mask had a broken seal. My eyes and lungs immediately felt like they were on fire. I couldn't breathe, couldn't speak, and did the only thing my panicked seventeen-year-old brain could think of.

I ran.

Unfortunately, I knocked my drill sergeant's gas mask loose on the way out. Looking back, it's funny. At the time, I was convinced my military career was over before it had really begun. From that point forward, if there were extra latrines to clean, potatoes to peel, or miserable details to assign, I somehow always seemed to be the lucky winner.

What I didn't understand then was that the Army wasn't trying to punish me.

It was changing me.

Discipline slowly replaced impulsiveness. Responsibility replaced youthful overconfidence. I discovered that leadership isn't handed to you and respect isn't demanded. Both are earned, usually through hardship. Every difficult day chipped away at the arrogance of youth and replaced it with something far more valuable.

After basic training came Infantry School, Jump School, and eventually Germany during the height of the Cold War. We trained constantly with our NATO allies, preparing for the possibility of a Soviet invasion that thankfully never came. Along the way I attended Sniper School, completed specialized training with several allied nations, and eventually earned promotion to sergeant after finishing my GED and the Sergeant's Academy.

One experience left a lasting impression on me. After being selected Brigade Soldier of the Quarter, I was awarded a trip through Checkpoint Charlie into East Berlin. Standing on the communist side of the wall, seeing the gray buildings, guarded expressions, and atmosphere of oppression, reminded me why so many nations had stood together during the Cold War. Freedom wasn't something I took for granted after that.

By the time I eventually left active duty, married, and began building a civilian life, I believed my military career had come to an honorable conclusion. I folded away my uniforms, hung up my boots, and assumed that chapter of my life had closed forever.

I was wrong.

More than twenty years later, history knocked on my door once again.

When America called after September 11, I found myself facing a decision I never expected to make.

I had already served my country once.

The question was whether I was willing to do it again.

My Country Needs Me

There are moments in history that divide our lives into before and after. For my parents' generation, it was Pearl Harbor. For mine, it was September 11, 2001.

Like millions of Americans, I watched the attacks unfold in disbelief. In a matter of hours, the sense of security we had taken for granted disappeared, replaced by grief, anger, and the sobering realization that freedom always carries a price. For many Americans, those attacks awakened patriotism. For me, they awakened something that had been quietly waiting beneath the surface for more than two decades.

Duty.

I had already served my country. I had completed my active-duty career during the Cold War, built a civilian life, raised a family, and believed my years in uniform were behind me. No one expected me to return to military service, and no one would have questioned my decision if I had remained home. I had already fulfilled my obligation.

Yet I couldn't ignore the feeling that experienced soldiers were needed once again. I understood exactly what military service demanded. I was no longer the seventeen-year-old who had joined the Army looking for direction. I had lived enough life to understand sacrifice, loss, and responsibility. Perhaps because I understood those things more clearly, I also knew I couldn't simply watch others answer the call while I remained safely behind.

So I volunteered.

Joining Bravo Company, 1st Battalion, 184th Infantry, I quickly discovered that I was now one of the older soldiers in the unit. Most of the men



around me were young enough to be my sons. They were strong, motivated, and eager to prove themselves, while I found myself drawing upon experiences that stretched back to another era of military service. The equipment had

changed. The tactics had evolved. But one thing remained exactly the same. Soldiers still depended upon one another, and trust still had to be earned.

That opportunity came sooner than I expected.

Our mission in northern Iraq centered on convoy security, escorting long lines of supply trucks along roads that had become ideal hunting grounds for insurgents. Every bridge, every pile of debris, every abandoned vehicle carried the possibility of hiding an improvised explosive device. You learned very quickly that routine did not exist in combat. Every mission demanded complete attention because the enemy only had to be right once.

During one convoy outside Kirkuk, an improvised explosive device detonated beneath our vehicle with tremendous force. The explosion lifted our Humvee off the ground, slammed it back onto the roadway, and left us momentarily stunned inside a cloud of smoke, dust, and shattered pavement. My ears were ringing, my head was pounding, and before I could fully gather my thoughts, rounds began striking around us.

Training immediately replaced confusion.

I checked my crew, confirmed that everyone was still capable of fighting, and realized the attackers were moving aggressively toward the convoy. Remaining in formation would have allowed them to dictate the battle. Instead, I made the decision to break formation and drive directly at the attacking vehicles while our gunners engaged them. Another gun truck immediately joined us, and together we pushed into the attack until supporting helicopters arrived overhead. What had begun as a carefully planned ambush quickly became a retreat for the enemy because they had not expected an aggressive counterattack.

Only after the firefight ended did I discover that I had suffered a concussion during the explosion. Like so many soldiers, I had been too focused on everyone else to recognize my own injuries. After several days of observation, I returned to duty, expecting nothing more than another convoy assignment. Instead, my commander asked me to help develop training based on the tactics we had used during the ambush. The maneuver eventually became known as "Angry Bull," and years later I would see versions of those same tactics incorporated into Army training. That remains one of the quiet satisfactions of my career, not because my name was attached to it, but because better training has the potential to save lives.

Combat, however, has a way of reminding you that every lesson is written at a cost.

Not long afterward, another convoy came under attack after one of our gun trucks struck an IED. As we moved forward to recover the disabled vehicle, we immediately came under heavy enemy fire. I found myself on the ground, returning fire while helping coordinate the recovery of our truck and the defense of the convoy. During the chaos, civilian truck driver Brian Westin deliberately maneuvered his vehicle between me and

the incoming rounds, shielding my position and giving us precious time to regain control of the fight. His courage that day has never left me. Military service teaches us that heroism wears many uniforms, and sometimes none at all.

The emotional cost of war became painfully real when I returned from leave and learned that First Lieutenant Patrick "Bags" Bagley, First Sergeant Steve Trester, and Specialist Alex Zonio had all been killed. Losing friends has a way of changing the way you view every mission that follows. You realize with painful clarity that surviving today's firefight offers no guarantees about tomorrow's.

By then I had long since stopped worrying about proving myself.

My mission had become much simpler.

Lead well. Protect my soldiers. Bring as many people home as possible.

Everything else had become secondary.

The Measure of a Soldier

By the time I deployed to Afghanistan, I no longer viewed military service through the eyes of the young private who had joined the Army decades earlier. Iraq had stripped away any remaining illusions about combat. I had seen what explosions could do, buried friends I deeply respected, and learned that every mission carried the possibility that someone might not return. Whatever youthful desire I once had to prove myself had long since disappeared. My purpose had become much simpler.

Protect the people beside me.

That purpose followed me to the mountains of Afghanistan.

Our mission often involved securing landing zones for medical evacuation helicopters and protecting the combat medics who willingly flew into some of the most dangerous places imaginable. They were extraordinary young men and women. While the rest of us focused on suppressing enemy fire, they focused on saving lives. They never asked whether the wounded soldier lying before them was easy to reach or whether the fight was still raging. They simply went to work. Watching their courage gave me an even deeper appreciation for what service really means.

On one mission, we established a blocking position while helicopters attempted to evacuate wounded personnel from a hot landing zone. Enemy fighters were still actively engaging the aircraft, and as I scanned the hillside, I spotted an insurgent preparing to fire an RPG toward one of the helicopters. There wasn't time to hesitate. We engaged before he could launch the rocket, eliminating the immediate threat and allowing the evacuation to continue. It was one of countless reminders that in combat, decisions are often measured in seconds, while their consequences can last a lifetime.

What I remember most about Afghanistan, however, isn't the firefights. It's the people.

One of our young combat medics, Katrina Sanchez, worked under conditions that would have tested the resolve of anyone. She treated devastating injuries with remarkable calm while rounds cracked overhead and helicopters came and went carrying the wounded. Like every medic I served beside, she placed herself in danger for people she had often never met.

One day she smiled at me and said, "You're our guardian angel."

I laughed and told her I wasn't anybody's angel.

But I also told her that as long as I was standing there, I would do everything in my power to make sure she got home.

That wasn't bravado.

It was a promise.

When my deployment came to an end, Katrina hugged me goodbye and quietly repeated those same words.

"You really were our guardian angel."

I have received commendations during my career that I deeply appreciate, but I cannot think of any recognition that has meant more to me than hearing those words from someone whose life I had simply tried to protect.

Looking back now, I realize that military service changed me in ways I never anticipated. The Army taught me discipline as a teenager, leadership as a young sergeant, and courage under fire as an older soldier. But perhaps its greatest lesson was that leadership has very little to do with rank and everything to do with responsibility. The people under your care become more important than your own comfort, your own ambitions, and sometimes even your own safety.

Coming home wasn't as easy as I expected.

Like many veterans, I discovered that leaving the battlefield is not the same as leaving the war. There were days when I struggled with memories, with the loss of friends, and with questions that don't have easy answers. Learning that some of those brothers later lost their battles

to suicide was heartbreaking. Those wounds don't show up on an X-ray, but they are every bit as real.

What ultimately pulled me forward wasn't another deployment or another medal.

It was family.

It was rediscovering the simple joy of watching my nieces and nephews laugh their way through Disneyland, reminding me that life is still filled with beauty worth protecting. It was realizing that the greatest victories are often found not on a battlefield, but around a dinner table, in a church pew, or in the quiet moments we share with the people we love.

People sometimes ask why I went back after twenty years away from the Army. The answer has never changed.

I didn't go back because I was looking for adventure.

I didn't go back because I missed war.

I certainly didn't go back because I wanted recognition.

I went back because I believed my country needed experienced soldiers, and I believed I still had something to offer. I had already served once, and no one expected me to answer the call again. But there are moments in life when comfort must give way to conviction, and I knew I could not ask younger men and women to shoulder a burden that I was still capable of helping carry.

Looking back across both of my military careers, I don't measure my service by schools attended, badges earned, or medals received. I measure it by the people who came home. If I had any gift to offer, it was simply

When Duty Called

this: to stand between danger and those entrusted to my care for as long as God gave me the strength to do so.

I answered when duty called as a seventeen-year-old kid who thought he had life figured out.

More than twenty years later, I answered when duty called again, knowing exactly what it might cost.

I have never regretted either decision.

If my story leaves any legacy at all, I hope it is this: courage is not measured by how eagerly we run toward battle, but by our willingness to stand beside others when they need us most. Military service eventually ends, but a life of service never really does. Once you have learned to place the welfare of others above your own, that calling stays with you for the rest of your life.

That, more than anything else, is what the Army gave me.

And for that, I will always be grateful.



WOUNDED IN WAR

Still Serving Through His Wounds

The Story of Sergeant Johnnie Griffiths



A Word From Jeff

Some men tell you about their courage. Other men require someone else to tell you because they would never speak that way about themselves.

Sergeant Johnnie Griffiths belongs to the latter group.

Johnnie is the leader of the Jasper Veterans and First Responders Association, and I have been deeply honored that he asked me to stand alongside him in helping chair this extraordinary group. He is soft-spoken, gracious, and unfailingly respectful. He carries himself with the quiet dignity of a man who has endured much but has never allowed suffering to make him bitter.

Johnnie is also, I must say, one handsome older gentleman. He has become something of a Prescott institution, often dressed in clothing reminiscent of the Civil War era or the Old West. He volunteers at the historic Palace Saloon, where he sometimes appears to have stepped out of another century to embody the finest traditions of the American

West. Yet there is nothing theatrical about the character beneath those clothes. The honor, courtesy, and strength are entirely his own.

He is also a gifted operatic singer whose voice has brought comfort and inspiration to funerals, memorial services, veterans' gatherings, and patriotic community events. When Johnnie sings, he does more than perform. He gives something of himself to the people listening. His voice carries sorrow, faith, love of country, and reverence for those who served.

Johnnie is Native American, and he has generously shared with me some of the wisdom, beauty, and spiritual depth of his heritage. What he has taught me speaks directly to my soul. His understanding of honor, the sacredness of life, respect for those who came before us, and our responsibility to one another feels beautifully aligned with the deepest convictions of my own faith.

Beneath Johnnie's warmth, music, humor, and Old West charm, however, is the story of a nineteen-year-old soldier who arrived in Vietnam during one of the most violent periods of the war. He was badly wounded in combat, received the Purple Heart, and was also awarded the Bronze Star Medal. The physical wounds followed him home, as did injuries that could not be seen. Even now, he lives with pain and with memories that time cannot entirely erase.

Johnnie could have allowed those wounds to close him off from the world. He could have surrendered to bitterness, anger, or despair, and no one who understood what he had endured would have judged him for struggling beneath their weight. Instead, he turned his wounds toward service. He became a man who notices the forgotten, honors

the fallen, comforts grieving families, and reminds veterans that their lives and sacrifices still matter.

Those of us who have never been to war must approach stories like Johnnie's with humility. This is not an attempt to create a hierarchy of suffering or suggest that veterans possess some moral superiority over those who did not serve. It is simply an acknowledgment that certain experiences cannot be fully understood from the outside.

We can read about combat, study its history, watch films, and listen carefully to those who were there. We can feel compassion and allow their stories to move us deeply. But we cannot entirely comprehend what it means to hear rounds passing close enough to kill us, to watch men beside us fall, or to feel a bullet enter our own body while wondering whether our next breath will be our last.

What we can do is listen. We can resist the temptation to rush veterans past their pain or insist that they should be over something because it happened decades ago. We can recognize that visible strength and invisible suffering can exist within the same person. We can make room for their stories without judgment and without turning away when those stories become difficult to hear.

The wounds beneath the surface are among the reasons I feel called to work with veterans and preserve their stories. Too many returned from war to a society that expected them to resume ordinary life without acknowledging that they had experienced something profoundly outside the ordinary. If the wound could not be seen, it was often ignored. If the veteran remained functional, people assumed he had recovered.

These stories deserve to be preserved not because war should be glorified, but because sacrifice should not be forgotten. Veterans deserve to be known as whole human beings rather than reduced to uniforms, medals, diagnoses, or wounds.

The rest of this story belongs to Johnnie.

Going to Dragon Mountain

If you can imagine the thoughts that go through a nineteen-year-old soldier's mind, you may begin to understand what I felt when I learned that I was going to Dragon Mountain.

I arrived in Vietnam in January 1968. I was nineteen years old, far from home, and entering a world for which no young man could ever be fully prepared. I had received military training. I knew how to carry my weapon, follow orders, and function as part of a unit. But knowing the mechanics of soldiering was not the same as knowing what war would ask of me.

Dragon Mountain was the name American soldiers gave to Núi Hàm Rồng, a prominent mountain near Pleiku in the Central Highlands of South Vietnam. Camp Enari, the large base camp of the 4th Infantry Division, stood near its base. Highway 14 connected Pleiku with Kon Tum to the north and other strategically important areas of the highlands.

The Central Highlands were rugged and contested. Mountains, jungle, rolling terrain, and red earth shaped the landscape. The region lay near infiltration routes used by North Vietnamese forces moving personnel and supplies through the border areas. Pleiku and Kon Tum were therefore more than names on a military map. They were strategically

important places in a war being fought across some of the most difficult terrain imaginable.

When I arrived, the Tet Offensive was about to erupt across South Vietnam. Beginning at the end of January 1968, Communist forces launched coordinated attacks against cities, military installations, provincial capitals, and outposts throughout the country. The offensive reached from Saigon and Huế to the Central Highlands. Pleiku, Kon Tum, and the surrounding bases were caught in that storm.

For the soldiers already there, and for young replacements arriving in Vietnam, the war suddenly seemed to be everywhere. My unit, like so many others, experienced frequent contact with the enemy. There was no clean boundary separating safety from danger. A road could appear quiet until the shooting began. A tree line could conceal nothing or an entire enemy force. A hillside could be merely a hillside in one moment and a killing ground in the next.

The uncertainty was constant. You learned to study the terrain and listen for changes in the sounds around you. You watched the men beside you because sometimes their reactions told you something before you fully understood it yourself. You carried your equipment, followed the mission, and tried not to dwell upon what might be waiting beyond the next rise.

We were young, but the war did not care how young we were.

When the Fire Began

During one operation in the Central Highlands, our unit encountered a large enemy force. We came under heavy fire, and the situation deteriorated quickly. The volume of fire made remaining where we were

increasingly dangerous, so we began trying to move toward higher ground on the mountain.

Moving uphill under fire is difficult enough. Trying to do it while staying low enough to avoid becoming a target is something else entirely. We could not simply stand and run toward the mountain. We had to make ourselves as small as possible, pressing against the earth and crawling forward while rounds moved through the air around us.

I was low-crawling, pulling myself along close to the ground. In that position, every foot of progress requires effort. Your weapon and equipment drag with you. Dirt works its way into your clothes and against your skin. Your field of vision narrows to whatever lies immediately ahead, yet some part of your mind remains aware of the firing around you and the vulnerability of your own body.

There is no heroic posture in a moment like that. You are not thinking about medals or how the story may someday be told. You are trying to remain with your unit, reach better ground, protect the men beside you, and survive the next few seconds.

Combat is not cinematic. There is no music beneath it, no narrator explaining what is happening, and no assurance that courage will be rewarded with survival. There is noise, confusion, dirt, terror, and the terrible awareness that someone who was alive beside you moments earlier may suddenly be wounded or dead.

The men around you are not abstractions. They are the men with whom you have trained, eaten, joked, complained, and shared whatever small comforts could be found. You know their voices and the way they laugh. You know who has a wife waiting at home, who carries pictures of his

children, and who is still young enough that his mother writes every week.

Then, in a matter of seconds, one of those men can be gone.

The fighting does not stop to let you absorb it. Duty does not pause for terror or grief. Even while frightened, soldiers continue returning fire, moving toward better ground, tending the wounded, and watching over one another because someone beside them is depending upon them.

Then I felt the impact.

The round struck me in the chest with such force that it felt as if someone had swung a thousand-pound sledgehammer into my body. One moment I was crawling toward the mountain, and the next my body had been violently stopped by something I could not see.

A bullet does more than pierce flesh. Its force shocks the body, overwhelms the senses, and interrupts the mind's ability to understand what has happened. For a moment, there is impact before there is comprehension. The body knows it has been struck before the mind can find the words.

I had been shot.

I was nineteen years old, wounded in the chest, and lying beneath enemy fire. At nineteen, most young men are only beginning to imagine the lives they might build. In that moment, the future I assumed would be mine suddenly narrowed to whether I would survive the next few minutes.

You wonder whether the wound is fatal. You wonder how much blood you are losing and whether anyone can reach you. Thoughts of home

and family collide with the immediate demands of staying alive. Somewhere beneath the terror is the recognition that you may be dying far from everyone who has ever loved you.

The world did not stop because I was wounded. The firing continued. My fellow soldiers remained exposed and continued doing their duty. Some were wounded, and some would not leave the mountain alive. Whatever fear any of us felt could not suspend our responsibilities. War offered no protected space in which to absorb what was happening.

Somewhere amid that chaos, men recognized that I needed to be evacuated. They protected me, tended to me, and called for a medevac helicopter.

Someone Was Coming for Me

The sound of a helicopter approaching a battlefield can mean many things. It can carry soldiers into danger, bring ammunition and supplies, or provide fire support. To a wounded soldier lying on the ground, however, the sound of a medevac helicopter means something altogether different.

It means someone is coming for you.

The pilots and crews who flew those missions entered places from which everyone else was trying to escape. They exposed themselves to enemy fire so that wounded men they did not know might have a chance to live. Their courage was not abstract. It descended through the noise toward men whose lives depended upon their willingness to come.

Within approximately thirty minutes, I was aboard a helicopter and being flown to the 71st Evacuation Hospital at Pleiku. Thirty minutes may not sound like a long time, but time changes when you have been

wounded. Each minute stretches beyond its ordinary measure because you do not know how badly you have been injured, whether the bleeding can be controlled, or whether you will still be alive when the helicopter reaches the hospital.

Being lifted away brought relief, but it also meant leaving my brothers behind. They remained on the mountain, still fighting, still exposed, and still facing whatever the next moment would bring. That knowledge became part of what I carried with me.

Survival in war is never entirely solitary. Men shield you, carry you, treat you, and fly into danger to retrieve you. Surgeons and nurses labor to keep you alive. Your survival is built upon the courage and sacrifice of people whose names may never appear beside yours on a medal.

The Round Pinned to My Arm

At the 71st Evacuation Hospital, the medical personnel went to work. Army hospitals in Vietnam treated casualties arriving directly from combat, often with little warning and under enormous pressure. Surgeons, nurses, medics, technicians, and support personnel faced wounds that most people could scarcely imagine. They worked quickly because the wounded did not have the luxury of time.

Before surgery, I made one request of the doctor.

“If you take the round out, could you please save it for me? I want to take it home.”

I cannot say with certainty why that mattered so much to me in the moment. Perhaps I needed something tangible, some physical proof that the event had happened and that I had survived it. The bullet had

entered my body with enough force to end my life. If I lived, I wanted to take it home.

The following morning, I awoke and found the round pinned to my arm. There it was, the piece of metal that had struck me like a sledgehammer, removed from my body and fastened where I could see it. I could hold it. I could take it home. It had entered me as an instrument of death, but now it had become evidence that death had not won.

I was grateful simply to be alive.

Later, my commanding officer, the executive officer, and the first sergeant came to me and presented me with the Purple Heart. My service would also be recognized with the ARCOM with V Device. I received those honors with gratitude, but I never believed that I had been the only courageous man on that mountain.

I had been surrounded by soldiers doing their duty under fire. Some protected me, treated me, called for evacuation, or carried me to safety. Others continued fighting after I had been removed. Many performed acts of courage that never resulted in a medal or public recognition.

The Purple Heart bore my name, but my survival belonged to many people.

The Wounds No One Could See

The helicopter carried me away from the battlefield, but no helicopter could carry me completely away from what happened there.

The physical wound was visible. It could be examined, treated, bandaged, and entered into a medical record. People could see it and therefore understand that something had happened to me.

The wounds beneath it were different.

When soldiers returned to garrison, and eventually returned home, the expectation was often simple: the danger was over, so we should get over it. If no wound could be seen, we were assumed to be fine. If the body had healed sufficiently for a man to walk, work, and function, people naturally concluded that the war had ended for him.

For many of us, however, the war continued in places no one else could see.

Combat can remain embedded within the body long after the battlefield has fallen silent. The mind may know that the war is over, yet the body continues listening for danger. A sudden noise can bring back the crack of gunfire. A helicopter can return a man to the moment he was lifted from the battlefield. A smell, face, or unexpected movement can open a memory that has remained beneath the surface for years.

The body braces before the mind knows why. Sleep can become another battlefield. Some veterans relive what happened through nightmares or memories that arrive without invitation. Others experience a numbness they cannot explain or carry guilt because they survived when friends did not.

In our generation, men were not always given language for those experiences. We were expected to be strong, remain silent, and move forward. The message was often unmistakable: you made it home, so you should be grateful. Do not dwell upon it. Do not burden others with it. Get over it.

Many of us did our best to comply. We went to work, raised families, served our communities, and kept our memories behind doors that rarely opened. Some appeared entirely successful while fighting battles inside themselves that even the people closest to them could not see.

I carried both kinds of wounds. I lived with the physical consequences of being shot, but I also carried the memories of that mountain, the terror of believing I might die, and the knowledge that some of my brothers did not return.

I could not change what had happened, but I still had a choice about what I would do with it.

Why I Continued to Serve

I did not continue serving because the wounds disappeared. I continued serving through them.

Over time, I came to understand that the round pinned to my arm represented more than survival. Surviving created a responsibility. I had returned home when many others did not, and I had been given years that were denied to friends and fellow soldiers.

I could not live those years for them, but I could live in a way that honored them.

That conviction eventually led me to begin Veterans Honoring Veterans and to continue serving through the Jasper Veterans and First Responders Association. The uniform may change and active duty may end, but the obligation to stand beside one another does not disappear.

Veterans need more than ceremonies and words of appreciation. They need community. They need people who understand that some wounds remain hidden. They need someone willing to sit beside them without

judgment, honor what they endured, and remind them that they still have purpose.

That is the person I have tried to become.

My work has involved fundraising, organizing events, building relationships within the community, honoring veterans, and helping ensure that those who served are not forgotten. It has also meant standing beside families during times of grief and remembering those whose service and sacrifice might otherwise disappear from public memory.

I know what it means to be wounded and carried from the battlefield. I know what it means for other people to come for me.

Now I try to come for others.

When I sit beside a wounded veteran, honor a fallen service member, sing at a funeral, or comfort a grieving family, I am not offering sympathy from a safe distance. I am reaching through my own wounds toward the wounds of another.

The pain has not always left me. The memories have not disappeared. The scars remain, both those that can be seen and those carried within. But they have given me a deeper understanding of what another veteran may be carrying beneath the surface.

I cannot bring back the men who did not return. I cannot undo what happened on the mountain or restore the years taken from so many families. What I can do is remember them. I can speak their names, honor their service, preserve their stories, and stand beside the veterans who came home carrying burdens they were never meant to carry alone.

The nineteen-year-old soldier crawling toward higher ground could not have imagined the life that still waited for him. I could not have known the veterans I would someday encourage, the families I would comfort, the songs I would sing, or the community that would come to mean so much to me.

I knew only that I had been struck in the chest, that men had come for me, and that I had survived.

The round pinned to my arm became proof of that survival. The life I have lived since then became its purpose.

There are medals that can be pinned upon a uniform, and there are honors revealed only through the way a person chooses to live. I remain grateful for the Purple Heart and the Bronze Star Medal, but the greatest way I can honor those awards is to continue serving the men and women whose sacrifices they represent.

I was wounded in war, but my service did not end there. I came home carrying wounds that others could see and wounds they could not. Those wounds became part of the reason I chose to stand beside other veterans.

I am still serving, not because I escaped the wounds of war, but through them.

MORE THAN A SOLDIER

★
THE HERO WHO WALKED WITH ME
THROUGH WAR AND LIFE

By Dr. Jeffrey E. Hansen, Ph.D.
★

Everybody Needs a Hero

Everybody needs a hero. Mine was MAJ Al Johnson. Let me explain. It was 1992, and I had been activated for deployment to Somalia with the 62nd Medical Group. At the time, I was a pediatric psychologist, most of my Army career spent safely within the walls of medical centers. I knew very little about the realities of soldiering in combat environments. I had volunteered to go imagining something much closer

to a humanitarian mission, picturing myself handing out candy bars to children and helping from the relative safety of a medical role. I truly had no idea what I was walking into. Somalia was not an abstraction. It was violence, instability, starvation, and fear. And almost immediately I realized I was profoundly unprepared for the realities surrounding us.



Then Came Al

Then came Al. MAJ Al Johnson. A soldier's soldier in every sense of the word. He was steeped in experience, calm under pressure, sharp as a tack, and full of the kind of quiet wisdom that immediately steadied everyone around him. Somehow, whether through instinct, compassion, or sheer mercy, he decided to take me under his wing. And from the moment he did, my entire experience of Somalia changed.



Our first firefight happened not long after we landed. I honestly barely understood what was happening around me. I was not a warfighter by temperament or training, and I joke that I was probably more

at risk of accidentally shooting myself with my Beretta than defending anyone effectively. But while chaos erupted around us and incoming fire cut through the confusion, Al ran back through danger itself to retrieve my flak jacket and helmet. He tossed them into my hands with complete calmness and simply said, "Here, put these on."

That moment stayed with me for the rest of my life because Al was doing something much larger than protecting me physically. In the middle of uncertainty and fear, he became an anchor. He regulated the emotional climate around him. I still laugh when I tell people that my biggest military accomplishment was a perfect 10.0 dive underneath a table during our first firefight, but beneath the humor is something deeply true. Al was the reason I remained intact. Body, mind, and spirit.

Following His Lead

From that point forward, I followed Al like a shadow. When Al looked calm, I relaxed. When Al became cautious, I stopped in my tracks. He taught me how to read an environment, how to notice subtle shifts that signaled danger, and how to steady my nervous system when adrenaline threatened to take over.



One afternoon I heard a strange snapping sound pass near my head and barely reacted to it. Al turned toward me and asked, “Did you hear that?” I casually answered, “Yeah.” Then he looked directly at me and said, “Jeff, that was a round that barely missed us.” That was Al. Never theatrical. Never dramatic. Just deeply grounded in reality. He never minimized danger, but he also never surrendered to panic. That combination created an extraordinary sense of safety around him, even in profoundly unsafe places.

Mogadishu

Our unit eventually occupied a once beautiful university in Mogadishu. Somalia had been stripped almost completely bare. There was no electricity, no running water, no glass in the



windows, and no wires remaining on the utility poles. Even the ceramic caps had been torn from the telephone lines. People bathed openly in the streets. Cardboard and tin structures lined the roads. Everywhere you looked there were signs of collapse, desperation, poverty, and fear.

Warlords like General Aidid controlled enormous portions of the region while children starved and humanitarian aid moved under constant threat of violence. The smell of despair lingered almost everywhere we went. Yet even inside that darkness, Al somehow maintained his humanity. He carried himself with steadiness, humor, intelligence, and quiet dignity. He never lost his center, and because he did not lose it, many of us around him were able to hold onto ours as well.

The Flight Home

I remember our flight home vividly. We boarded a massive C-5 Galaxy simply grateful to be alive, but not long into the flight we encountered turbulence unlike anything I had ever experienced. And I am the son of a pilot. I have endured more than a few white-knuckle flights in my life. But this was different. Even the flight crew looked visibly unsettled.

That is when Al quietly turned toward me and asked, “Jeff, do you pray? If so, now would be a good time.” And so we prayed together with very few words and a great deal of faith. That moment captured something essential about Al. Even under pressure, he remained grounded, practical, and spiritually centered. As always, I followed his lead.

A Friendship Beyond War

After Somalia, our friendship only deepened. Al was brilliant. Truly brilliant. He read constantly, thought deeply, and could move seamlessly between conversations about military strategy, quantum mechanics, philosophy, theology, psychology, or the deeper questions surrounding the human soul. But what made him extraordinary was not simply his intelligence. It was his humility. He carried immense knowledge without arrogance.

He loved his wife Marty deeply, and he absolutely lit up whenever he spoke about his son, JJ. Over the years he became my sounding board for clinical

cases, my guide through military culture, and one of my closest companions in intellectual and spiritual life. I genuinely believed there would be many more years together, many more late-night conversations, many more cups of coffee, and many more “downloads” about life, suffering, meaning, faith, and the human condition. But those years would not come on this side of eternity.

Since Al's passing, I have had the privilege of getting to know JJ, who is in many ways a living tribute to his father. The resemblance is uncanny. The same warmth. The same grounded presence. The same thoughtful cadence and spirit. Talking with JJ often feels like hearing echoes of Al himself still walking beside me.

Until We Meet Again

So, I write this with both gratitude and sorrow. I miss my buddy. I miss my hero. And I thank God for the strange divine mercy that brought us together in the middle of a war zone.

Al, as you fly through heaven, I suspect you have already figured everything out up there within the first week. You probably already know everybody and have already found the best coffee. And when my time finally comes, I know you will be there waiting to give me the skinny, just like always.

Until then, enjoy the company in God's kingdom. You never did meet a stranger.

With deep love,

Your buddy forever,

Jeff

NO COMPLAINTS

The Battle of Bu Dop

Lieutenant Colonel William “Bill” Hunt
U.S. Army (Ret.)



In November 1967, the war in Vietnam was intensifying along the Cambodian border. Bu Dop was an isolated Special Forces camp in a region of rubber plantations, dense jungle, and enemy infiltration routes. Its proximity to Cambodia made the area strategically important and exceptionally dangerous. Enemy forces could move through the surrounding countryside, strike an outpost, and then withdraw toward the border.

Shortly after midnight on November 29, Viet Cong forces attacked the nearby Bo Duc District headquarters. Mortar fire prevented South Vietnamese forces at Bu Dop from reinforcing the compound. By that afternoon, the United States Army had begun moving additional forces into the area.

The 1st Battalion, 28th Infantry Regiment, known as the Black Lions, was flown from Quan Loi to Bu Dop. With them came Battery A, 2nd Battalion, 33rd Artillery, equipped with 105mm howitzers. Together, the infantry and artillery established a defensive position near the northwestern end of the small airstrip.

I was serving as the battery executive officer.

As the battery XO, I was responsible for helping ensure that the guns, ammunition, equipment, and men were ready to fulfill our mission. The infantry formed a protective perimeter around us while our howitzers provided fire support. It was an arrangement familiar to artillerymen in Vietnam. The infantry protected the guns, and the guns protected the infantry.

A 105mm howitzer is ordinarily used to fire indirectly at an enemy miles away. The gun crews may never see the soldiers against whom they are firing. Coordinates are calculated, elevations are established, and rounds are sent high into the air toward targets identified by forward observers.

That was how the guns were intended to be used.

On the night of November 29, everything changed.

Shortly after ten o'clock, Viet Cong mortar rounds and 122mm rockets began falling upon our position. One of the rockets struck a bunker directly, killing the four men inside. In a matter of moments, the darkness was filled with explosions, small-arms fire, shouted commands, and the cries of wounded men.

Then the bombardment lifted, and the ground assault began.

Hundreds of enemy soldiers emerged from the rubber trees on the eastern side of the runway. They had only about two hundred meters of open ground to cross before reaching us. The infantry surrounding our battery opened fire, but the enemy continued advancing. Portions of the infantry perimeter were overrun, and the battle moved frighteningly close to the guns.

There are moments when the mind cannot take in the entirety of what is happening. The noise alone becomes almost physical. Rockets and mortars explode around you. Tracer rounds cut through the darkness. Men shout over the firing. Some are wounded. Some are dying. Yet decisions still must be made, and they must be made immediately.

Our howitzers could no longer function only as distant artillery pieces. The enemy was directly in front of us.

We lowered the barrels.

The crews turned the 105s toward the attacking forces and began firing directly into them. At that distance, the howitzers were being used almost like enormous rifles. There was no unseen target miles away and no forward observer adjusting rounds from a distant position. The enemy was coming toward us across the open ground, and our crews could see where the guns had to be directed.

For the next several hours, I helped direct the fire of our howitzers as the attack continued.

I wish I could say that I felt fearless, but that would not be an honest description of combat. Fear does not disappear because a man wears an officer's insignia or has graduated from West Point. Courage is not the absence of terror. Sometimes courage is simply the ability to keep functioning while terror is all around you.

That night, there was no time to ask myself whether I was being courageous. Men were depending upon the decisions being made. The guns had to continue firing. The crews needed direction. Ammunition had to be moved and kept available. The wounded needed help. The position had to be defended.

I had a job to do, and I kept doing it.

Much of what carried me through came from training and discipline. West Point had taught me that an officer's responsibility does not end when circumstances become dangerous. The Army had taught me to trust my training, my fellow soldiers, and the men operating the guns. Repetition had taught each crew member how to perform his task until essential actions became almost instinctive.

Training gave us something firm upon which to stand when the world around us descended into chaos.

Until Bu Dop, I did not truly know how I would respond under those circumstances. I suppose no one can know with certainty until the moment arrives. We may imagine ourselves acting bravely, but imagination is very different from hearing rounds strike around us and knowing that lives depend upon our ability to remain steady.

When that moment came for me, the training held.

The artillery crews continued firing. The infantry fought to hold and recover the perimeter. Helicopter gunships arrived overhead and encountered heavy antiaircraft fire. They located enemy mortar positions nearby and attacked them. F-100 fighter-bombers then struck the enemy-held woods with bombs and cannon fire.

Gradually, the assault began to falter. The surviving attackers withdrew toward the forest, and by approximately half past midnight, most of the firing had stopped.

The official history records seven Americans killed and eleven wounded in the engagement. The enemy left thirty-one bodies behind. Prisoners later reported that additional Viet Cong forces had been positioned

nearby, prepared to exploit any breakthrough. Had the perimeter collapsed completely, the outcome could have been far worse.

Numbers, however, can never convey what a battle costs. A casualty figure cannot tell a family who the man was, what made him laugh, what dreams he carried, or what he might have become. It cannot describe the empty place left at a family table or the years someone else would spend wondering why a husband, father, son, or brother never came home.

For my actions at Bu Dop, I was awarded the Bronze Star Medal with the "V" device for valor. I accepted it with gratitude and respect, but I have never regarded the medal as mine alone.

I was surrounded by men who continued performing their duties under terrible conditions. Many displayed courage equal to or greater than my own. Some were wounded. Others gave everything they had.

I have often felt that many of them deserved such recognition before me.

I was doing the job the Army had trained me to do. I was an officer entrusted with responsibility for men and guns, and when the position came under attack, I remained at my post. I was fortunate enough to survive without physical injury. Not everyone received that blessing.

About one-third of my West Point classmates were wounded or killed in Vietnam. That knowledge has never left me. We had trained together, studied together, endured the demands of the Academy together, and prepared ourselves to serve our country. We were young men looking toward futures we naturally assumed would be ours. For many, those futures ended in Vietnam or were permanently altered there.

Now, many decades later, the memories of that night remain. Time has softened some details, but it has not erased the faces, the sounds, or the

awareness of how quickly a life can end. Those moments remain seared into my soul, not because I wish to remember the terror, but because I cannot forget the men who stood within it.

As I have grown older, I have felt less pride in having survived than gratitude, accompanied by a deeper compassion for those who did not. I was given the privilege of returning home, continuing to serve the Army, having a meaningful career, and living a wonderful life. Others who were every bit as worthy were denied those years.

I do not know why I was spared. That is a question for which I have never found an adequate answer. I can only receive the life I was given with humility and attempt to live it honorably.

I survived Bu Dop without physical injury, but no one passes through an experience like that entirely untouched. No academy, classroom, drill, or field exercise can prepare a person for the horrors of battle. Training may teach us how to function amid the chaos, but it cannot shield us from what we see, hear, and carry afterward.

The wounds of war are not always visible. They can embed themselves deeply within the body and nervous system, remaining long after the battlefield has fallen silent. A sound, a face, or an unexpected memory can carry a person back across decades. Time moves forward, but some experiences remain present within us.

Yet even amid those scars, we retain a choice.

We can capitulate to what happened and allow it to define the remainder of our lives, or we can lean into life with renewed purpose. We can continue serving, help carry the burdens of others, and strive to become better people because of what our comrades endured.

After retiring from the Army at the rank of lieutenant colonel, I felt a continuing need to serve outside the uniform. Leaving military service did not release me from the values it had placed within me or from the responsibility I felt toward those who never came home. In some measure, I wanted to live for them. I wanted to carry forward the meaning of their valor and make a difference so that what we experienced, and what they sacrificed, would not be in vain.

I do not claim to bear their wounds as they bore them. Their suffering belonged to them and to the families who loved them. But I can remember them. I can honor them through the way I live. I can allow their courage to call something better out of me.

Were it not for my comrades and what we endured together, I would have been a lesser man.

Becoming better was not automatic. It was a choice I had to make repeatedly. I chose to live by what I had been taught about duty, integrity, courage, and service. I chose to keep leaning toward others rather than retreating into myself.

The Bronze Star bears my name, but the valor belongs to many. Some received medals. Some received wounds. Some received neither recognition nor the opportunity to return home. Many men and women have carried their own memories of war quietly, asking for no praise and receiving little understanding from those who were not there.

Perhaps the most meaningful way I can accept that medal is by continuing to serve. Its value is not found in displaying it, but in attempting to live in a manner worthy of the men who stood beside me. Their lives have challenged me to be more compassionate, more faithful,

and more willing to use whatever years I have been given for the good of others.

My story is only one among countless stories of service and sacrifice. Across generations, valiant men and women have stepped forward when their country called. They have served in jungles, deserts, mountains, cities, oceans, and skies. Some returned home bearing visible wounds. Others carried injuries hidden within their bodies and souls. Some never returned at all.

Their valor must not be forgotten.

To honor them is not merely to remember how they suffered or how they died. It is also to remember why they served, how they lived, and what their sacrifice asks of those who remain. It calls us to live with courage, gratitude, compassion, and an enduring willingness to serve one another.

I was blessed to survive, to continue serving the Army, to retire as a lieutenant colonel, and to have a wonderful career and life. I carry profound gratitude for all of it, along with an enduring responsibility to remember those who were not given the same years.

Their stories remain part of mine. Their sacrifice continues to shape the man I strive to be.

The medal may carry my name, but I carry them.

No complaints.

WHEN DANGER FOUND US

The Forward Observer

Lieutenant Colonel Bill Hunt

United States Army (Retired)



Combat does not always announce itself. It does not necessarily give a man time to prepare his thoughts, gather his courage, or decide how he intends to respond.

Sometimes a soldier deliberately moves toward danger because the mission requires it. More often, he is simply doing his job when danger finds him. One moment, the circumstances appear familiar and manageable. The next, everything has changed, and the possibility of death is no longer theoretical.

You do not always choose the test. Sometimes the test chooses you.

Only then do you begin to discover what your training has built, what your faith can sustain, and what you are made of.

During my service in Vietnam, one of my responsibilities was to fly as a forward observer in a small, two-seat Cessna. The aircraft was slow, light, and designed for observation rather than protection. It allowed us to see the battlefield from above, but that visibility came at a cost.

If we could see what was happening on the ground, the enemy could also see us.

People who have never served in that role may not fully understand what was expected of a forward observer. Artillery can strike targets miles away, but the crews operating the guns often cannot see those targets. They depend upon someone positioned closer to the fighting to become their eyes.

The forward observer must identify potential enemy positions, understand the terrain, determine accurate coordinates, distinguish friendly troops from enemy forces, and communicate clearly with the artillery crews. When rounds are fired, he watches where they land and directs the necessary corrections. He may move the next round left or right, farther out or closer in, until the artillery is properly placed upon the target.

Those decisions must be made accurately. A mistake can endanger friendly soldiers or civilians. Hesitation can leave troops without the fire support they desperately need. The observer must remain aware of the larger battlefield while concentrating upon details that can be difficult to see from the air. The work demands technical knowledge, spatial judgment, disciplined communication, and an ability to think clearly while exposed to danger. It also requires the observer to go where the enemy may be.

That is the paradox of the mission. You fly out looking for dangers that you hope are not there. You search tree lines, trails, clearings, villages, and changes in the landscape. You look for movement that does not belong, positions that are too carefully concealed, and signs that something dangerous is waiting below.

Then, sometimes, you find it.

The small observation aircraft used in Vietnam could operate from short or unimproved airstrips and remain over an area for extended periods. Those qualities made them valuable, but they were also slow and vulnerable. They generally flew low enough for an observer to study the terrain and identify activity on the ground. That same altitude placed the aircraft within range of rifles and other small arms.

There was little separating the men inside from the rounds fired beneath them. The aircraft carried none of the protection people might associate with a modern combat airplane. It was not fast enough to escape danger instantly, nor armored heavily enough to absorb sustained gunfire.

Forward observers understood that vulnerability every time they climbed aboard.

Many men who flew observation missions did not return. Some aircraft disappeared into jungle or difficult terrain. Others were brought down by ground fire. The observer's task was indispensable, but it was never safe. To see the battlefield clearly, he had to accept the possibility that the battlefield would see him.

On this particular mission, I was seated in the two-seat Cessna while the pilot flew the aircraft. I was carrying out my responsibility as a forward observer, watching the terrain below and remaining alert to whatever might reveal itself.

At first, it was another mission. Then danger found us.

A number of rounds were fired upward from the ground and tore through the cockpit. There was no gradual transition and no

opportunity to prepare ourselves emotionally. In an instant, we went from observing the terrain to being under direct fire.

The pilot was struck in the knee.

Inside such a small aircraft, there is nowhere to retreat. There is no bunker, trench, or substantial armor behind which to take cover. You are suspended in the sky while someone below is trying to bring you down. The cockpit that only moments earlier had been a place from which to observe the battlefield had suddenly become the center of it. The rounds had found us. The pilot was wounded. The aircraft was damaged, and we were still in the air.

There are moments when fear becomes immediate and physical. The mind understands in an instant that life has become terribly fragile. A few inches can determine whether a round passes beside you or through you. A small change in the pilot's condition can determine whether the aircraft remains in the sky or falls toward the ground.

Yet even in that moment, there were responsibilities that could not be abandoned. The pilot had to keep flying. I had to remain present and continue doing whatever the situation required.

Panic would not stop the bleeding, control the aircraft, or bring us home. Fear was real, but it could not be allowed to take command.

The pilot remained at the controls despite the wound to his knee. I have always regarded what he did with profound respect. He did not surrender to the pain or terror of the moment. He continued flying the damaged aircraft and was eventually able to bring us down safely.

We survived.

I came through the incident without physical injury, but survival does not mean that an experience leaves no mark. There are things the body remembers long after the mind has attempted to place them in the past. The sound of rounds striking an aircraft, the realization that the pilot beside you has been hit, and the knowledge that you are suspended between the sky and the earth can remain embedded within a person.

No academy, classroom, or drill can fully prepare a soldier for that moment.

West Point can teach discipline, duty, leadership, and the responsibilities of an officer. Military schools can teach procedures, communication, navigation, tactics, and the technical demands of directing artillery. Training can be repeated until necessary actions become almost instinctive.

All of it matters. Without that preparation, men may be overwhelmed when circumstances deteriorate. But training cannot reproduce the moment when rounds suddenly tear through the cockpit.

It cannot tell a man with certainty how he will respond when the pilot beside him is wounded and the aircraft might not remain in the sky. It cannot remove fear or guarantee courage. It can prepare the mind and body, but the final question remains unanswered until the test arrives.

A soldier never completely knows what he will do until he is tested.

I did not know beforehand how I would respond. I could hope that the discipline, education, and training would hold. I could believe that I would remain capable of doing my job. But belief is not the same as experience.

That day, the test chose me.

I discovered that I could remain present. I did not lose my ability to function. I did not shrink from what was happening or surrender my responsibilities to panic. I do not say that to praise myself. I did what I had been trained to do, just as the pilot did what he had been trained to do. His courage and discipline brought the aircraft safely to the ground. My responsibility was to remain steady beside him.

Neither of us accomplished that by strength alone.

I believe God was watching over my shoulder. I cannot describe precisely how His presence operated within those moments, nor can I explain why we survived when so many other worthy men did not. I only know that I was not alone.

My training mattered. The discipline instilled through West Point and the Army mattered. The example of the men with whom I served mattered. But I cannot take full credit for whatever courage I displayed. God had been forming something within me long before the danger arrived, and when it found me, He helped me stand within it.

Perhaps that is part of what faith means in combat. It does not guarantee that a man will never be afraid. It does not promise that every aircraft will land or that every soldier will return home. Faith does not make us invulnerable.

It gives us Someone beyond ourselves upon whom to lean when our own strength is insufficient.

That experience revealed something about who I was, but it also reminded me that character is never formed in isolation. Whatever steadiness I possessed had been built through the sacrifices of teachers,

commanders, classmates, fellow soldiers, and family. It had been shaped through discipline, correction, failure, repetition, and faith.

When the moment came, all of those influences were present with me in that cockpit.

About one-third of my West Point classmates were either wounded or killed in Vietnam. Every time I reflect upon my own survival, I remember that others faced their moment of testing and paid a far greater price. Many demonstrated courage that was never fully recognized. Some performed their duties magnificently and still did not come home.

Survival is not proof of greater courage or virtue. Sometimes survival is simply a blessing for which no adequate explanation can be found.

I was blessed to survive this mission and other dangerous situations. I was given the opportunity to continue serving the Army, eventually retire as a lieutenant colonel, and have a wonderful career and life.

The years I received were denied to many others.

That knowledge carries a responsibility. It calls me to live with gratitude rather than entitlement. It asks me to use the life I was spared to serve others and to honor those whose service ended too soon.

The forward observer goes into uncertainty because others depend upon him to see clearly. He enters a place where he should not naturally want to be, looking for danger and hoping he does not find it. He accepts exposure because soldiers on the ground need his eyes, his judgment, and his willingness to remain present.

Sometimes the mission proceeds as expected. Sometimes rounds suddenly come through the cockpit.

That is the nature of uncertainty, in combat and in life. We cannot control when the test will come or what form it will take. We can only prepare as faithfully as possible, develop the disciplines that will sustain us, and decide what we will trust when the moment arrives.

When danger found me, I discovered that the training held. More importantly, I discovered that God held me.

The pilot and I came safely to the ground. We survived and continued forward, carrying something from that cockpit that could never be entirely left behind.

I learned that courage does not always begin with a choice to enter danger. Sometimes courage begins when danger enters an ordinary moment and leaves you no choice but to respond. The test finds you. Then, by training, discipline, faith, and grace, you find out what you are made of.

FORTY-FIVE MINUTES AWAY

The Amazing K-9 Partner—Sound Asleep

Chief Ron Levine

People often see police officers as calm, confident, and somehow untouched by fear. The uniform, badge, duty belt, and practiced voice create an image of certainty. An officer arrives, takes control, gives commands, and appears to know exactly what must happen next.

Sometimes we do know. Sometimes training and experience provide a clear path through a difficult situation.

Other times, beneath the uniform and controlled voice, there is a storm.

An officer may be evaluating a dozen dangers simultaneously while trying not to reveal uncertainty. The person standing in front of us cannot be allowed to see hesitation. The public needs us to remain composed. Fellow officers depend upon us to make sound decisions. Yet inside, we may be asking questions for which there are no immediate answers.

Does he intend to use that weapon? Is there someone else I cannot see? Is my position defensible? Can I reach cover in time? How long can I hold this? Where is my backup?

Am I going to make it home?

Courage in police work is not the absence of those questions. It is the ability to keep functioning while the questions remain unanswered.

One night on Mount Hamilton, Deputy Dorothy Matuzek stood alone with two armed men in front of her and nearly forty-five minutes of unanswered questions between her and the nearest available deputy.

Her K-9 partner, Barry, was approximately three feet away.

Barry was sound asleep.

A Quiet Beginning

This particular midnight shift occurred in the early 1990s while I was working Los Altos Hills as unit 1B1. Anyone familiar with county patrol understands that being assigned to Los Altos Hills did not necessarily mean you would spend much of the night there. The county was large, units were limited, and calls had no respect for beat boundaries.

I had a ride-along with me who was the Chief of Security Police at Onizuka Air Force Base. The night had begun slowly, so I took him on a tour of my beat. We drove up Page Mill Road toward Skyline Boulevard to see whether we might encounter drug or alcohol violations or perhaps interrupt what we politely referred to as a “415 Friendly,” meaning people having sex in a parked car.

It was ordinary police work on an ordinary night. Nothing suggested that within a short time we would be racing across the county toward an armed confrontation.

Then the radio began rearranging the available resources.

A major-injury accident was reported at Prospect and Johnson. A vehicle had crashed through a fence and landed in a swimming pool. That call immediately consumed the Saratoga and Cupertino units.

Realizing the valley was becoming uncovered, I turned south toward Highway 9. Shortly afterward, dispatch reported possible poachers on Mount Hamilton. Deputy Dorothy Matuzek and her K-9 partner, Barry, were sent to investigate. A poaching complaint could involve anything from a misunderstanding to armed suspects who had no desire to encounter law enforcement. By definition, people suspected of poaching are likely to possess firearms, but no one yet knew precisely what Dorothy would find.

She found two armed men.

Then came the radio transmission that changed the atmosphere of the night. Dorothy was out with the subjects and needed backup. Two armed men. One deputy. One K-9.

Dispatch began searching for an available unit.

No One Was Available

The accident involving the swimming pool had taken out two units. Other Eastside and Central deputies were handling an assault with a deadly weapon. South County was occupied as well. Dispatch contacted the San Jose Police Department, but its officers were committed to a homicide. The California Highway Patrol had no one available.

Each response carried the same essential message.

No one was coming.

At least, no one was coming soon.

Police radio traffic can sound remarkably calm during moments of great danger. Officers learn to communicate briefly and clearly. Dispatchers maintain controlled voices because panic transmitted over the radio helps no one. To someone casually listening, the exchange might not have sounded particularly dramatic.

But every officer hearing it understood what those few words meant.

Dorothy was alone on a mountain with two armed men. She had to watch their hands, maintain control of her weapon, issue commands, monitor her surroundings, and remain prepared for either subject to act. She did not know their intentions. She did not know whether they were merely frightened, considering escape, or waiting for an opportunity to turn their weapons against her.

She also could not know how long she would remain alone.

The men in front of her needed to see a calm and commanding deputy. They could not be allowed to see fatigue, uncertainty, or fear. Yet the absence of visible fear does not mean fear is absent. Behind the badge was a human being who understood that one sudden movement might require her to make a life-or-death decision.

I cannot claim to know every thought going through Dorothy's mind. I do know what it is like to stand in a dangerous situation and wait for help. Time changes. Seconds become strangely elongated. Every movement appears significant. Your senses narrow and intensify at the same time. The weapon begins to feel heavier, but lowering it is not an option.

You continue giving clear commands, even as your mind quietly asks the question officers rarely say aloud.

Where the hell is everybody?

Start Moving

By the time the sergeant directed dispatch to send me, I had already activated my emergency lights and begun moving. I had heard the situation developing, and I was not going to wait for someone to formally explain its seriousness.

The problem was distance.

From Skyline Boulevard, I had to reach Highway 9, descend toward Saratoga Avenue, continue to Interstate 280, take 680 to Alum Rock, and then begin the long climb up Mount Hamilton. Dorothy was not conveniently positioned near the bottom of the mountain. She was a considerable distance up its winding road.

There are few things more agonizing for an officer than hearing that another officer needs help while knowing you are nowhere near them. You are coming as fast as you can, but geography remains indifferent to urgency. Every curve, intersection, and mile becomes something standing between you and a fellow officer who may have only seconds.

My radio became the only connection between Dorothy and me. I listened for changes in her voice, sudden noises, an urgent transmission, or the unmistakable sound that would tell me the situation had deteriorated.

Radio silence was both reassuring and terrifying. Silence meant no shots had been reported and no new request had been made. It also meant I had no idea what was happening during all those spaces between transmissions.

Was Dorothy still in control? Were the men becoming impatient? Was one distracting her while the other considered moving? Could she reach cover? Was Barry prepared to deploy if she needed him?

At that point, I naturally assumed Barry was prepared. He was a trained police dog. His entire purpose was to become a rapidly deployable bundle of teeth, muscle, loyalty, and righteous indignation.

I had no reason to suspect he was enjoying a lovely nap.

Racing Toward the Mountain

The roads leading to Mount Hamilton are difficult even under ordinary conditions. The mountain road is narrow and winding, with sharp turns, steep grades, and drop-offs that punish inattention. Driving it rapidly at night demanded complete concentration.

My ride-along had probably expected an interesting tour of county law enforcement. Instead, he was sitting beside me as I drove hard enough to test the limits of the patrol car, the road, and perhaps his confidence in my judgment.

I had to balance two competing responsibilities. I needed to reach Dorothy as quickly as possible, but becoming another emergency would not help her. An officer racing to assist someone else can feel an almost physical pull toward excessive speed. Training tells you to remain controlled. Loyalty tells you that every second matters.

That is another internal storm the public rarely sees. An officer may appear calm behind the wheel while carrying the image of what could be happening ahead. We learn not to allow imagination to control us, but we are still human. We know how quickly an armed encounter can end. We know that an officer calling for assistance may not get another chance.

I kept moving.

The route seemed endless. Highway 9. Saratoga Avenue. Interstate 280. Interstate 680. Alum Rock. Then the climb.

Throughout it all, Dorothy continued holding those men at gunpoint.

Five minutes passed, then ten. Fifteen became twenty. At some point, an officer waiting for backup must begin wondering whether anyone is truly coming. Dorothy knew intellectually that we would never abandon her, but knowledge does not make help arrive faster. She still had only the weapon in her hands, the training in her mind, and a K-9 partner she presumably believed was alert behind her.

Her arms would have begun to burn. Her shoulders would tighten. Her hands might start to tremble from the strain, even while she fought to keep the muzzle steady. She could not stretch, relax, or look away.

Her recent description of those minutes was wonderfully understated: "My arms were about to fall off."

That may sound humorous now. In the moment, it described a serious tactical problem. Physical exhaustion could interfere with her ability to respond if one of the men suddenly moved. She had to remain ready despite muscles that were approaching their limit.

She kept standing there.

Forty-Five Minutes

It took approximately forty-five minutes for me to reach her. I later checked with County Communications because even I had difficulty believing the response had taken that long.

For Dorothy, it must have felt far longer.

By the time I reached her location, I had driven the patrol car hard enough that the brakes were nearly gone. The vehicle was a Dodge Diplomat, if memory serves, and I had to use the hillside to help bring it to a stop.

I jumped out, drew my weapon, and ran toward her.

Dorothy was still there.

She was still standing. She was still holding the two men at gunpoint. Most importantly, she was still in control of the situation.

The relief of seeing her alive was immediate, but there was no time to dwell upon it. The two subjects were still armed, and the incident was not over. I moved into position to give Dorothy the support she had been waiting nearly three-quarters of an hour to receive.

As I passed her patrol car, I glanced toward the back seat, expecting to see Barry poised for action. I imagined him focused upon Dorothy, tracking the men through the screen, and waiting for the command that would unleash every ounce of his training.

Instead, Barry was sound asleep.

Not resting with one eye open. Not lying alert with his ears raised. Not conserving energy while monitoring the tactical situation.

Asleep.

There was Dorothy, arms burning, holding two armed suspects at gunpoint for forty-five minutes while her amazing K-9 partner enjoyed what appeared to be the most restful sleep of his career.

I slapped the protective screen.

Barry exploded awake and began barking with tremendous enthusiasm. He sounded ferocious, committed, and deeply offended by the existence of the two men outside. Anyone arriving at that precise moment would have assumed he had spent the previous forty-five minutes straining against the door, desperate to protect his handler.

Barry had apparently decided that punctuality was less important than making a strong entrance.

His barking added a useful psychological advantage, and the two suspects were taken into custody without incident. Only after the weapons were secured and the danger had passed could the pressure begin to release.

Dorothy had held the scene alone. I had finally arrived with backup.

Barry had awakened in time to participate in the closing ceremony.

What Nearly Happened

It would be easy to tell this only as a funny story about a sleeping police dog. It is funny. The image of Barry snoozing peacefully while Dorothy fought to keep her arms from collapsing is almost too perfect.

But the humor works because we know how differently the night could have ended.

Dorothy was extraordinarily fortunate that the two armed men remained cooperative. If either had decided to flee, reach for a weapon, or challenge her position, she would have been forced to respond alone. Barry might have awakened quickly enough to help, or he might have required the same enthusiastic slap on the screen.

Police officers often laugh after dangerous incidents because humor allows the body to release something it could not release during the danger. While the threat is present, fear must be managed and pushed

into the background. Commands must remain clear. Decisions must be made. Hands must stay steady.

Afterward, laughter sometimes emerges from the same place the terror had occupied.

The public may see an officer who remained calm and conclude that the officer was never afraid. The truth is more complicated. Officers feel fear, uncertainty, physical exhaustion, and the possibility of death. The uniform does not remove those reactions. Training helps us function through them.

Dorothy's courage was not that she felt no fear. Her courage was that whatever she felt did not prevent her from doing what had to be done. She maintained control, kept the subjects contained, and endured forty-five minutes of uncertainty because surrendering control was not an option.

That is courage as police officers often experience it. It is not loud or theatrical. It may look from the outside like a steady stance and a controlled voice. Inside, it can feel like a storm.

The Meaning of Backup

The story also captures something fundamental about the bond between officers. When an officer calls for help, we go. We may be across town, across the county, or on the wrong side of a mountain, but we go.

Dorothy could not see me coming. She did not know where I was along that long route. She only knew that she had requested assistance and had to remain in control until someone arrived.

I was forty-five minutes away, but I was coming.

There is something deeply human in that promise. It is the same promise soldiers, firefighters, and first responders make to one another. You will not stand alone if I can reach you. I may not arrive as quickly as either of us needs, but I will move toward you.

My ride-along later asked whether my shifts were always like that. I do not remember precisely how I answered. Perhaps the honest answer would have been that most shifts were not, but any shift could be. Ordinary nights can change with a single radio transmission.

What began as a quiet ride through Los Altos Hills became a lesson in isolation, duty, restraint, and the hidden emotional reality of police work. It demonstrated how quickly available resources can disappear and how much responsibility may suddenly rest upon one officer standing alone in the darkness.

It also taught us something about Barry.

Dorothy demonstrated discipline and courage.

I drove forty-five minutes and sacrificed a perfectly good set of brakes.

Barry slept through the emotional buildup, awakened for the finale, barked magnificently, and probably went home believing he had saved us all.

That, too, is police work.



From Hospital Hallways to Mogadishu

There is an old saying that you should never laugh at someone else's misfortune because life has an uncanny way of inviting you to become the next chapter in the story. I learned that lesson in 1992.

At the time, I was serving as a clinical psychologist at Madigan Army Medical Center. Like many medical professionals assigned to Army hospitals, I also held a PROFIS assignment—the Professional Filler System. During peacetime we worked comfortably in hospitals. In wartime, however, we could be pulled from our clinics with very little notice and deployed wherever our specialty was needed. One day you were writing treatment plans. The next day you were packing a duffel bag for a war zone.

A few days before my own deployment, I had been invited by Lieutenant Jim Masson to speak to the Family Practice residents at Bremerton Naval Hospital. When I asked where Jim was, someone replied, 'He deployed to Somalia yesterday.' I remember thinking, 'Boy... sucks to be him.' Those

words would prove remarkably prophetic. When I returned to Madigan, my own deployment orders were waiting.

Because the deployment came together so quickly, I received about thirty minutes of training on the 9mm Beretta before qualifying. Let's just say I had greater confidence in my handwriting than my marksmanship.

Our C-5 landed in Mogadishu after dark. Instead of convoying immediately to the old university compound, we were told to remain on the flight line because the roads belonged to the ambushes after sunset. Sitting on that dark tarmac, every shadow seemed suspicious and every distant sound made you wonder what was waiting beyond the runway lights. It was my first realization that this was not an overseas assignment. This was war.

Within days the .50-caliber machine guns erupted. Radios crackled with reports that the perimeter had been breached. Whether the report was true hardly mattered at the moment. Everyone believed it. I, however, was an Army psychologist whose weapon of choice had always been a pen.

A Perfect 10.0 Dive

Faced with the terrifying possibility that the perimeter had been overrun, I made what I still consider to be an exceptionally sound tactical decision.

I dove.

Not just any dive. This was an Olympic-caliber, full-commitment dive beneath the nearest table, immediately behind a female Army captain. If anyone knew what to do, I figured it probably wasn't me.

As it turned out, the report was wrong. The firefight remained outside the wire, the confusion settled, and eventually life returned to normal.

Near the end of the deployment, I was summoned to Colonel Natkin's headquarters. Expecting perhaps a farewell or even a medal, I stood waiting while someone rolled out one of those enormous dot-matrix printers. The paper rattled through the tractor feed as everyone struggled to keep a straight face.

Finally the banner emerged:



The room erupted with laughter. Apparently, my athletic performance during Somalia's first major firefight had become legendary. I still have that banner tucked inside my scrapbook. Every time I see it, I smile.

War teaches profound lessons about courage, sacrifice, and loss. But every now and then it also reminds us that we are gloriously human. Sometimes the healthiest thing we can do with a frightening memory is laugh—not because the danger wasn't real, but because we survived long enough to tell the story.

And if you're going to dive under a table, you might as well earn a perfect ten.

Even before I knew his story, there was something unmistakably different about him. Michael possessed a calm confidence that immediately put people at ease. He was thoughtful without being pretentious, intelligent without making anyone feel small, and carried himself with a quiet humility that drew people toward him. His smile came easily, his laugh was genuine, and there was a warmth about him that reflected the deep Christian faith anchoring his life. By every measure he was an outstanding intern. His supervisors respected him, his colleagues admired him, and his patients connected with him in a way that was difficult to explain but impossible to miss.

One small habit captured Michael's approach to therapy better than any professional credential ever could. Every time he met with a patient, he quietly slipped off his shoes. Think about that for a moment. Here was an Army captain, dressed in full military uniform, conducting psychotherapy in his stocking feet. He never explained it, never made a point of it, and never invited anyone else to do the same. Yet before long, many of his patients quietly removed their own shoes as well. It was his unspoken way of saying, 'This is a safe place. Rank matters far less than people. I want you to be comfortable.'

At the time, I simply assumed he possessed extraordinary clinical instincts. It would be years before I understood that those instincts had been forged in unimaginable suffering.

Vietnam

Long before he became an Army psychologist, Michael had served in Vietnam. Like many of the men whose stories fill these pages, he witnessed horrors that few civilians could ever comprehend. He never burdened me with every detail of his combat experience, but there was

one battle he described that has remained with me for more than forty years.

Michael was serving as a platoon sergeant when his unit came under intense enemy fire in the jungle. I no longer remember whether it was an ambush or another type of engagement. What I have never forgotten is that Michael was gravely wounded. As the firefight continued around him, a medevac helicopter somehow managed to reach the unit and evacuate the wounded.

Years later, Michael still remembered the smell inside that helicopter. He described a mixture of blood, burned flesh, sweat, fear, and death unlike anything he had ever experienced before or since. It was a smell that remained with him for the rest of his life.

His injuries were so severe that he was not expected to survive. For weeks he remained hospitalized while physicians fought to save his life. Against extraordinary odds, they did.

As soon as he was physically able, Michael wanted to return to his platoon. His concern was never about himself. His thoughts immediately turned to his men. He loved them, felt responsible for them, and believed his place was beside them. Then he received the devastating news that his platoon had been wiped out. Michael survived because he had been evacuated. The men he loved did not, and that burden became one he carried for the rest of his life.

PTSD and Redemption

As Michael shared his story with me, it became abundantly clear that PTSD had followed him home from Vietnam. He knew it, and he called it by its name. Long before our country truly understood combat trauma, Michael was living with its relentless consequences. The

nightmares, the night terrors, the intrusive memories, the survivor's guilt, and the profound grief became constant companions. Like so many veterans of his generation, alcohol became both a refuge and eventually a prison, temporarily numbing the pain while quietly tightening its grip around his life.

Michael desperately wanted to recover. He entered rehabilitation programs repeatedly, hoping each one would finally free him from alcoholism. Eventually, after countless attempts, he was told that those treating him no longer believed they had anything left to offer.

Yet that was not the end of Michael's story. Somewhere in the depths of despair he encountered Jesus Christ in a way that fundamentally transformed his life. His redemption was profound. The broken soldier became a compassionate healer. The man enslaved by alcohol found genuine freedom. He rediscovered hope, purpose, joy, and the God who had never abandoned him.

Against extraordinary odds, Michael decided he wanted to serve again in a different capacity. He returned to school, excelled academically, earned his doctorate in clinical psychology, accepted a commission as an Army psychologist, and eventually became one of the finest military psychologists I have ever known.

The Battle That Continued

Following his internship, Michael was assigned to Berlin, Germany, during the height of the Cold War. Once again, he distinguished himself as one of the Army's finest psychologists in Europe. Although his faith had profoundly restored his life, PTSD had never been fully treated. Spiritual redemption transformed his heart, but the neurological wounds of war continued to live beneath the surface.

Gradually the nightmares returned. Sleep became more difficult. The intrusive memories resurfaced, and alcohol slowly found its way back into his life. By then, Michael had a beautiful wife and two wonderful children whom he loved deeply, yet the invisible wounds of Vietnam slowly overwhelmed him once again.

To the Army's credit, they medically retired Michael with dignity, preserved his retirement and benefits, and offered him a position with the Department of Veterans Affairs. For several more years he continued serving those who had served our nation.

His Final Battle

Michael was diagnosed with pancreatic cancer, and the disease progressed with heartbreaking speed. I have often wondered whether Agent Orange contributed to his illness. I cannot know that with certainty, nor can I know whether years of alcoholism played a role.

The world lost an exceptional healer. The Army lost a gifted psychologist. His family lost a devoted husband and father, and I lost a Christian brother whom I deeply loved. Long before I devoted decades to studying trauma, resilience, neuroscience, and eventually developing NeuroFaith®, Michael Daili had already become one of my greatest teachers. He taught me that behind every diagnosis is a human being whose story deserves to be heard, that courage and brokenness often coexist, and that redemption is real even when life remains painfully imperfect.

One Final Smile

There is one final postscript that always makes me smile.

Somewhere along the way, without ever consciously deciding to, I started taking my shoes off during therapy sessions. I honestly don't remember making that decision. One day I simply looked down and thought, 'Well, would you look at that...I've become Michael Daili.'

Every now and then a new patient glances down at my bare feet with a puzzled expression. A few minutes later they quietly kick off their own shoes and settle into the chair. I just smile to myself because Michael would have gotten a real kick out of that.

So, my dear friend, if you're somehow watching from the grandstands of heaven, you'll be pleased to know your little barefoot therapy tradition is still alive and well. Thanks, Michael. You taught me far more than psychology. You taught me what it means to heal, what it means to serve, and what it means to love people well.

And yes...I still take my shoes off.

The tradition lives on.



GRIEF AND LOSS, COMPASSION IN WAR

★
*Two moments that shaped a soldier.
Lessons that last a lifetime.*

MARC L. NEGUS

★
*A grieving mother's grace. A medic's determination.
The humanity that never leaves us.*

Every veteran whose story fills these pages answered the same call, but no two journeys were alike. Some found themselves in battles that became part of military history. Others served with little public recognition, returning home to families who knew almost nothing about what they had experienced. The passage of time has a way of convincing good men that their stories are ordinary. I have found the opposite to be true.

When Marc Negus first shared his memoir with me, he apologized for it. He insisted that the stories in this book were more remarkable than his own and questioned whether his experiences deserved a place among them. That response did not surprise me in the least. During my years working alongside soldiers, I have discovered that genuine humility is one of the hallmarks of quiet professionals. Those who have served honorably seldom advertise what they have done. They simply carry it with them.

Marc wasn't trying to impress anyone. Good soldiers never do.

He wrote his memoir for a reason that had nothing to do with recognition. After losing his parents and grandparents, he realized that the stories of their lives had largely disappeared with them. They had always believed they had lived ordinary lives, yet once they were gone, he understood how much wisdom, sacrifice, humor, and history had vanished as well. He decided his own children and grandchildren deserved something different. He wanted them to know where he had been, what he had seen, and what military service had meant to him. His memoir is refreshingly free of politics and self-promotion. It is simply the recollection of an infantry sergeant who served his country, loved the men beside him, and remembered the moments that shaped his life.

As I read his manuscript, I was struck by the fact that the memories which stayed with him were not necessarily the ones most people would expect. They were deeply human moments. One involved a grieving mother whose grace has never left him. Another centered on an Army medic whose determination refused to surrender a young life. Those experiences reveal far more about Marc than any list of assignments, badges, or promotions ever could.

Answering the Call

I grew up in Iowa City surrounded by a loving family and every opportunity a young man could reasonably hope for. Like many boys of my generation, I watched the Vietnam War unfold on the evening news while trying to imagine what my own future might look like. Some of my classmates talked about college, some about careers, and others about the growing protests against the war. The country seemed increasingly divided, but I found myself thinking less about politics than about responsibility.

When I was seventeen, I wanted to enlist in the Marine Corps with one of my closest friends. My parents would not give their permission. They wanted me to attend the University of Iowa, as generations of our family had done before me. We eventually reached a compromise. I would complete two years of college, and if I still believed military service was where I belonged, they would support my decision. It was a fair agreement, and I kept my end of it.

Those two years passed quickly, but they did not change my conviction. I still believed I should serve. I knew I could remain in school with my student deferment, yet I also knew that thousands of other young Americans were being drafted. Many of them had wives, children, or responsibilities far greater than my own. I could never know whether my decision would spare someone else from going, but I believed that if I volunteered willingly, perhaps another family might remain together. That thought gave me a quiet sense of purpose. I wasn't looking for adventure or recognition. I simply believed it was the right thing to do.

On August 2, 1970, I boarded a bus for Des Moines and enlisted in the United States Army. I volunteered for Airborne School, Noncommissioned Officer School, and service in Vietnam. Looking back now, I suspect my recruiter wondered whether I fully understood what I was asking for. At the time, I simply believed I was following the path I had already chosen in my heart.

The Army wasted no time introducing us to a world entirely different from the one we had left behind. Basic Training demanded discipline in every detail. Beds had to be made with perfect hospital corners. Rifles had to be spotless. Boots had to shine. Every movement, every inspection, and every correction reinforced the lesson that details

mattered because lives would someday depend upon them. Advanced Infantry Training built upon that foundation, replacing civilian habits with the mindset of an infantry soldier.

Like every young man preparing for war, I assumed the most important lessons would come from learning to shoot, maneuver, and survive in combat. I would eventually learn that some of the Army's greatest lessons had nothing to do with weapons at all.

A Mother's Grace

Our training company supplied soldiers whenever military funeral honors were needed. Seven riflemen and six pallbearers were assigned to each detail, and we practiced relentlessly until every movement became second nature. Folding the American flag properly required precision and teamwork. Presenting it to a grieving family allowed no room for mistakes. We understood that whatever else happened during the ceremony, we owed that family absolute excellence.

Before long we received our first assignment. A young soldier, probably about our own age, had been killed in Vietnam.

We drove nearly two hours to a small Baptist church in a town where it seemed everyone knew everyone else. The sanctuary was filled with family members, classmates, neighbors, teachers, and lifelong friends. Our detail sat quietly together while the congregation mourned behind us. I remember feeling the weight of their sorrow and realizing that every casualty reported on the evening news represented a family whose lives had been changed forever.

After the service we carried the casket to the cemetery. We stretched the American flag across it, rendered our final honors, and stood at attention as the rifle salute echoed across the quiet cemetery. Then the

bugler played Taps. I had heard that familiar melody before, but never in a setting like this. Standing beside the grave of a young soldier my own age gave those notes a meaning they had never held before.

When the ceremony ended, the young soldier's mother walked slowly toward our burial detail.

She stopped in front of each one of us.

She embraced every one of us.

Then she thanked us for honoring her son.

More than fifty years have passed, and I have never forgotten that moment. In the midst of unimaginable grief, she somehow found the grace to think of us, a group of young soldiers who would soon be leaving for the same war that had taken her boy. Her kindness humbled me then, and it still humbles me today. Long before I ever entered combat, that remarkable woman taught me that courage is not always found on a battlefield. Sometimes it is found in the quiet dignity of a broken heart.

Looking back, I realize that funeral detail was one of the first truly profound lessons the Army ever gave me.

The Boy We Saved

Soon afterward my orders arrived, and I left the familiarity of home for Southeast Asia. After processing through Cam Ranh Bay, I continued to Chu Lai and eventually joined A Company, 4th Battalion, 3rd Infantry Regiment of the Americal Division. Like every new arrival, I stepped into a world that was both unfamiliar and immediately demanding. The men I met were no longer polished recruits from training bases back home. Their uniforms were faded, their boots were worn, and their

faces reflected months of living under conditions few people back home could imagine. They welcomed the new replacements without ceremony because there was work to do, and in Vietnam competence mattered far more than appearances.

Life settled into the demanding rhythm of the infantry. Patrols, ambushes, perimeter security, and long marches beneath heavy rucksacks became our daily routine. Every trail, every tree line, and every village demanded respect because danger could appear without warning. We depended on one another completely. Trust was not merely a virtue in combat; it was essential to survival.

Among the men I admired most was our medic, Doc Beatty. He possessed a quiet confidence that reassured everyone around him. Whether treating routine illnesses or life-threatening wounds, he approached every casualty with calm determination. I watched him care for soldiers under circumstances that would have overwhelmed most people, and I never saw him hesitate when someone needed his help.

One day a group of frightened Vietnamese villagers came running toward our position carrying a small boy whose body was limp and lifeless. They had done everything they knew to do, but the child had drowned.

Without hesitation, Doc Beatty went to work.

He directed me to help him as he began mouth-to-mouth resuscitation while I assisted with chest compressions. Minute after minute passed with no response. Most people would probably have concluded there was nothing more that could be done, but Doc refused to quit. His focus never wavered. He simply continued working with the quiet determination that had become part of who he was.

Then, almost unbelievably, the little boy began to respond.

Color slowly returned to his face.

He took a breath.

Before our eyes, life returned where only moments before there had seemed to be none.

Watching that child come back to life remains one of the most unforgettable moments of my military service. In a war remembered for death and destruction, I witnessed something altogether different. I witnessed compassion overcoming despair. I witnessed a medic whose commitment to another human being would not allow him to give up, even when hope appeared to be slipping away.

Years later, when people ask what I remember most about Vietnam, my mind does not immediately return to patrols or firefights. I remember a grieving mother whose grace left an indelible mark on a young soldier. I remember Doc Beatty kneeling beside a lifeless child, refusing to surrender while there was still the slightest possibility of saving him.

Those moments reminded me that even in the darkest places, humanity endures. They are the memories I most wanted my children and grandchildren to know because, more than anything else, they reflect the kind of men I was privileged to serve beside and the lessons they quietly taught me along the way.



A Father Watches His Son Become a Warrior

Even though I had asked Gregg to write this chapter himself, weeks passed with very little response. That did not surprise me in the least. If you know Gregg, you know he has never been comfortable talking about himself. Marines seldom are. The finest among them rarely volunteer their accomplishments, and Gregg has always believed that actions speak louder than words. He has never needed recognition to validate his service. He simply did what he believed was his duty, came home, and quietly went on with his life.

So I decided to tell his story myself.

Perhaps that is exactly the way it should be.

After all, I have had the extraordinary privilege of watching his life unfold from the day he was born. I watched him grow into a young man. I watched him earn the title of United States Marine. I watched him leave for Iraq, and like every military parent, I spent countless nights praying that God would bring him safely home again.

When he returned, however, I discovered what so many families of combat veterans eventually learn. The war did not come home in stories. It came home mostly in silence.

I never sat Gregg down and asked him to tell me about Fallujah. I never asked how many firefights he had been in, whether he had been afraid, or what images still visited him in the quiet hours of the night. Some experiences are simply too sacred to interrogate. Combat changes people in ways those of us who have never been there can never fully understand, and I came to appreciate that a Marine has earned the right to decide what he shares and what he carries in silence.

Over the years, though, something beautiful happened.

Gregg and I began taking long motorcycle trips together. Sometimes we would ride south through the Arizona desert toward Bisbee in temperatures that most people would consider unbearable. The thermometer might read 118 degrees, yet somehow, wearing our cooling vests, drinking water constantly, and trusting our machines, we would settle into the rhythm of the ride. Other times we would point our motorcycles toward Colorado, climbing into cool mountain air, crossing high passes, and winding our way over the Million Dollar Highway with snow still lingering on distant peaks.

Those rides became more than vacations. They became time set apart, just a father and his son sharing miles of open road with our Cardo communicators connecting our helmets. There is something about riding together that removes all pretense. The miles have a way of slowing life down. Conversation comes easily, and silence is never uncomfortable.

That is where Iraq found its voice.

Not in one long conversation. Not in chronological order. Never as stories intended to impress anyone. A memory would surface while we were fueling our bikes in some forgotten little town. Another would emerge as we carved through mountain curves or watched the desert stretch endlessly toward the horizon. Sometimes twenty miles would pass without a word, and then Gregg would quietly say something that opened a small window into a world I could never completely understand. He never dramatized what he had experienced. He never embellished it. He simply shared a piece of it, almost in passing, and then we would ride on.

Over the years, those fragments became something much larger. Like pieces of a mosaic, they slowly formed a portrait, not simply of a Marine who had served his country with honor, but of the remarkable man that experience had shaped him into. This chapter is not merely the story of Gregg's deployment to Iraq. It is the story of a son who became a warrior, and of a father who was privileged enough to hear that story one sacred mile at a time.

Choosing the Marine Corps

Gregg graduated from high school at eighteen, still searching for the direction his life would take. His mother and I made one thing very clear. Staying home without purpose simply was not an option. Whether it was college, military service, or another worthwhile pursuit, he needed to move forward and begin building his life.

As the summer unfolded, I watched him become increasingly thoughtful. He was not drifting. He was searching. One afternoon he walked through our front door beside a Marine gunnery sergeant wearing the unmistakable Marine Corps dress blues. I can still picture the two of them standing together in our living room. Gregg listened

carefully, asked thoughtful questions, and then quietly made one of the most important decisions of his life. He raised his right hand and committed himself to the United States Marine Corps.

As proud as I was, I also understood what that commitment could someday require. Every parent whose child enters military service carries two emotions that exist side by side. One is overwhelming pride. The other is the quiet realization that your son or daughter may someday be asked to give more than you ever hoped they would have to give.

It is difficult to describe that mixture of emotions to someone who has not experienced it. You celebrate the strength and purpose taking shape in your child, but you also understand that the uniform represents far more than discipline, tradition, and belonging. It represents a promise. If the nation calls, the person you love will go.

Gregg had made that promise, and we knew he intended to keep it.

Forged in Boot Camp

Marine Corps boot camp transformed Gregg. Like every Marine before him, he endured exhaustion, relentless discipline, physical hardship, and moments of genuine self-doubt. Somewhere during those thirteen weeks, the carefree young man who had left home became someone entirely different.

When we attended his graduation, I struggled to describe what I was seeing. The young man standing before us looked like my son, but there was a steadiness in his eyes and a confidence in his bearing that simply had not existed before. The Marine Corps had not merely trained him. It had forged him.

That transformation involved far more than physical conditioning. Boot camp had taught him to function while exhausted, to attend to details when every part of him wanted to stop, and to understand that the person beside him mattered as much as he did. He had entered as an individual. He emerged as a member of something much larger than himself.

His grandfather stood there that day beaming with pride. It would be the last time Gregg would ever see him. Not long afterward, my father was tragically killed in an accident. Before Gregg left for Marine Combat Training, however, Grandpa handed him a short letter containing one sentence that has echoed through our family ever since.

“Wear your responsibility well.”

Looking back now, I cannot imagine wiser words or a better description of the way Gregg has lived his life. Those words did not promise that responsibility would be easy or fair. They simply called him to carry it with honor, whatever it might eventually require of him.

Marine Combat Training

When Leah and I arrived to bring Gregg home after Marine Combat Training, one of his fellow Marines carried his sea bags because Gregg could barely manage them himself. As he walked toward the car, we noticed he was limping.

“What happened?” I asked.

He smiled.

“Don’t ask.”

That was all he would say.

It was not until later that we learned the truth. Somewhere during Marine Combat Training, Gregg had broken his foot. Reporting the injury would almost certainly have meant being recycled and starting much of the training over again. That was not an option in his mind. Like countless Marines before him, he simply kept going.

He finished the training on a broken foot.

Only afterward did he spend several weeks in a cast while helping his Marine recruiter back home before reporting to artillery school at Fort Sill, Oklahoma. Even there, no allowances were made. If anything, the instructors expected even more from him. Pain was simply another obstacle to overcome, and Gregg accepted it without complaint.

I do not tell this story because I believe ignoring an injury is always wise. I tell it because it revealed something important about the young Marine Gregg was becoming. Once he accepted responsibility for a mission, he did not look for an easier exit when the road became painful. He focused on what was required of him and kept moving forward.

Looking back, I realize that was one of the first moments I saw the transformation the Marine Corps had produced. The boy who had left home months earlier might have looked for a way around the obstacle. The Marine simply shouldered the burden and kept moving.

Orders for Iraq

Eventually, the orders every Marine knows may come finally arrived.

Fallujah.

For military families, a deployment is unlike any other experience. Until that moment, war is something you see on television or read about in the newspaper. Once your son receives his orders, it suddenly becomes

deeply personal. The places you have only heard about become the places where your child will live, fight, and perhaps die.

Leah and I experienced the same mixture of emotions shared by thousands of military parents before us. We were immensely proud that Gregg had earned the privilege of serving beside his fellow Marines. Beneath that pride, however, rested the quiet anxiety that only a parent can fully understand.

Gregg never pretended to be fearless, nor did he seek reassurance. He simply prepared himself for the mission ahead, said his goodbyes, and boarded the aircraft with the quiet confidence that had become part of who he was. Watching him leave was one of the hardest moments of our lives. As parents, we could do nothing more than pray, trust the Marines serving beside him, and place him in God's hands.

That helplessness is one of the unspoken burdens military families carry. The service member has a mission, a unit, and responsibilities demanding complete attention. Those at home have a different assignment. They wait. They follow the news, study maps of places they had never expected to know, and react to every telephone call that arrives at an unusual hour.

Life at home continues, but never quite normally. Birthdays come, bills are paid, lawns are mowed, and ordinary conversations unfold, yet part of your mind remains thousands of miles away. You learn to live with uncertainty because there is no alternative. You count the days, treasure every message, and resist imagining the knock on the door every military parent fears.

Gregg was assigned to convoy security, a responsibility that placed him and his fellow Marines on roads where danger could appear without

warning. Improvised explosive devices, ambushes, and suicide attacks were not distant possibilities. They were part of the world in which these young men had to function.

To survive, they learned to notice details most of us would overlook. A vehicle parked differently than it had been the day before, a person moving against the ordinary flow of the street, a doorway that suddenly emptied, or an expression that did not fit the circumstances could signal danger. Vigilance was not paranoia. It was survival.

The son we had watched board that aircraft was entering a world in which decisions could not always wait for certainty. He would be required to act quickly, trust his training, protect the Marines beside him, and somehow preserve his humanity amid circumstances capable of testing every part of it.

Accepting Death

On another motorcycle trip, I finally asked Gregg a question that had lingered in my mind for years.

“How did you function every day knowing that any patrol could be your last?”

He thought about it for a moment before answering.

“There came a point,” he said, “when I accepted that I might die.”

It was not a statement of despair, nor was it spoken dramatically. It was simply the truth. Somewhere in the midst of constant danger, Gregg



stopped fighting the uncertainty that surrounded him. Once he accepted that death was a real possibility, he found that fear no longer controlled him. Instead of spending each day worrying

about whether he would survive, he devoted his attention to the mission before him and to the Marines who depended upon him.

Acceptance did not make him careless. It allowed him to remain present. He still wanted to live. He still intended to return home. But he could not protect his fellow Marines if every decision was governed by panic about what might happen to him.

As both a psychologist and a father, I have reflected on those words many times. There is a profound psychological truth hidden within them. We often suffer most while trying to control what cannot be controlled. Gregg discovered, under the harshest imaginable circumstances, that peace sometimes comes not from certainty but from acceptance.

This was not the comfortable acceptance we speak of when plans change or ordinary disappointments enter our lives. It was acceptance stripped to its most elemental form. He understood that he might die, and then he chose to live the day before him with purpose.

That lesson came at an extraordinary cost, but it became one of the defining features of his character. It taught him to distinguish between what he could control and what he could not, to remain focused when fear would have scattered his attention, and to invest himself in the people and responsibilities directly before him.

Many years later, I still hear those words differently as a father than I do as a psychologist. The psychologist understands the freedom that can emerge from accepting uncertainty. The father hears that his son, while still so young, had been forced to make peace with the possibility that he might never come home.

Both truths remain with me.

Reading the Cues



Among all the stories Gregg has shared with me, one stands above the rest because it reveals the kind of Marine, and the kind of man, he became.

During one operation, Gregg encountered an Iraqi man under circumstances where a split-second decision would determine whether he lived or died. Every instinct developed through months of combat urged immediate action. Gregg raised his rifle and prepared to fire. In that instant, however, something caused him to pause. He looked carefully at the man's face, his posture, and the fear in his eyes. What he saw did not fit the profile of someone preparing an attack. He saw terror, not hatred.

Years later, I asked him what caused him to lower his weapon.

His answer was simple.

"I read the cues, Dad."

He had learned to distinguish between a frightened civilian and a determined enemy. That moment of judgment spared an innocent life.

As I have reflected on that decision, I have come to believe it required every bit as much courage as pulling the trigger would have required. The easy decision in combat is not always the right one. Gregg possessed the discipline to pause, the wisdom to assess what he was seeing, and the moral courage to act with restraint when restraint was warranted.

When people thank veterans for their service, they often think only of bravery under fire. I think of moments like this. I think of a young Marine carrying unimaginable responsibility, making life-and-death decisions in fractions of a second, and somehow returning home with both his courage and his humanity intact. That, more than anything else, is the son who came home to us.

“Dad, The Smell of Death is Bad”

One of the most haunting fragments Gregg ever shared with me came during one of our motorcycle trips across the Arizona desert.

We had been riding for hours. The heat pressed against us, the desert stretched endlessly toward the horizon, and the steady sound of the motorcycles filled the long spaces between conversation. Then, without warning or explanation, Gregg spoke through the communicator in my helmet.

“Dad, the smell of death is bad.”

That was all he said.

I did not ask him to explain. I did not need to.

There are smells the mind associates with ordinary life. Food cooking in a kitchen, rain falling on dry ground, gasoline at a roadside station, leather warmed by the sun, and desert air moving across open land. Smell can return us instantly to a place, a person, or a moment we believed had disappeared into the past.

But some smells also carry memories no one should have to possess.

Gregg had been scheduled to give a briefing one morning during his deployment. At the last minute, he was assigned elsewhere, and another Marine delivered the briefing in his place. Later that day, a suicide bomber killed that Marine and others gathered nearby.

Gregg survived because circumstances placed someone else where he had expected to be.

There is no simple way to make sense of something like that. In combat, the line separating one person's survival from another person's death may be nothing more than a changed assignment, a delayed vehicle, a different seat, or a decision made moments before. Veterans may spend years wondering why they returned when someone beside them did not.

Gregg never attempted to turn that memory into a dramatic story. He did not offer an explanation for why his life had been spared. He simply carried the knowledge that another Marine had stood where he was supposed to stand and had died there.

Survivor's guilt does not always announce itself. Sometimes it lives beneath the surface, emerging in a passing sentence spoken years later on an open road. It can appear in the questions a person never asks aloud, in the names remembered on anniversaries, or in the uneasy awareness that life continued when, by a slight change in circumstance, it might not have.

As a psychologist, I understand the language of trauma, intrusive memories, sensory triggers, survivor's guilt, and moral injury. As Gregg's father, none of those terms seemed large enough to hold what I heard in his voice that day.

"Dad, the smell of death is bad."

Those seven words carried more truth than a long explanation ever could. They reminded me that war does not end simply because a deployment ends. A Marine may return home, remove the uniform, build a career, raise a family, laugh with friends, and travel thousands of beautiful miles with his father. Yet somewhere within him remain moments that cannot be entirely left behind.

That does not mean he is broken.

It means he remembers.

It means that his mind and body recorded what survival required them to record. The sights, sounds, smells, and split-second decisions became part of an experience that shaped him, but they do not represent the whole of who he is.

The whole of Gregg's story is far greater. It includes the frightened eighteen-year-old searching for direction, the young man forged at boot camp, the Marine who finished training on a broken foot, the

warrior who accepted the possibility of death, and the disciplined human being who lowered his rifle because he recognized fear in another person's eyes.

It also includes the husband, father, son, and friend who came home and continued building a meaningful life. It includes the miles we have shared, the laughter inside our helmets, the meals in forgotten towns, and the sacred conversations that emerged somewhere between one horizon and the next.

When people thank veterans for their service, they may never know the full meaning of what they are thanking them for. We honor their courage under fire, but we must also honor what they carry afterward. We honor the memories they rarely speak, the friends whose names remain alive within them, and the strength required to return from war and learn how to live in peace.

Gregg never asked for recognition. He never needed applause. He wore his responsibility because that was what he had promised to do.

His grandfather's words followed him from that graduation field into a life none of us could yet imagine.

"Wear your responsibility well."

Gregg did.

And he still does



THE BOY ON THE LAKE

Some calls end when the
sirens fall silent.
Others continue for decades.

BY
CRAIG STEVENSON
FIREFIGHTER

A Word From Jeff

Some calls end when the sirens fall silent. Others continue for decades. The story you are about to read is not simply about a tragic accident involving a teenage boy. It is about the invisible wounds carried home by a young probationary firefighter, and how one heartbreaking afternoon awakened a grief he never realized he had been carrying since childhood.

A Young Firefighter

I began my career with the Tacoma Fire Department in 1995. Like every new firefighter, I had just completed the Tower, the recruit academy where you learn the mechanics of the profession. You learn how to pull hose, force doors, climb ladders, stabilize patients, and work as part of a crew. What you cannot learn in the Tower is what it feels like to stand in the middle of another family's worst day. No academy can prepare you for that.

After graduation I was assigned to Station 9, and suddenly I found myself living under a microscope. Every probationary firefighter

understands that feeling. You're the "probie." You arrive first, leave last, clean everything, ask very few questions, and spend every shift trying to prove that you deserve to wear the uniform. The senior firefighters aren't trying to make your life miserable. They're trying to decide whether they can trust you when everything is on the line. Someday they may have to trust you with their own lives, so every decision, every mistake, and every reaction matters.

I wanted desperately to belong. I wanted these seasoned firefighters to know they could depend on me. Like every young firefighter, I wanted to earn my place at the table and prove that when the tones dropped, I would do my job.

It didn't take long before that opportunity came.

It was early in the fall of 1995 when we were dispatched to Wilson High School for an Advanced Life Support response. As we pulled out of the station, I remember the familiar rush of adrenaline that accompanies every emergency call. You never know exactly what is waiting for you, only that someone, somewhere, is having a day they will never forget.

When we arrived, the scene was strangely quiet.

A group of teenagers had been doing donuts in a pickup truck in the school parking lot. In a matter of seconds, youthful fun had turned into irreversible tragedy. One of the boys had been thrown from the truck. By the time we arrived, he was already dead.

That reality didn't change our response.

Firefighters and paramedics don't have the luxury of standing back and processing what they are seeing. We move. We assess. We care for the patient. We care for the family. We do what needs to be done because

that is what we have been trained to do, even when our hearts are trying to catch up with our hands.

As the crew continued working, I climbed into the driver's seat of the medic unit. Just before we pulled away, a motorcycle officer eased alongside us to ask where we were headed. After hearing our destination, he accelerated away to begin clearing traffic. As he pulled out, his motorcycle drifted dangerously close to our rig, and for one brief moment I thought he was going to lose control and crash. He recovered almost instantly and sped away, but I remember taking a deep breath. Before we had even left the scene, my nervous system was already running at full throttle.

The drive to Tacoma General wasn't long, but I remember every minute of it. I couldn't see what was happening behind me, only hear it. The quiet voices of the paramedics. Equipment being moved. Short, calm commands. Every sound reminded me that only a few feet behind my seat, life, death, and profound human suffering were occupying the same small space.

When we arrived, family members were already gathering.

The Sound of a Mother's Grief

Then his mother learned that her son was gone.

There are moments in life that become permanently etched into the soul. For me, this was one of them.

I can still hear her.

It wasn't simply crying. It wasn't ordinary grief. It was the sound of a mother whose heart had been shattered in an instant. There are no words adequate enough to describe that sound. It seemed to pass

through every emotional defense I possessed. Until that afternoon, tragedy had always belonged to someone else. Standing there, listening to her, I realized that every emergency call is someone's entire world coming apart.

Thirty years have passed, and I still hear that scream.

People often believe first responders become hardened to suffering. We don't. We simply become very good at functioning in the middle of it. We learn to compartmentalize because another call may come before we've had time to absorb the last one. We tell ourselves we did everything we could. We remind ourselves that we didn't cause what happened. Those thoughts aren't cold or uncaring. They're survival. They're the mind's attempt to protect itself from carrying more than it believes it can bear.

But sometimes the walls don't hold.

On the drive back to Station 9, the adrenaline finally began to wear off. The image of that young man stayed with me. More than that, the sound of his mother's grief echoed in my mind. Somewhere between the hospital and the station, I found myself fighting back tears. By the time I parked the **fire engine**, I couldn't fight them anymore.

I hadn't driven the medic unit to the hospital. I was assigned to the fire engine as the third firefighter, and I drove the engine because the engineer was in the back of the medic unit helping the paramedics. Once everyone had finished at the hospital, we climbed back aboard the engine and returned to Station 9.

I was a young probationary firefighter, not a medic. But instead of simply trying to put the call behind me, I climbed into the medic unit,

cleaned the equipment, restocked what needed to be replaced, and quietly waited for the next alarm, carrying something inside me that I didn't yet have words to describe.

There was no critical incident stress debriefing in those days. No one sat us down and asked how we were doing. No one explained that traumatic experiences have a way of lodging themselves deep within the nervous system. You cleaned the equipment, grabbed another cup of coffee, and waited for the next alarm. That was simply the culture. You did your job, pushed your emotions aside, and prepared for whatever came next.

I thought I had left that day behind.

I hadn't.

Looking back now, I understand that something much deeper had happened. The death of that young man had awakened another loss, one that had been quietly waiting for years.

The Boy on the Lake

For years I never understood why that call at Wilson High School affected me so profoundly. I had seen death before. Like every firefighter, I would eventually witness more tragedy than I ever imagined possible. Fatal fires, horrific automobile accidents, suicides, drownings, medical emergencies, and the endless parade of human suffering became part of the profession I had chosen. So why did this one stay with me? Why did one mother's scream continue echoing in my mind long after so many other memories had faded?

The answer, I would discover many years later, had nothing to do with Wilson High School alone.

When I was thirteen years old, I lost my best friend, Joel. We lived near a lake outside of Bellingham and spent nearly every day together. Like most boys that age, we believed life would always be the way it was. We fished together, explored together, laughed together, and dreamed together. We were inseparable.

The last time I saw Joel alive, he was climbing into a small skiff on the lake. There was nothing remarkable about the moment. It was simply another day, another adventure, another memory in the making. Neither of us could have imagined it would be the last time we would ever speak.

Later they found his body.

I remember standing at his open-casket funeral trying to make sense of something that no thirteen-year-old boy is equipped to understand. Adults did the best they knew how in those days, but no one pulled me aside to ask what I was feeling. No one explained grief. No one talked about trauma. Counseling simply wasn't something people did. You cried if you had to, then you got on with life. That was the expectation, and so I did what most young boys would have done. I buried the pain as deeply as I could and convinced myself that I had moved on.

Life, however, has a way of reminding us that buried pain is not the same as healed pain.

When Yesterday Lives Inside Today

It would take me decades to understand what had happened inside me that afternoon at Wilson High School. At the time, I thought I was reacting to the death of a teenage boy and the unimaginable grief of his mother. Looking back now, I realize I was reacting to much more than that. Her loss reached back through time and quietly touched my own.

Without realizing it, I wasn't carrying one tragedy that day. I was carrying two.

That is one of the mysteries of trauma. We often believe that painful experiences simply fade with time, but they don't always disappear. Sometimes they wait patiently beneath the surface until another loss, another sound, another image, or another moment awakens what has been sleeping for years. Yesterday quietly begins living inside today.

For me, it was the sound of that mother's grief. It broke through walls I didn't even know I had built. It reopened the grief of a thirteen-year-old boy who had never really been given permission to mourn his best friend. I couldn't have explained that in 1995. In fact, I didn't understand it for many years. I only knew that something inside me had changed.

As my career unfolded, I began seeing that I wasn't alone. Many of the firefighters, police officers, combat veterans, and emergency medical personnel I came to know carried similar stories. They weren't broken because they had been affected by what they had seen. They were human. They had repeatedly walked into moments most people spend their lives hoping never to witness. The remarkable thing wasn't that those experiences left scars. The remarkable thing was that they continued answering the next call.

Years later, the fire service began introducing critical incident stress debriefings, something that simply didn't exist when I was a young probationary firefighter. Looking back, I wish someone had sat down with me after that call. I wish someone had looked me in the eye and said, "Craig, what you're feeling is normal. The fact that you can't stop hearing that mother's scream doesn't mean you're weak. It means

you're human." Instead, I climbed back into the medic unit, cleaned the equipment, waited for the next alarm, and quietly carried that day with me for years. Like so many first responders of my generation, I mistook silence for strength.

It has taken me a lifetime to understand that the deepest wounds are often the invisible ones. Burns heal. Broken bones mend. Bruises fade. But there are some injuries that settle quietly into the nervous system, shaping the way we experience the world without our ever realizing it. Looking back, I can now see that the greatest casualty of that day wasn't simply the young man who lost his life. A part of me changed that afternoon as well. I became more guarded in my closest relationships, not because I loved less, but because somewhere deep inside I had learned that the people you love can disappear in an instant. Fear has a way of disguising itself as self-protection.

If there is hope in my story, it isn't because I finally forgot that day. I never did. I can still hear that mother's scream as clearly as if it happened yesterday. The hope is that I finally came to understand why it stayed with me. Once I understood that Wilson High School had awakened the grief of a thirteen-year-old boy standing beside the casket of his best friend, everything began to make sense. The memories didn't disappear, but they no longer frightened me. They became part of my story rather than the authors of it. Perhaps that is what healing really is. Not forgetting what happened, but discovering that even our deepest wounds need not have the final word.

THE YELLOW FOOTPRINTS

WHERE IT BEGAN. WHERE WE WERE FORGED. WHERE WE BECAME MARINES.

NOT ALL OF US
WERE THE SAME.
BUT ON THOSE
YELLOW FOOTPRINTS,
WE LEFT OUR PAST
BEHIND AND STEPPED
INTO SOMETHING
GREATER THAN
OURSELVES.

★ DISCIPLINE • BROTHERHOOD • SACRIFICE • HONOR • COURAGE • COMMITMENT ★



There are certain moments in life that divide everything into a before and an after. For every Marine, that moment begins with a pair of painted yellow footprints at Marine Corps Recruit Depot, San Diego. They may seem insignificant to anyone outside the Corps, but for those of us who have stood on them, they represent the place where civilian life ends and the forging of a Marine begins.

My journey started in October 1966 while I was attending Riverside City College. After only a month, one of my classes was canceled, dropping me below the twelve units required to remain a full-time student. Two weeks later my student deferment disappeared, and my draft classification changed to 1-A. Not long after that, Uncle Sam informed me it was time to serve.

Rather than wait to be drafted, I walked into the Marine recruiting office and asked if it was too late to join. The recruiter looked at me, smiled, and simply said, "Right this way." On November 9, 1966, I signed a three-year enlistment. At the time I had no idea that one decision would shape the rest of my life.

I still remember arriving at the Los Angeles Induction Center on December 27. We were divided into two groups, one standing before an Army sergeant and the other before a Marine sergeant. After counting heads, the Marine sergeant had ten men transferred from the Army line into ours. One of the young men asked why he was being moved.

"Because you're being drafted into the Marines."

"I'm not going into the Marines," he protested.

"You don't have a choice."

The young man began to cry. Then something remarkable happened. Another draftee stepped forward and said, "Sergeant, I'll go."

"You don't have to."

"But I want to be a Marine."

The Marine sergeant looked at him for a moment before saying, "You're in. Get this sniveling piece of shit out of my group."

I've often wondered what became of those two young men. Vietnam had a way of writing endings none of us could predict.

From Los Angeles we rode a bus to San Diego, where another Marine Corps bus waited to take us to the recruit depot. As we climbed aboard, the corporal driving the bus greeted us with a grin.

"Welcome to San Diego. These are the last nice words you'll hear for the next nine weeks."

He wasn't exaggerating.

When we arrived at Marine Corps Recruit Depot, the gate guards waved us through, and the bus rolled to a stop. Two drill instructors wearing Smokey Bear hats stood waiting outside. One of them climbed aboard, looked over a busload of frightened young recruits, and roared, "Get off my damn Marine Corps bus! You're not Marines!"

We stumbled off the bus and onto those famous yellow footprints.

Standing there, trying to imitate the position of attention while two drill instructors prowled up and down the ranks correcting every mistake, I remember thinking, *Oh my God...what have I done?*

That was the last time I thought like a civilian.

From that moment forward, we didn't walk anywhere unless we were marching. We ran. We marched. We carried sea bags stuffed with gear over our heads. We learned Marine Corps history, rifle marksmanship, bayonet fighting, hand-to-hand combat, fire team tactics, and obstacle courses. Every mistake was corrected instantly and usually at full volume. The only thing the drill instructors took their time with was making sure our boots fit correctly, because sore feet would stop a Marine long before a lack of motivation.

People often think boot camp was designed simply to make us physically tough. Looking back, I don't think that was its greatest purpose. It was designed to teach discipline, accountability, and the understanding that one man's failure became everyone's burden. That lesson was repeated every single day until it became part of who we were.

There was one recruit named Private Collon who seemed almost incapable of doing anything right. His long blond hair immediately drew the attention of Staff Sergeant Jordan, who looked him over and barked, "We

have a girl in my platoon! Are you a girl, Private?" Poor Collon couldn't seem to stay out of trouble. Somehow, despite every mistake imaginable, he managed to survive boot camp.

Another recruit, Private Gibbon, had a habit of showing up late from chow. Every time he was late, the entire platoon paid the price. We ran until our legs burned because one man couldn't get his act together. After the second time, I'd had enough. When he went into the head, I followed him. Words were exchanged, punches were thrown, and when it was over, he wasn't late anymore.

The next morning Staff Sergeant Jordan looked at Gibbon's swollen face.

"What happened to your face?"

"Sir, I ran into a bunk on the way to the head, Sir."

Then he looked at my knuckles.

"What happened to your hand, Fore?"

"Sir...it ran into a bunk on the way to the head, Sir."

He knew exactly what had happened. After formation he called me into his office. I expected to be chewed out or worse. Instead, he looked at me and said, "Good job. Collon is hopeless, but you took care of Gibbon. Now somebody needs to take care of Dunly."

I walked out of that office wondering if I had just been given another assignment. Fortunately for me, before anything happened, some of the platoon gave Dunly what Marines called a blanket party. By the next morning he had bruises under his eye and a whole new attitude. He straightened out, became a solid Marine, and by graduation we were actually friends.

Boot camp had a way of teaching lessons that didn't require many words.

The rifle range at Camp Pendleton became another proving ground. If you couldn't qualify with the M-14 at five hundred yards using iron sights, you didn't move forward. There were no shortcuts and no lowered standards. Recruits who failed simply stayed behind until they earned the qualification. Somehow even Collon managed to qualify.

By graduation, something had changed in all of us. We stood a little straighter, carried ourselves differently, and understood that wearing the Eagle, Globe, and Anchor was not a privilege handed to us but a title earned through sweat, discipline, and perseverance. The frightened young men who had first stepped onto those yellow footprints no longer existed.

What none of us understood was that boot camp had only been preparing us for something far more difficult. When I arrived in Hoi An, Vietnam, I couldn't believe who I found there.

Private Collon.

Even in Vietnam he remained unforgettable. One night he fell asleep while standing watch in a bunker with his finger on the trigger. Suddenly several rounds ripped across the ceiling. I woke instantly, grabbed the .45 I always kept under my pillow, chambered a round, and was ready to fire until someone yelled, "Don't shoot! Don't shoot!" Collon had accidentally fired six rounds because he had fallen asleep on watch. A short time later he transferred to a unit at Khe Sanh, just before the Tet Offensive.

On March 31, 1968, I was wounded in combat. Eventually I found myself recovering at San Diego Naval Hospital before being assigned to Casualty Company back at Marine Corps Recruit Depot.

One day I was walking across the base wearing my dress greens, my campaign ribbons, and my Purple Heart when I saw a familiar face walking toward me.

It was now Gunnery Sergeant Jordan.

He recognized me immediately.

"Corporal Fore."

He looked me over, smiled that same smile I'd seen years earlier, and said, "The one thing I didn't teach you was how to duck fast enough."

It was classic Marine Corps humor, but beneath the joke was something much deeper. Years earlier he had watched a frightened recruit step off a bus wondering what he had gotten himself into. Now he was looking at a wounded combat Marine who had carried the lessons of boot camp into the crucible of Vietnam.

Looking back after all these years, I realize my service did not begin in Vietnam. It began the moment my boots landed on those yellow footprints in San Diego. That was where discipline replaced hesitation, where accountability became a way of life, where strangers became brothers, and where boys began the difficult journey of becoming Marines. Vietnam would test everything that boot camp had taught us, but the forging began long before the first shot was fired. It began on those yellow footprints, where generations of Marines have taken their first steps into a life of duty, sacrifice, and service.



TARAWA

★ THREE TRIPS THROUGH HELL ★

PVT KENZIE REINIER

A Word From Jeff

There are some stories that belong in history books.
There are others that belong around the family dinner table.
This story belongs in both.

Long before I became a psychologist, long before I began listening professionally to stories of trauma, resilience, and healing, I simply knew him as Uncle Kenzie. He wasn't a war hero to me. He was the gentle man who married my beloved Aunt Eileen, one of the finest women I have ever known. Together they embodied a generation whose lives were marked not by self-promotion but by quiet service, unwavering faith, deep love of country, and remarkable humility.

Only as I grew older did I begin to understand who Uncle Kenzie had been before I knew him. Before he became my uncle, he was an eighteen-year-old Marine who climbed into an amphibious tractor on the beaches of Tarawa, one of the bloodiest battlefields of the Second World War. He made three trips into that inferno, was gravely wounded, left for dead, and somehow survived. Like so many men of

his generation, he seldom spoke about it. He simply came home, built a life, loved his family, and carried the memories quietly.

As a psychologist, I have spent much of my life helping people understand that stories have the power to heal. As a nephew, I have learned that stories also have the power to preserve. Every time we tell the story of someone who sacrificed for others, we refuse to allow time to erase them. We remind ourselves that freedom has never been free and that ordinary men and women are capable of extraordinary courage.

This chapter is my small way of saying thank you.

Thank you, Uncle Kenzie.

May your story continue to inspire generations yet unborn.

Paradise Lost

There are places on earth so breathtakingly beautiful that it seems almost impossible to imagine they have ever known violence. Their turquoise waters shimmer beneath brilliant tropical skies. Palm trees sway gently in warm ocean breezes. White coral beaches seem untouched by time, inviting visitors to believe they have stumbled upon paradise itself.

Tarawa is one of those places.

If you were to stand there today, it would be difficult to reconcile the serenity before your eyes with the unimaginable violence that once consumed this tiny Pacific atoll. Children laugh where artillery once thundered. Fishing boats drift across waters that were once stained crimson. Nature has quietly reclaimed what mankind tried so desperately to destroy, yet beneath that peaceful beauty lies hallowed

ground. Every grain of coral sand seems to whisper the stories of young men who never returned home.

History has a way of doing that. Time softens the scars visible to our eyes, but it rarely erases the scars carried in memory.

Following Pearl Harbor, the Pacific Ocean became the largest battlefield the world had ever known. Under Admiral Chester Nimitz, the United States adopted an ambitious strategy known as **island hopping**, capturing strategically important islands that would steadily move Allied forces closer to Japan. Tarawa, though barely two miles long and less than half a mile wide, became one of those crucial steppingstones. Whoever controlled it controlled the gateway to the Marshall Islands and another advance toward the Japanese homeland.

The Japanese understood its importance every bit as well. Months before the invasion they transformed the island into one of the most heavily fortified positions in the Pacific. Concrete bunkers, artillery, machine-gun nests, and interconnected trenches covered nearly every approach. Rear Admiral Keiji Shibasaki reportedly boasted that it would take one million Americans one hundred years to capture Tarawa. Considering what awaited the Marines, it hardly sounded like an empty boast.

Before dawn on November 20, 1943, the horizon came alive with American warships stretching as far as the eye could see. Thousands of young Marines waited aboard those ships, checking rifles, reading letters from home, saying quiet prayers, and wondering what lay ahead. Most were barely more than boys. Few could have imagined that within hours they would find themselves in one of the bloodiest amphibious assaults in Marine Corps history.

As the naval bombardment lifted and the landing craft moved toward shore, everything began to unravel. The tides proved lower than expected, leaving hundreds of Higgins boats stranded on the coral reef. Marines climbed into chest-deep water and began the agonizing journey toward the beaches under devastating machine-gun, mortar, and artillery fire. Many never reached dry land. Others watched friends fall beside them yet continued forward because there was nowhere else to go.

For seventy-six hours the battle raged. More than one thousand Americans were killed, over two thousand wounded, and nearly every Japanese defender died where he stood. Victory was measured not in miles but in yards. Every advance across that tiny island seemed to demand another life.

Yet Tarawa accomplished something far greater than the capture of a small Pacific atoll. The lessons learned there, purchased at such an extraordinary cost, transformed future amphibious warfare and undoubtedly saved thousands of American lives during the campaigns that followed.

History often remembers battles because of famous generals.

I believe Tarawa should be remembered for another reason.

It should be remembered because ordinary young Americans answered when duty called. They came from farms, factories, neighborhoods, and small towns across America. They had no idea historians would one day write about them. They simply knew their country had asked them to go.

Among those young Marines was an eighteen-year-old private named **Kenzie Rainier**.

Before the day was over, he would make three trips into one of the deadliest battlefields of World War II, and the wounds he carried away from Tarawa would remain with him for the rest of his life.

An Eighteen-Year-Old Marine

Private Kenzie Rainier was only eighteen years old.

The older I become, the more that number lingers in my mind. At eighteen, most young men are standing at the threshold of life, dreaming about the future rather than wondering whether they will survive the day. They think about careers, marriage, children, and all the ordinary milestones that make up a lifetime. War interrupts those dreams with startling cruelty, asking extraordinary things of ordinary young men before they have lived long enough to understand the full value of what they are risking.

Kenzie was one of those young men.

He served as the driver of an amphibious tractor, affectionately known by the Marines as an **Alligator**. Designed to carry troops from ship to shore, these tracked vehicles suddenly became indispensable when the Higgins boats ran aground on the coral reef surrounding Tarawa. While other landing craft were stranded hundreds of yards offshore, the Alligators continued forward, carrying Marines directly into a storm of machine-gun fire, artillery, and exploding mortar rounds. Every trip to the beach required extraordinary courage. Kenzie made that journey three times.

On his third run, the battle caught up with him.

Enemy fire tore into his lung and shattered his arm. Amid the chaos, fellow Marines believed he had died. With so many wounded and so few

medical personnel, those thought beyond saving were moved aside while corpsmen fought desperately to save others. Then someone noticed the slightest movement. A careful second look, a faint sign of life, and history changed for one young Marine. Sometimes a lifetime hangs on nothing more than another human being refusing to give up.

Emergency medicine in 1943 bore little resemblance to the sophisticated trauma care we know today. According to family accounts, Kenzie's wounds were taped, and someone handed him a Lucky Strike cigarette before he was evacuated. Crude as it sounds today, it was enough. He survived.

His recovery carried him first to a military hospital in Hawaii, then to Colorado Springs, and eventually to California, where he trained other amphibious tractor drivers preparing for battles still to come. His combat days were over, but his service continued.

Some wounds healed.

Others never completely left him.

Fragments of shrapnel remained embedded in his lungs for the rest of his life. Years later, physicians examining chest X-rays were astonished by how much metal remained inside him. Kenzie simply accepted it. There was no bitterness, no anger, and no desire to define himself by what had happened at Tarawa. Like so many veterans of his generation, he quietly carried his burdens and moved forward.

As both a nephew and a psychologist, I often find myself reflecting on that generation. Today we understand that trauma leaves wounds far deeper than those visible on an X-ray. Yet men like Kenzie possessed neither the vocabulary nor the cultural permission to speak openly

about such things. They returned home, married, raised families, worked hard, loved their country, and quietly carried memories that most of us can scarcely imagine.

Kenzie married my beloved Aunt Eileen, one of the finest women I have ever known. Together they built a remarkable life grounded in faith, humility, family, and love of country. He never defined himself by his wounds, but by the life he built after them. Looking back, I believe that may have been his greatest victory.

Only decades later, during reunions of the Second Marine Division, did the stories begin to emerge. Surrounded by men who had walked the same beaches and buried the same friends, Kenzie finally spoke about Tarawa. There was little complaining and even less self-pity. There was simply understanding. Looking back after a lifetime in psychology, I cannot help but believe those reunions became a quiet form of healing. Long before anyone spoke of PTSD or trauma groups, these old Marines had already discovered something profound: that stories shared among those who truly understand somehow become lighter to carry.

Their Stories Are Our Inheritance

I never knew the frightened eighteen-year-old Marine who climbed into that Alligator three separate times on the beaches of Tarawa. By the time I entered the family, the war had been over for decades. I simply knew him as Uncle Kenzie, a gentle, soft-spoken man whose quiet confidence reflected someone who had already faced the worst life could offer. Had I met him in a grocery store, I would never have guessed that pieces of Tarawa still rested inside his lungs or that fellow Marines had once left him for dead.

That, perhaps, was the hallmark of what has often been called the Greatest Generation. They rarely spoke of heroism or introduced themselves by recounting battles won or medals earned. They simply came home, built families, worked hard, loved their country, and quietly built the America my generation inherited. They understood sacrifice as something one simply did, not something one advertised.

Uncle Kenzie's greatest blessing, however, was not merely surviving Tarawa. It was marrying my Aunt Eileen, one of the finest women I have ever known. She has been a mentor throughout my life, a woman of uncommon grace, unwavering faith, and quiet strength. Watching the two of them together taught me that courage is not confined to battlefields. Sometimes it is found in a faithful marriage, in keeping promises, and in quietly loving another person through the ordinary challenges of life.

Kenzie passed away in 2003 at the age of seventy-nine in the Veterans Administration Hospital in Louisville, Kentucky. Like so many veterans of his generation, he slipped quietly from this world with little public recognition. Yet every time one of those old warriors passed, it seemed that another priceless chapter of American history disappeared with them.

I often think about the reunions of the Second Marine Division. Those aging Marines gathered year after year, not to glorify war, but to remember, to laugh, to grieve, and to honor those who never returned. Long before anyone spoke about PTSD or trauma groups, they had already discovered something profoundly about healing: that stories shared among those who truly understand become easier to carry.

That realization became one of the inspirations for writing this book.

As noted earlier in this book, after the loss of one of our own veterans in the Jasper Club, I looked around the room and realized I was surrounded by extraordinary men whose stories might disappear forever unless someone took the time to preserve them. Every veteran represented a living library. Every funeral risked the loss of another chapter in our nation's story.

This book is my small attempt to preserve those voices before they fall silent. It is my way of thanking men like Uncle Kenzie, who answered when duty called, carried burdens few of us can fully comprehend, and then quietly returned home to build lives marked by humility, faith, and service.

As I think about Uncle Kenzie today, I realize that I inherited far more than family memories. I inherited an example. He taught me that courage is measured less by fearlessness than by faithfulness, and that love of country is demonstrated not by words, but by sacrifice.

That is why his story matters.

That is why Tarawa matters.

And that is why we must continue telling these stories. Long after a life has ended, a story can continue shaping the hearts of generations yet unborn. Uncle Kenzie's story is one of those stories. It deserves to be remembered.



Expectations Meet Reality

In 1992, I received orders to deploy to Mogadishu, Somalia. I was pulled from Madigan Army Medical Center to serve with the 62nd Medical Group under the leadership of Colonel Natkin. Our mission was to assess the medical threats facing our troops, particularly the psychological toll of combat. Alongside physicians, veterinarians, medics, and other specialists, we deployed to identify combat stress casualties and help keep our soldiers healthy enough to continue the mission.

Like many who had never experienced combat, I carried with me a rather naive picture of what the deployment would be. I imagined a humanitarian operation in which I would hand candy bars and cookies to smiling Somali children. I had even packed treats for just such an occasion.

Reality has a way of dismantling romantic ideas in a hurry.

The Marines had already secured the university where we established our operations. It had once been a beautiful campus of distinctive round buildings, but by the time we arrived, it had been stripped bare. The windows were gone. The electrical wiring had vanished. The telephone poles stood empty. There was no running water, no electricity, and, initially, no showers. The candy bars melted in the African heat, and the cookies became late-night snacks for hungry soldiers. It also became abundantly clear that this was not a peaceful humanitarian mission. Gunfire and firefights became part of the daily soundtrack.

The Daily Bombardment

As an Army psychologist, my assigned weapon was a 9mm Beretta. I often joked that I posed a greater threat to myself with that pistol than I did to the enemy. I was far more comfortable carrying a clipboard than a sidearm.

Determined to maintain some sense of normalcy, I continued my daily runs around the perimeter of our compound. Every day, I passed one particular stretch where a group of Somalis greeted me with rocks instead of smiles. Day after day, the rocks came sailing through the air. Some landed nearby. Others whizzed close enough to encourage a slightly faster pace. Fortunately, either their aim was terrible or God's providence was exceptional, because not one ever found its mark.

After enduring this daily bombardment for what seemed like forever, I finally reached a profound military conclusion.

Enough.

Operation Rock Storm

The next morning, I prepared accordingly. Before leaving for my run, I stuffed every pocket of my workout shorts with rocks. Big ones. Little ones. Flat ones. Round ones. Sharp ones. If it looked throwable, it became part of my carefully assembled arsenal.

As I approached the familiar ambush site, I did not wait for the first volley.

I fired first.

Rocks flew in every conceivable direction as I emptied my pockets with all the enthusiasm of a thoroughly fed-up Army major. The startled looks on their faces were worth every ounce of extra weight I had carried. They scattered in every direction, undoubtedly wondering what had happened to the harmless American who usually just sprinted through their daily assault.

The remarkable part is that it worked. From that day forward, not another rock was thrown at me for the remainder of my deployment. Apparently, news traveled quickly through that neighborhood.

Somewhere in Mogadishu, I like to imagine the story was retold for years: “Be careful of that crazy American major. Forget the pistol. The dangerous one is the guy with the rocks.”

War teaches you many lessons. Some are profound. Others are ridiculous. I learned about trauma, courage, and sacrifice in Somalia. I also learned that, under the right circumstances, an Army psychologist with a pocketful of rocks can be surprisingly persuasive.

The image is a movie poster for 'Greater Love'. It features a dramatic scene of several Huey helicopters flying over a jungle landscape at night or dusk. One helicopter in the foreground is marked with the number '174'. Soldiers are visible on the ground and on the helicopters. The title 'GREATER LOVE' is prominently displayed at the top in a large, bold, sans-serif font, with a star above it. Below the title is the subtitle 'THE YOUNG MEN WHO FLEW TOWARD THE GUNFIRE'. A quote from John 15:13 is on the left, and the author's name 'JIM HODGES' is on the right, with a subtitle below it.

GREATER LOVE

THE YOUNG MEN WHO FLEW
TOWARD THE GUNFIRE

“ GREATER LOVE HAS NO ONE
THAN THIS, THAT SOMEONE
LAY DOWN HIS LIFE
FOR HIS FRIENDS. ”

JOHN 15:13

JIM HODGES

A HUEY PILOT'S STORY OF COURAGE,
BROTHERHOOD, AND SACRIFICE IN VIETNAM

A Word From Jeff

There are stories that teach us about war, and there are stories that teach us about the human spirit. Jim Hodges' story is both.

When I first met Jim, I did not simply meet a Vietnam veteran. I met one of those quiet men whose life had been forever shaped by extraordinary responsibility at an age when most young men are still trying to discover who they are. Jim was one of thousands of Army helicopter pilots who climbed into the cockpit of a Huey during the Vietnam War, carrying not only the weight of a million-dollar aircraft but the lives of American soldiers who depended upon him.

As a psychologist, I have spent much of my professional life studying courage, trauma, resilience, and the remarkable capacity of ordinary people to do extraordinary things. Again and again, I return to the words of Jesus in John 15:13:

"Greater love has no one than this, that someone lay down his life for his friends."

Few passages of Scripture come alive more vividly than they do in the lives of these young helicopter pilots. Day after day they flew toward danger rather than away from it. They inserted troops into combat, evacuated the wounded, delivered ammunition, rescued downed crews, and often risked everything for men whose names they did not even know.

The remarkable thing is not simply what they accomplished.

It is how young they were.

I asked Jim if he would tell his story. What follows is more than the story of one Huey pilot. It is the story of an entire generation.

From High School to Flight School

I was nineteen years old, and like most young men that age, I believed life was just beginning. My world revolved around friends, school, dreams about the future, and the quiet confidence that seems to belong almost exclusively to youth. Looking back now, I realize that confidence was mixed with something else—a belief, never spoken aloud but quietly assumed, that bad things happened to other people. Death belonged to old age. War belonged in history books. My life, I assumed, would unfold much like everyone else's.

The United States Army had different plans.

During the Vietnam War, the demand for helicopter pilots became almost impossible to satisfy. The Army's slogan, "**High School to Flight School,**" was not simply a recruiting phrase; it was exactly what happened. Thousands of young men barely removed from high school entered flight training, and within months found themselves sitting behind the controls of one of the most remarkable aircraft ever built.

We studied aerodynamics, navigation, emergency procedures, instrument flying, formation tactics, and everything necessary to earn our wings. We graduated proud of what we had accomplished, convinced we were ready for whatever lay ahead.

In truth, we had learned how to fly.

We had not yet learned what it meant to fly when someone was trying to kill you.

When Flight School Ends

The first thing Vietnam taught me was humility.

I still remember my first instructor pilot in-country. He looked at me with the kind of smile that only experience can produce and said something I have never forgotten.

"Forget every damn thing they taught you in flight school. I'm going to teach you how to fly combat... and survive."

At first, I wasn't entirely sure what he meant. Flight school had prepared me to fly a helicopter safely and competently. It could never prepare me for the emotional reality of combat. No classroom can reproduce the sound of bullets striking aluminum only inches from your head. No simulator can teach you what it feels like to descend into a tiny jungle clearing while every instinct in your body is screaming for you to climb instead. No instructor can explain what happens inside your soul the first time you hear that another helicopter has gone down or when the pilot you laughed with yesterday will never laugh again.

That is where youth ends.

Not because of age.

Because reality arrives.

At nineteen, you believe you are indestructible. Then, within days or weeks, you begin seeing helicopters return riddled with bullet holes. Empty chairs appear in the ready room. Friends disappear. Crew chiefs disappear. Door gunners disappear. The conversations become quieter. The jokes become fewer. Somewhere inside you comes the sobering realization that there is absolutely nothing magical about your own life. You are every bit as vulnerable as the men whose names are now being read during morning briefings.

War has a remarkable way of compressing decades of maturity into a matter of weeks.

The confidence that carried me through flight school did not disappear, but it changed. It became quieter. More thoughtful. I still trusted my training, but I also developed an entirely new respect for the aircraft, for the enemy, and for the young Americans climbing aboard my helicopter. Every one of them was somebody's son. Their parents had trusted the United States Army to bring them home. In many cases, they were trusting a nineteen-year-old pilot to make that happen.

That responsibility changes a man forever.

Flying Toward the Gunfire

People often ask me what it was like to fly a Huey.

I usually tell them they're asking the wrong question.

The better question is what America was asking nineteen-year-old boys to do.

The Huey became the workhorse of the Vietnam War, carrying troops into combat, evacuating the wounded, delivering supplies, supporting reconnaissance missions, and rescuing soldiers who otherwise would never have made it home. Nearly twelve thousand helicopters served in Vietnam, and approximately five thousand were lost. More than six thousand Americans died during helicopter operations, including over two thousand pilots and nearly three thousand crew members. Those numbers are staggering, but statistics have a way of hiding the human story. Behind every number was a young man with parents, dreams, friendships, and plans for a future he hoped to see.

Every mission carried uncertainty. Some days we inserted infantry into landing zones that intelligence believed were secure, only to discover the enemy waiting for us. Other days we answered desperate calls for medical evacuation, knowing that somewhere below us another American was bleeding and praying he would hear the sound of Huey rotor blades before it was too late. We didn't have the luxury of waiting until conditions became safe. If we waited, men died.

Among helicopter pilots there was an old saying that the average combat life expectancy was nineteen minutes. Whether that statistic was literally true hardly mattered to us at the time. It reflected the reality we felt every time we lifted off. We understood that every mission could be our last. We knew helicopters sometimes failed to return. We knew friends who had left that morning would not be coming back that evening.

People often ask how we found the courage to keep flying.

The truth is, courage had very little to do with feeling fearless. By then we knew exactly what there was to fear. We had seen enough to

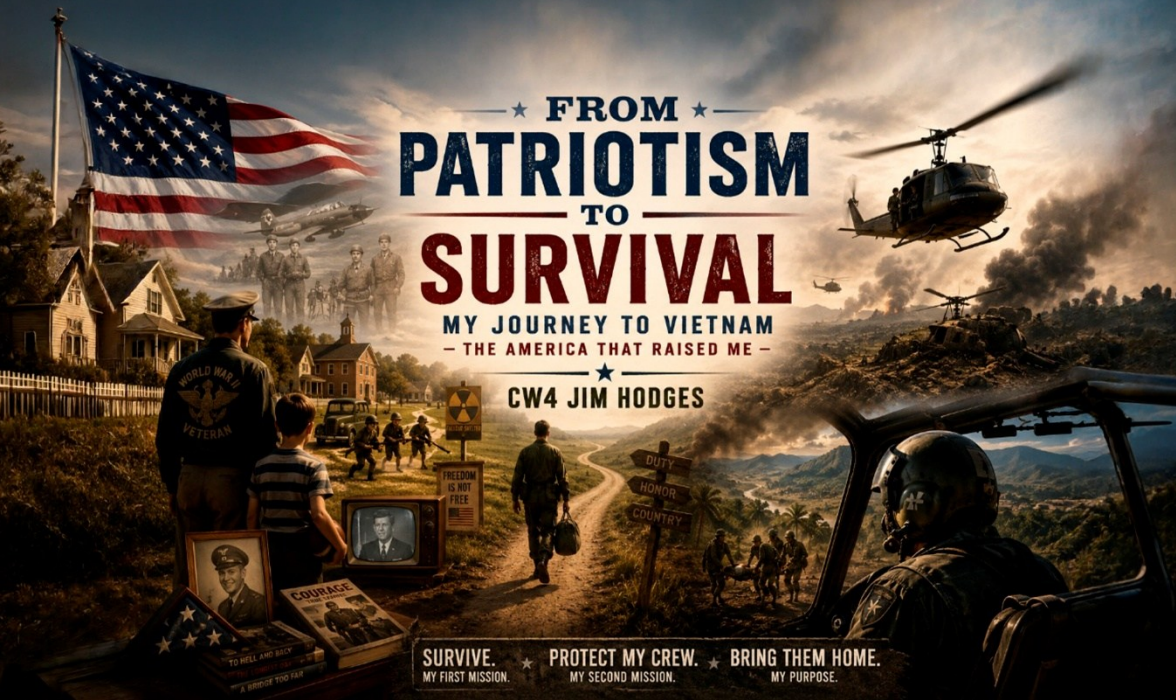
understand the cost. Yet every time the radio crackled with another call for troops, another resupply mission, or another wounded soldier waiting in a hot landing zone, there was never much debate. Someone on the ground needed us.

So, we flew.

Looking back after all these years, I have come to believe that this is what Jesus meant when He said, *"Greater love has no one than this, that someone lay down his life for his friends."* We often think of that verse only in terms of dying for another person. I saw another dimension of it in Vietnam. I watched young men willingly risk their lives day after day for people whose names they often did not even know. They flew toward danger because someone else needed them more than they needed their own safety. That is sacrificial love in its purest form.

Today, when people hear the unmistakable sound of a Huey's rotor blades, many remember the Vietnam War. I remember the faces of nineteen-year-old boys who became men far sooner than they should have. I remember extraordinary courage wrapped inside ordinary young Americans who simply answered when duty called. The helicopter became an icon of the war, but it was never the hero.

The heroes were the young men who climbed into its cockpit, lifted off one more time, and flew toward the gunfire because somebody else's son was waiting.



I grew up in what I still believe was the very best of middle-class America. My childhood was shaped by patriotism, respect for our country, and deep admiration for the men who had sacrificed so much to preserve our freedom. The American flag meant something to us. Military service was honored, courage was expected, and the men who had returned from World War II were not distant historical figures. They were our fathers, uncles, neighbors, teachers, and coaches.

My father was one of those men. He served as a naval aviation crew member during World War II and received the Purple Heart after being wounded in combat. Like so many veterans of his generation, he carried himself with quiet dignity. He did not boast about what he had done, nor did he spend much time describing the dangers he had faced. Yet I never doubted his courage, his character, or his love for his country. His service was simply part of who he was.

The men of the World War II generation became my heroes. I watched countless war movies, read stories about the battles they fought, and spent endless hours playing Army with my friends. We carried toy rifles, constructed forts, crawled through fields, and imagined ourselves fighting the forces of tyranny. In the world of our childhood imaginations, the lines between good and evil were clear. Brave men stood against evil, America defended freedom, and sacrifice ultimately led to victory.

To us, serving in the military was not merely a career choice. It was an honor. From an early age, I wanted to wear the uniform and serve my country just as my father and so many others had done before me.

Yet my childhood also unfolded during one of the most frightening periods in American history. The Cold War hung over our generation like an invisible shadow. Looking back, I sometimes think of it as a kind of societal terrorism, because the threat of nuclear annihilation was woven into the ordinary experiences of childhood.

At school, we practiced civil defense drills. When the alarm sounded, we crawled underneath our desks, closed the classroom curtains, and prepared for what we were told could be a nuclear attack. Air raid sirens were a familiar sound. Adults spoke about bomb shelters, missile ranges, and the Soviet Union. Even as children, we understood that somewhere across the world, powerful weapons were aimed in our direction.

I vividly remember living through the Cuban Missile Crisis. For several terrifying days, it seemed entirely possible that the United States and the Soviet Union would exchange nuclear weapons. We did not know whether our cities would survive or whether the world, as we

understood it, might suddenly disappear. We were taught that communism threatened not only the United States, but freedom itself. As a young American, I did not question that belief. I feared communism, hated what I believed it represented, and became convinced that it had to be stopped.

That conviction settled deeply within me.

When President Lyndon Johnson appeared on television and explained why America was committing troops to Vietnam, I believed him. I believed our nation was asking my generation to do what previous generations had done during World War II. Communism was advancing, freedom was threatened, and America had been called to stand in its way.

I wanted to be part of that effort. I wanted to defend freedom, honor my father's example, and prove myself worthy of the country that had given me so much. I was eager to serve and proud to answer the call.

A War We Were No Longer Trying to Win

As I progressed through Army flight school, my enthusiasm only grew. I was young, patriotic, and eager to test myself. In fact, I worried that the war might end before I could reach Vietnam. At the time, the thought of missing the war felt almost like missing my generation's opportunity to serve.

I imagined that I would follow in the footsteps of the heroes I had admired throughout my childhood. I would go where my country sent me, fulfill my duty, and contribute to an American victory over the forces threatening freedom.

But reality had other plans.

Not long after I arrived in Vietnam, President Richard Nixon announced that the United States had begun withdrawing from the war. Almost immediately, I could see the changes taking place around us. Units were beginning to stand down. Equipment was being prepared for shipment home. Troop levels were shrinking, and the machinery of war was slowly being dismantled.

It soon became apparent to nearly everyone that we were no longer fighting to win the war. America was leaving it.

That realization created a profound moral dilemma for me and for many of the soldiers beside whom I served. Each day, we continued climbing aboard helicopters, riding in convoys, patrolling dangerous terrain, and exposing ourselves to enemy fire. Men continued to be wounded. Men continued to die. Families continued to receive the knock at the door that would forever divide their lives into everything that had happened before and everything that came after.

Yet all of us understood that America was going home.

One question began echoing through conversations among soldiers:

“Who wants to be the last man to die in a war we’re leaving?”

It was a heartbreaking question because none of us had an answer. We still had missions to fly. We still had men depending upon us. We still had responsibilities to one another that could not be abandoned merely because the nation had decided to withdraw.

Then, very early in my twelve-month tour, my helicopter was shot down.

The details of that experience belong to another part of my story. What matters here is what being shot down did to the young man who had arrived in Vietnam carrying a lifetime of patriotic dreams. In an instant, every illusion I had brought with me from childhood was stripped away.

Until then, I had viewed combat through the eyes of a young man raised on stories of heroism, sacrifice, and victory. Being shot down forced me to confront war as it actually was. It was not a movie, and it was not an adventure. It was not about glory, medals, or proving one's courage.

War was brutally personal. It was terrifying, unpredictable, and often terribly random. It could tear apart a helicopter, destroy a human body, or end a young man's life in seconds. It did not care how patriotic you were, how brave you hoped to become, or how many people were waiting for you at home.

After being shot down, I was no longer worried that I might miss the war. I began wondering whether I would survive it.

A Different Kind of Mission

From that point forward, my priorities changed completely. I no longer thought about becoming a hero or helping America win the war. I was not concerned with recognition, medals, or personal accomplishment. The war had become too real for such abstractions.

My first priority was to survive.

My second was to make certain that every member of my crew survived.

My third was to bring home every passenger who climbed aboard my helicopter.

Beyond that, I wanted to save every wounded American soldier, every South Vietnamese soldier, and every civilian I possibly could. The closer I came to death, the more precious human life became. Military objectives still existed, and orders still had to be followed, but the lives entrusted to me became infinitely more important than any abstract idea of glory.

Medical evacuation missions became my highest priority. If I was flying another assignment and a medevac request came over the radio, nothing mattered more to me than reaching the wounded. Somewhere on the ground, a soldier was bleeding, frightened, and desperately hoping that a helicopter would appear over the horizon before it was too late.

Someone was waiting for us.

Someone's son, husband, father, brother, or friend was lying in the dirt, listening for the unmistakable sound of rotor blades. Every passing minute could mean the difference between life and death. I wanted to reach him as quickly as possible, get him aboard, and carry him away from the place where death was trying to claim him.

I could not control the larger direction of the war. I could not decide whether America stayed or withdrew. I could not answer the terrible question of who might become the last man to die in a war we were already leaving. What I could do was fly my helicopter, protect the people entrusted to me, and save every life within my reach.

For the remainder of my tour, my mission became clear: survive, protect my crew, and bring others home alive. Everything else became secondary.

When I left for Vietnam, I carried the patriotic dreams of a boy who had grown up admiring the Greatest Generation. I believed wars were fought for freedom, courage led to victory, and the good guys eventually came home triumphant. Vietnam forced me to grow up in ways I could never have imagined.

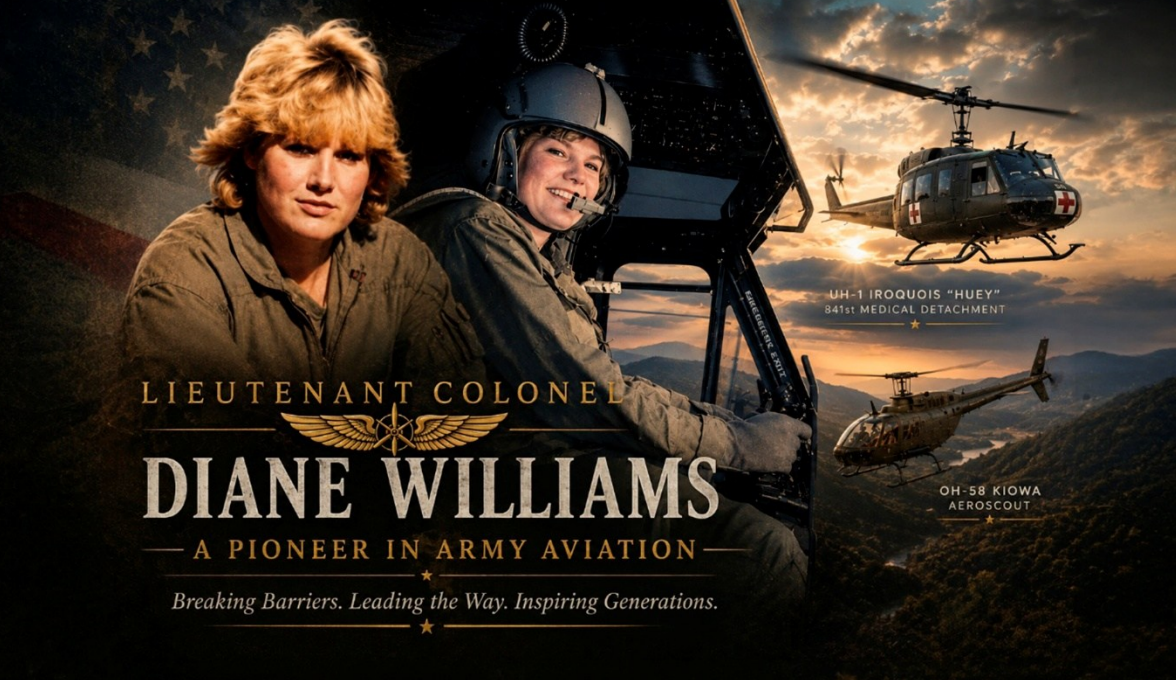
It did not destroy my love for my country, but it changed my understanding of what serving my country truly meant. I learned that courage often has less to do with defeating an enemy than with protecting the people beside you. I learned that heroism is not always found in charging toward battle. Sometimes it is found in flying toward the gunfire because wounded men are waiting for you. Sometimes it is found in holding a damaged aircraft together long enough to bring your crew home. Sometimes it is found in refusing to leave another human being behind.

I went to Vietnam hoping to help win a war. I left understanding that my most important victories were measured one human life at a time.

That became my purpose.

That became my mission.

And that is how I chose to serve my country.



A Word from Jeff

Every once in a while, you meet someone who commands a room without ever trying to command the room. There is no swagger, no self-promotion, no need to announce who they are. Their presence speaks long before they do. That was my first impression of Lieutenant Colonel Diane Williams.

By the time I met Diane, she had been retired from the Army for nearly two decades. Yet it took only a few moments to recognize that I was standing in the presence of someone who had spent a lifetime leading others. She carried herself with a quiet confidence that cannot be manufactured. There was a steadiness in her eyes, a calm authority in her demeanor, and an unmistakable bearing that spoke of years spent making difficult decisions when lives depended upon getting them right.

As I came to know Diane and her family, another side of this remarkable woman became equally apparent. The same devotion she had shown to her soldiers and aviators was reflected in her love for her family.

Leadership was never something she wore only with the uniform. It had become part of her character.

Only later did I discover why she carried herself with such quiet confidence. Diane was a true pioneer in Army aviation, becoming one of the first women to break barriers that many believed could never be crossed. She became the first female Army aviator in the Washington Army National Guard, the first woman in Washington to graduate from its Rotary Wing Flight School, the first woman to complete the demanding OH-58 Aeroscout Course, first female company commander for C Co, 1-106th Avn Bn, first female battalion commander for 1-205th Regiment (schoolhouse teaching OCS and other courses) and later the first female Flight Facility Commander in the nation. She accomplished all of this not through fanfare, but through competence, humility, and an unwavering commitment to excellence.

There are leaders who seek recognition, and there are leaders whose lives become their legacy. Lieutenant Colonel Diane Williams belongs in the latter category. It is my privilege to introduce you to one of the most accomplished military officers I have ever known.

When I first asked Diane to contribute to this book, I assumed she would tell me stories about flying helicopters, breaking barriers, and making history. After all, she flew rescue missions during the eruption of Mount St. Helens, searched for stranded hunters in the mountains, rescued flood victims, supported security operations during the Olympic Games and the Goodwill Games, and repeatedly accepted missions that demanded extraordinary courage and skill. Those stories are certainly part of her remarkable career.

What surprised me, however, was that the stories she chose to tell weren't really about helicopters. They were about people. They were about young soldiers, fellow aviators, families, and the privilege of leading others well. I think you'll discover, as I did, that while Diane's accomplishments are extraordinary, it is her heart for people that truly defines her. I'll let her tell you the rest.

Breaking Barriers Was Never the Goal

People often ask me what it was like to be one of the first women in Army aviation. Looking back, I understand why they ask. Becoming the first female Army aviator in the Washington Army National Guard, the first woman to graduate from its Rotary Wing Flight School, the first woman to complete the demanding OH-58 Aeroscout Course, and later the first female Flight Facility Commander were milestones I never imagined when I first enlisted. They opened doors for women who followed, and I remain deeply grateful to have been part of that history.

The truth is, though, I never set out to become "the first." My military career began six years earlier as an enlisted clerk typist before I eventually became a flight operations specialist. Those years taught me lessons I carried for the rest of my career. Every job mattered. Every soldier mattered. Rank might determine responsibility, but it never determined a person's worth. By the time I graduated from Officer Candidate School and earned my Army Aviator Wings, I wasn't trying to prove that women belonged in aviation. I simply wanted to become the best officer and pilot I could be, someone my fellow soldiers could trust completely when the mission became difficult.

That commitment carried me into some remarkable places over the years. We supported security operations during the 1984 Olympic Games and later the 1990 Goodwill Games. We flew flood relief

missions, rescued stranded hunters from deep mountain snow with Hueys equipped with skis, and supported law enforcement during marijuana eradication missions hidden high in the mountains. Every assignment demanded something different, but every mission reminded me that flying helicopters was never really about the aircraft. It was about the people depending on us to arrive.

The Mountain Called

Nothing prepared us for Mount St. Helens.



Flying over the devastation after the eruption was unlike anything I had ever witnessed. Entire forests had simply disappeared beneath volcanic ash. Rivers had changed course, roads had vanished, and

communities had been transformed almost overnight. Every flight brought uncertainty. One mission involved searching for survivors, another recovering those who had not survived. Then we would be transporting supplies into isolated areas or evacuating families whose lives had been turned upside down in a matter of minutes. Those were emotionally exhausting days, but they also reminded every member of our crew why we had chosen to serve.

Military life, however, has a remarkable ability to find moments of humanity in the middle of tragedy. During those operations we rescued stranded dogs, recovered a rather unhappy boa constrictor, and somehow even found ourselves responsible for a chocolate cake retrieved from an abandoned home. It sounds almost unbelievable now,

but the cake plate eventually made its way back to its owner. Somehow, even in the darkest moments, there was still room for kindness, laughter, and reminders that life would one day return to normal.

Those missions left an impression on me that has never faded. They taught me that behind every rescue, every evacuation, and every flight plan was a family waiting, hoping, and praying someone would come.

Flying Through the Storm

Some of the most difficult missions never made the news.

One flight that remains vivid in my memory began as a routine formation mission through the mountains. The helicopters we were flying had seen plenty of service, and maintenance was always something every pilot respected. Then the weather changed with astonishing speed. Visibility disappeared into blowing snow until mountains vanished behind walls of white. At that moment, our greatest danger wasn't simply the terrain. It was the possibility of one helicopter inadvertently flying into another.

People often ask whether I was frightened during flights like that. Of course I was. Anyone who says otherwise probably isn't being completely honest. The difference is that military aviation teaches you to compartmentalize fear. Training takes over. Discipline takes over. Radio calls become deliberate, checklists become second nature, and everyone focuses on bringing the entire formation home safely. Looking back, I realized I spent far more time worrying about the other crews than I did about myself. We executed a coordinated breakup maneuver, trusted one another completely, and every aircraft returned safely. That's what teamwork looks like when lives are literally in each other's hands.

Leadership Happens One Person at a Time

When I look back over my career, some of the memories that remain closest to my heart had nothing to do with helicopters. Fresh out of Officer Candidate School, I was assigned as the Staff Duty Officer over a Memorial Day weekend at Camp Roberts. The installation had grown quiet as soldiers headed home, but two young, enlisted soldiers remained behind. They had almost no money, nowhere to go, and the dining facility had already closed for the holiday. I remember thinking that something about the situation simply wasn't right. Those soldiers deserved better.

I tracked down the cook and insisted the kitchen be reopened. He wasn't thrilled about it, and I knew I might receive some criticism for making the request, but leadership sometimes means accepting that risk when you know you're doing the right thing. Those two young soldiers received a hot meal that day, and life moved on. At least I thought it had.

Years later, another opportunity presented itself when a talented young sergeant named Sarah was about to be passed over for promotion. I believed she deserved better, so I advocated for her even at the risk of getting brass angry at me. She earned the promotion and continued serving with distinction. After I retired, I unexpectedly ran into Sarah again. She thanked me, not simply for helping her career, but for changing the direction of her family's life. Standing there listening to her, I realized something every leader eventually learns. You never know which act of kindness, encouragement, or advocacy another person will remember for the rest of their life.

The Mission Was Always People

Military life also has a wonderful sense of humor, something that often helps balance the weight of difficult assignments. After supporting aviation security during the Olympics, our crew returned to Washington for another mission where housing arrangements created an amusing dilemma. There were only **two women** in our group and a whole lot of men, so shower schedules had to be carefully coordinated.

The two of us decided to have a little fun.

We slipped quietly out the back door while the men patiently waited outside, convinced we were still inside using the showers. By the time they realized the showers had been empty for quite a while, the joke was on them. There was a little good-natured grumbling at first, but before long everyone was laughing. Moments like that reminded us that military units become families. Shared hardship builds trust, but shared laughter keeps it alive.

Today, when people ask about my military career, they usually ask about the helicopters or about being one of the first women in Army aviation. Those accomplishments certainly matter, and I remain grateful for every opportunity the Army gave me. But when I look back over those years, I don't first remember the aircraft, the promotions, or even the milestones.

I remember the people.

I remember the young soldiers who simply needed someone to notice them. I remember fellow pilots whose lives depended on one another during impossible weather. I remember families waiting for rescue, communities struggling to recover after disaster, and soldiers whose careers needed one person willing to speak on their behalf. Those are the memories that have stayed with me far longer than any title or milestone ever could.



The helicopters were simply the vehicle that carried us to the mission.

The mission was always people.

THE WOUNDS WE CANNOT SEE

★
MAJOR SALVATORE BITONDO

SOME WOUNDS
ARE NOT VISIBLE.
SOME WE CARRY
FOR OTHERS.

A Word from Jeff

Over the course of my career, I have worked for nearly twenty supervisors in the Army, the Department of Defense, hospitals, and private practice. Without hesitation, I can say that Major Salvatore Bitondo was the finest leader I ever had the privilege of serving under.

I first met Sal when he was a captain serving as the Chief of Cheyenne Family Behavioral Health Services at Madigan Army Medical Center. To appreciate why I hold him in such high regard, you have to know something about me. I have never been the easiest psychologist to supervise. I tend to think independently, question conventional wisdom, and occasionally challenge authority when I believe something can be done better. More than once, that independent streak landed me in hot water with upper management.

Sal understood me.

Rather than trying to control me, he trusted me. He recognized that my questions weren't rooted in rebellion but in a sincere desire to provide the very best care for our patients. When he offered guidance, it was thoughtful and respectful. When he corrected me, it was always done with humility and kindness. He somehow managed to bring out the best in people without making them feel managed, and over the years I came to realize that this was simply who he was. Leadership, for Sal, was never about power. It was about helping people become the very best version of themselves.

When Sal deployed to Afghanistan after being promoted to major, I wasn't surprised. He possessed exactly the kind of steady character and quiet courage our soldiers needed. He later returned home carrying injuries from his deployment, yet I never once heard him complain or seek sympathy. He simply continued serving. The Army eventually brought him back into civilian leadership, where he continued caring for soldiers and their families with the same wisdom and compassion that had always defined him.

When I invited Sal to contribute to this book, I assumed he would write about combat. Surely he had stories about helicopter flights into dangerous landing zones, enemy attacks, and the countless experiences that accompany a deployment to Afghanistan.

He chose not to.

Instead, he chose a story that quietly examines the human heart.

It begins after a Dustoff helicopter returns from a mass casualty mission. The wounded have already been evacuated. Some will survive. Others will not. The helicopter still bears the terrible evidence of war,

and someone has to prepare it for the next mission. Without hesitation, Sal volunteers to do one of the most unpleasant jobs imaginable.

Yet that isn't the story he wants to tell.

Years later, he isn't reflecting on his own willingness to step forward. He isn't interested in impressing anyone with his courage or sacrifice. Instead, he looks back with compassion toward a fellow Army chaplain, wondering if he should have recognized the emotional burden that man would carry after helping clean that helicopter. In a place where most people would tell stories about firefighting, heroics, and survival, Sal tells a story about empathy, humility, and the responsibility we bear for one another.

That is why he remains, in my mind, the finest leader I have ever served under.

Now I'd like you to meet the man himself.

The Memory That Stayed With Me

When I think back to my deployment to Afghanistan in 2013, I don't first remember the helicopter rides, the rocket attacks, or the endless miles of dust stretching across the western area of operations. Those experiences were certainly part of deployment, but they are not the memories that have stayed with me over the years.

At the time, I was attached to an aviation brigade and had traveled with our brigade chaplain to a small combat outpost in western Afghanistan. Stationed there was a Dustoff unit, one of those exceptionally close-knit medical evacuation teams whose members understood that every launch could mean the difference between life and death. We had come

simply to make rounds, encourage the soldiers, and provide whatever support we could.

The brigade chaplain was someone I admired immensely. Before coming to the United States, he had served in the Republic of Korea Army before following God's call into ministry and eventually becoming a chaplain in the United States Army. He looked like a fitness instructor, lean, disciplined, and always ready for whatever the day required. Although he stood only about five-foot-six, he possessed a quiet strength that filled every room he entered. He was deeply compassionate, completely devoted to his soldiers, and the kind of leader people naturally trusted. I looked up to him in every sense of the phrase.

While we were visiting the outpost, word came that the Dustoff crew had responded to a MASCAL, a mass casualty incident. A patrol had taken heavy enemy fire, and the UH-60 Black Hawk had made repeated flights into the landing zone, bringing wounded soldiers back for treatment. The flight medics had done everything humanly possible to save them. Some of the wounded would survive because of their extraordinary efforts. Others arrived beyond even the best medical care.

By the time the helicopter returned to the flight line, the urgency of the mission had given way to a different kind of work. Before that aircraft could answer another call, it had to be cleaned, inspected, and prepared to fly again. Inside the cabin, every surface reflected the terrible cost of war. Blood stained the floor, the litters, and the equipment. There wasn't much conversation. There didn't need to be. Everyone understood what had happened inside that helicopter, and everyone understood what needed to happen next.

Without giving it much thought, I volunteered.

I also volunteered the chaplain.

At the time, it simply seemed like the right thing to do. Someone had to prepare that aircraft for its next mission, and I never questioned whether we should be the ones to do it. We quietly went to work. The task was unpleasant, but it was necessary. Like so many things in combat, there wasn't time to dwell on what you were feeling. The mission continued, and so did we.

A few days later, however, I noticed something had changed.

The chaplain's energy was different. The steady confidence I had always admired seemed replaced by a quiet heaviness. When we finally talked, he shared that since cleaning the helicopter he had struggled with intrusive thoughts. He hadn't been sleeping well. He couldn't bring himself to eat meat. The images from that day kept returning, long after we had left the flight line.

I apologized immediately. He was gracious, as he always was, but the conversation has stayed with me ever since.

For years, I carried the uncomfortable realization that I had been so focused on completing the task that I never stopped to consider what that experience might cost someone else. I had volunteered us both without thinking about how differently each of us might process what we were about to see. That realization changed me.

As a clinician, I have spent every year since trying to understand not only where people are in their lives, but where they have been. Every person carries experiences we cannot see, burdens they may never speak about, and wounds that remain hidden beneath the surface. I never

again wanted to unknowingly place someone in a situation that might leave invisible scars they would carry for years.

When people ask me about Afghanistan, this isn't the story they expect to hear.

But it's the one that has stayed with me.

Because in the end, the deepest wounds are not always the ones we can see. They are often the ones quietly carried by the people standing beside us.

The LONE SHOE

That Stuck in My Memory

FIREFIGHTER JUSTIN MADSEN



There are moments in life that quietly change the direction of everything that follows.

For me, that moment came on September 11, 2001.

At the time, I was working at a Ford dealership. Like millions of Americans, I found myself standing in a break room with coworkers, watching television as smoke poured from one of the Twin Towers. At first, none of us understood what we were seeing. The news anchors spoke of a terrible accident. Then, before our eyes, another airplane struck the second tower. The room fell silent. No one spoke. We simply stood there together as disbelief turned into horror and the reality slowly settled over all of us that our nation was under attack.

As I watched firefighters, police officers, and paramedics disappear into buildings that everyone else was desperately trying to escape, I felt something I had never experienced before. It wasn't simply sadness or anger. It was helplessness. I remember asking myself a question that refused to leave me.

"What can I do to help?"

That question followed me for weeks. The more I thought about it, the more convinced I became that I didn't simply want to admire those men and women. I wanted to become one of them. I wanted to be the person who arrived when someone else's world had just fallen apart. I wanted my life to matter on the days that mattered most.

So, I went back to school.

Becoming a firefighter and paramedic wasn't easy. There were countless hours of classroom instruction, practical training, physical conditioning, and clinical experience. Every skill had to be learned until it became second nature because someday another human being's life might depend upon it. Looking back now, I smile at the young firefighter I became. Like so many of us, I was eager. I wanted the difficult calls. I wanted to prove myself. I wanted to know whether I had what it took to perform under pressure when lives were hanging in the balance.

For many years, I believed I handled the job well. We would respond to horrific accidents, cardiac arrests, shootings, drownings, and every imaginable emergency. When the call was over, we'd clean the truck, replace the equipment, write our reports, and wait for the next dispatch. That's simply what firefighters and paramedics do. We were raised in a culture that taught us to "suck it up." Feelings were something you tucked away. The expectation was simple: suit up, show up, and get the job done.

For a long time, I thought I was doing exactly that.

Then, somewhere around my tenth year on the job, I began noticing something I couldn't explain. The calls no longer ended when the ambulance doors closed. Faces began appearing unexpectedly in my thoughts while I was eating dinner with my family. Certain sounds replayed in my mind long after the sirens had been silenced. Even smells had become memories. People often say blood doesn't have a scent, but anyone who has spent years working major trauma knows there is a distinctive metallic odor that somehow becomes permanently filed away in your memory. Once your brain learns it, it never completely forgets.

What surprised me even more were the places.

Driving through town was no longer simply driving through town. Every so often I'd pass an intersection and immediately remember the teenager who died there. A neighborhood would remind me of a child we couldn't save. The lake brought back memories of desperate rescue attempts. Even stretches of desert carried reminders of lives forever changed. Those places became more than locations on a map. They became chapters of my career that I couldn't quite close.

Over time, I found myself taking different routes whenever I could. Not because I didn't know the way, but because I knew the memories waiting there.

Of all the things that trigger those memories, one has always surprised me the most.

A single shoe lying in the middle of the road.

Most people drive past it without giving it a second thought. They assume someone lost it while moving, that it fell from the back of a

truck, or perhaps a child left it behind. It's an ordinary object that barely deserves a second glance.

I don't see a shoe.

I see a pedestrian who was struck by a vehicle.

I remember kneeling beside someone fighting for life while that lone shoe rested several yards away, torn from its owner by the force of the impact. I remember the frantic voices on the radio, the sound of traffic being diverted, the desperate rhythm of doing everything we could to save a human life. Somehow, over the years, that image became permanently attached to my memory. Whenever I see a shoe lying alone on the pavement, my mind returns to those moments before I can stop it.

That's what trauma does.

It doesn't always announce itself through nightmares or dramatic flashbacks. Sometimes it hides inside ordinary objects that everyone else overlooks. A street corner. A neighborhood. The smell of blood. Or a single shoe lying quietly in the middle of the road.

People often thank first responders for what we do, and I sincerely appreciate that. But what many don't realize is that every difficult call leaves something behind. One fatal accident may not break you. Neither will one suicide, one drowning, one overdose, or one child you couldn't save. But over the course of a career, those calls accumulate. They become invisible companions that quietly ride home with you at the end of every shift. You continue showing up. You continue serving. You continue answering the next dispatch. Yet somewhere along the way, you begin carrying a weight you never realized you had picked up.

The old saying in the fire service is, **"Suit up and show up."**

We do.

We answer the calls.

We stop the bleeding.

We comfort families.

We do everything in our power to save lives.

Then we wash our hands, climb back into the engine, and wait for the next emergency.

What no one prepares you for is the fact that some calls never really end. They stay with you long after the scene has been cleared. They quietly wait for an ordinary moment, a familiar intersection, a particular smell, or a lone shoe lying in the road, to remind you they are still there.

Today, when most people see that lone shoe, they keep driving.

I wish I could.

For me, it has become a quiet reminder that some of the deepest wounds carried by firefighters, police officers, paramedics, veterans, and first responders are the ones no one else can see.

That's the lone shoe that has stayed in my memory.

What Happened in Vietnam—and Getting Well

Sergeant Ronald Ford, United States Marine Corps



The Night Before the Mountain

After the Tet Offensive and the battle of Hue City, our Marine tracked eight-inch howitzer unit was moved about twelve miles south to a small Navy Seabee compound near Phu Loc. We were positioned in the northeast corner, across a small rice paddy from the main compound. There was already a Seabee machine-gun bunker in that corner, so my crew added three more rows of sandbags to the top and mounted our M2 .50-caliber machine gun on a tripod above it. The Seabees also brought over a bulldozer and dug a hole deep enough for us to drive our fire direction control truck into for protection.

Our sleeping quarters were considerably less sophisticated. We dug a hole approximately six feet wide, seven feet long, and three feet deep, then placed our sleeping bags inside and stretched poncho halves over the opening to keep out the rain. It had to be seven feet long because Mark Wilson, whom we called Lurch, stood six feet eight inches tall. For a little over a month, we slept there and shared the space with the rats that visited us nearly every night.

It is strange how much sharper your senses become when your survival depends upon them. I could almost sleep through the thunder of an eight-inch howitzer firing nearby because those guns were part of our world. They often fired harassing rounds at different times during the night, and eventually the sound became almost routine. But if a rifle fired somewhere in the jungle, I was instantly awake. There was also no mistaking the sharp crack of an incoming round. Once you have heard it, you know the difference.

On the night of March 30, 1968, Lurch was on duty in the fire direction control bunker while I was sleeping. I awakened to the unmistakable crack of incoming fire. An enemy 57 mm recoilless rifle was firing at us from the mountain above the compound. Fortunately, we were beyond the weapon's accurate range, forcing the enemy crew to elevate the rifle and try to lob its rounds toward our position. Their targets were our tracked eight-inch howitzers.

I jumped out of the sleeping hole, put on my gear, and ran to the .50-caliber machine gun. Billy, my loader, joined me, along with Juan, who carried an M16 and watched our backs. We turned the machine gun away from the concertina wire and toward the mountain, then weighted the tripod legs with sandbags to keep it steady. Each time the recoilless rifle fired, we could see a ball of flame partway between the mountain and our position. Using the tripod's traversing mechanism, I slowly walked our tracers toward the muzzle flashes.

They fired, and we fired back.

Their rounds began coming in at a higher angle as they tried to knock out our .50-caliber position. Billy watched our tracers climbing the mountain and shouted, "You're on 'em! You're on 'em!" The three of

us could see sparks as the tracers struck metal, with some rounds ricocheting away from the target. Then one of our tracers must have reached their ammunition or powder because there was a sudden explosion on the mountainside.

The recoilless rifle did not fire again.

The Morning the Mortars Came

The following morning, several Navy Seabees from the mortar pit behind our first gun came over and asked whether we were the crew that had destroyed the recoilless rifle. Billy told them we were. They invited us to their mortar pit because they had canned apricots, which was reason enough to go. We sat with them for ten or fifteen minutes, eating apricots and talking about home. I still remember one of the men saying, "I just want to get back to my wife and kids."

Then the enemy began dropping 82 mm mortar rounds on us.

We asked the Seabees what we could do to help. They sent us into their small ammunition bunker, where we broke mortar rounds out of their boxes and passed the 81 mm rounds forward as quickly as we could. The Seabees were firing rapidly, double-loading the tube in an effort to return fire and suppress the enemy position.

The fourth incoming round struck the baseplate of our mortar.

The explosion drove fragments into my face, neck, leg, and right arm. I had been kneeling when the round hit, and the blast knocked me onto my right side. When I tried to push myself back onto my knees, my right arm would not work. I could taste the saltiness of the blood from the wound in my face, but the injury to my arm was far worse. Shrapnel had struck the inside of my elbow, and I was bleeding heavily.

I remember thinking, *What do you have to do?*

I folded my injured arm inside the sleeve of my T-shirt and pressed it against my body. That stopped most of the bleeding. Billy had been struck in the forehead, and blood was pouring into his eyes. Unable to see, he began yelling, "I'm gonna die! I'm gonna die!" Juan did not appear to be physically wounded, but he stood motionless with a blank stare on his face. With my left hand, I threw my helmet at him. It struck him and snapped him out of it.

"Help Billy!" I yelled.

Near the entrance to the small bunker, one of the Seabees was sitting against the wall. A fragment had torn into the side of his neck, and blood was spurting from the wound. I moved in front of him and pressed my left hand against his neck, trying to stop the bleeding. I could feel his pulse beating against the palm of my hand.

As I looked at him, I saw that he had blond hair and blue eyes, just like me. He stared directly at me and tried to say something, but I could not understand him. Then the pulse beneath my hand stopped.

I knew he was gone.

There were other wounded men around us, and I could feel myself becoming weaker. I ran to our command bunker and told them that men had been hit and needed help. The Navy corpsman took one look at me and said, "Let me plug your leaks, and I'll get to them."

Billy and I were evacuated on the same CH-34 helicopter, and he was placed in the hospital bed beside mine. As we lay there, Billy told me he was ashamed that he had cried out like a baby. I told him, "You were

only saying what I was thinking. Besides, you had blood in your eyes and couldn't see."

Later, Lurch wrote to me and told me what had happened after we were evacuated. Six of the seven Navy Seabees in that mortar position had been killed.

The War That Came Home

I was medevacked first to Phu Bai, then to Da Nang, Guam, and finally Naval Hospital San Diego. The care I received was excellent, beginning with the corpsman on the battlefield and continuing through the surgeons and medical personnel who treated me along the way. At first, I was simply grateful to be alive. I believed that because I had survived and my physical wounds were healing, I was fine.

But I was not fine.

The nightmares began, and I would awaken drenched in a cold sweat. I remained in the Marine Corps until November 1969, teaching at the forward observer school. I told myself that the Marines who had fought in World War II and Korea had endured terrible things without complaining, so I should do the same. My answer was simple: suck it up and move forward.

Over time, however, things began happening that I could not explain away. I might be driving, eating, or sitting quietly somewhere when I would suddenly feel the pulse of that dying Seabee beating against the palm of my hand. I would shake my hand, and eventually the sensation would disappear. When it happened while I was with friends or on a date, I felt embarrassed and tried to hide it.

At other times, I would be getting ready for work or looking into a mirror and see the Seabee's face staring back at me. If I looked away and then looked back, sometimes he would still be there. If I walked away for thirty seconds or a minute, he would usually be gone. Once, I yelled at him, "I was trying to help you. Please leave me alone."

I eventually learned ways to manage those experiences, and they occurred less frequently as the years passed. Still, I never truly dealt with what had happened. Like many veterans of my generation, I kept it inside and tried to carry it alone.

Talking About What Happened

About twenty years ago, my wife and I attended a small high school reunion. Ten men from my high school class came with their wives and met for lunch. Eight of the ten had served in the military. Six of those eight had gone to Vietnam, and five of the six had been wounded. One of those wounded veterans was Johnnie Griffiths.

As we talked, Johnnie looked at me and said, "You've got more holes in you than the rest of us, you're only receiving 20 percent disability, and you've never had counseling."

He took me to the Department of Veterans Affairs and helped connect me with a counselor. One of the first questions the counselor asked was whether I ever talked about what had happened in Vietnam. When I told him that I did not, he said, "You need to talk about it. If you hold it inside, it will eat you up."

He placed me in a veterans discussion group, and it helped tremendously. Later, I began attending a VA veterans breakfast group, which was also good for me. Hearing other veterans tell their stories helped me understand that I was not alone. We had different

experiences, but we recognized something in one another that people who had not been there could not fully understand.

Six Names on the Wall

The men in the breakfast group learned that a traveling replica of the Vietnam Veterans Memorial was coming to March Air Force Base. We volunteered to guard the wall, although guarding it mostly involved standing nearby, assisting visitors, and helping people locate names. Reference books allowed us to search by name or by the date someone had died.

I searched for the six Navy Seabees who were killed on March 31, 1968.

When I found their names on the wall, I reached out and touched them. Then I lost control and began sobbing. The years between that mortar pit and that moment disappeared. Once again, I was a young Marine kneeling beside a dying man, feeling his final pulse against the palm of my hand.

The reference books contained messages left by family members. Beside one of the names, a son had written that no one had ever told him how his father died. He included his email address.

I wrote to him.

I began believing that my message would be about a page long, but it became four pages. I told him about the night before the mortar attack and about sitting with the seven Seabees the following morning, sharing canned apricots and talking together. I told him that one of the men had said, "I just want to get back to my wife and kids." I could no longer remember which man had spoken those words, but I wanted the son to know what those final hours had been like.

I told him how the Seabees had responded when the mortars began falling. Men who normally operated bulldozers, Caterpillars, and trucks instantly became warriors. As they returned fire, we Marines opened ammunition boxes and passed mortar rounds to them. I tried to explain the intensity and confusion of the attack without including the most terrible details. More than anything, I wanted him and his family to know that those seven Seabees had acted with courage. They were heroes, like all those who gave everything.

The son wrote back and thanked me on behalf of his entire family. He told me about their lives and about what he had done with his own life.

He had become a major in the United States Army.

The exchange happened approximately fifteen years ago, and somewhere along the way, both emails were lost. I have written these parts of the story from memory. The letters themselves may be gone, but I have never forgotten what it meant to tell that son about his father—or what it meant to learn about the man that son had become.

Veterans Helping Veterans

Someone eventually told me about a group of veterans who met in the back room at Woody's Grill. I did not realize at first that the group involved writing about our experiences. I only knew that veterans gathered there, and I wanted to be among them. When I finally began putting my own story on paper, I discovered something I had not expected.

Writing it down made me feel better.

For years, I told myself that other veterans had endured far worse than I had. Some had suffered more terrible wounds. Some had lost more

friends. Some had survived battles I could hardly imagine. Compared with them, I believed I had no right to complain. That became one more reason to remain silent.

But suffering is not a competition. Another man's pain does not make your own wounds disappear. Silence does not bury the memories, and time does not always heal what we refuse to face. Sometimes the war follows you home. It waits for you in the night. It appears in a mirror. It returns in the sensation of a dying man's pulse beating against the palm of your hand, even though more than fifty years have passed.

My counselor was right. If you hold it inside, it can eat you alive.

I also learned that healing rarely happens alone. Johnnie helped me walk through the doors of the VA when I might never have gone by myself. A counselor gave me permission to speak about things I had spent years trying to forget. Other veterans listened without judgment because they understood. The traveling Vietnam Memorial allowed me to touch the names of six Seabees, grieve for them at last, and tell one son about the courage of the father he never had the chance to know.

None of those things changed what happened on March 31, 1968. They did not bring those six men home. They did not erase my wounds or take away every memory. But they helped me stop carrying the entire burden by myself.

If you are a veteran reading this and you are still carrying your war alone, I want to ask you to do something. Reach out. Join a group. Walk into a VA, a Vet Center, a church, or any place where people will listen. Sit down with other veterans. Tell someone what happened. If speaking the words feels impossible, begin by writing them down. You do not have to tell everything at once. You only have to begin.

Do not keep telling yourself that someone else had it worse. Do not believe that asking for help makes you weak. You have already proven your strength. Sometimes the greater act of courage is allowing another person to stand beside you while you face what you have been fighting alone.

There is help for you. There are people who will understand. There are other veterans who will sit beside you, listen to you, and remind you that you are still one of us.

Your story matters. The people you remember matter. After all these years, your life still matters.

Tell your story.

It may help set you free. And somewhere, someone who hears it may finally find the courage to tell his own.

PART II



THE
NEUROFAITH[®]
FRAMEWORK
— FOR —
HEALING



Healing the Invisible Wounds

The stories you have just read remind us that courage does not end when the battle is over. For many veterans and first responders, the greatest battles begin after they come home. PTSD, depression, anxiety, grief, moral injury, addiction, broken relationships, and the quiet burden of memories that never completely disappear can become a different kind of battlefield.

If you found yourself identifying with these stories, or if someone you love carries these invisible wounds, this section was written for you.

Over the past four decades, I have had the privilege of serving as a military psychologist, clinical psychologist, and student of both neuroscience and faith. During that journey, I developed what I call the NeuroFaith® Model, an approach that integrates modern neuroscience with timeless spiritual principles to better understand how trauma affects the brain, the nervous system, the heart, our relationships, and ultimately our capacity to heal.

I do not present this model as the only path to healing, nor is it a substitute for professional mental health care. Rather, it is a framework that has brought hope to many people by helping them understand that

trauma changes us, but it does not have to define us. The brain can heal. The nervous system can recover. Relationships can be restored. Faith can become a source of resilience. Life can become meaningful again.

If these pages encourage you to seek help, whether through a trusted pastor, physician, psychologist, counselor, or another qualified mental health professional, then they will have served their purpose. Asking for help is not weakness. It is one of the greatest acts of courage a warrior can make.

My hope is that the stories in Part I have inspired you. My prayer is that the pages that follow will offer hope.



***“Let all that I am praise the Lord;
may I never forget the good things he does for me. He forgives
all my sins and heals all my diseases.”***

As we prepare to step into the Four Pillars of Healing, it is worth pausing for just a moment to reflect on where this journey has already taken us. Throughout these pages we have stood beside combat veterans, active duty service members, police officers, firefighters, paramedics, dispatchers, corrections officers, and first responders who willingly answered the call when others were running away. We have witnessed extraordinary courage, heartbreaking sacrifice, quiet resilience, and the invisible burdens so many continued carrying long after the sirens faded, the deployment ended, or the uniform was hung in the closet.

We have explored the roots of trauma and loss, the ways attachment shapes our relationships, and the remarkable ways the nervous system adapts to help us survive. We have looked beneath the surface at the

biology of the brain, the autonomic nervous system, and the stories we quietly tell ourselves about who we are. We have seen how experiences become embedded within us, shaping not only our memories but also our bodies, our relationships, and our capacity to trust, love, and feel at peace.

That understanding is essential.

But it was never meant to be the destination.

It is the doorway.

The story does not end with what has been broken, shaped, or carried. It moves toward what can be restored. As Scripture reminds us, "*The light shines in the darkness, and the darkness has not overcome it*" (John 1:5, NIV). That light is not merely a comforting idea. It is a living reality that reaches into the deepest wounds of the human heart and begins the quiet work of restoration.

For many who have served, survival became second nature. Whether on the battlefield, beside a burning home, on a midnight patrol, inside an ambulance, or responding to one crisis after another, you learned to compartmentalize. You learned to push through exhaustion, fear, grief, and loss because someone else's life depended upon your ability to function. Those adaptations were not signs of weakness. They were remarkable expressions of courage. They helped you complete the mission, protect your brothers and sisters, and come home alive.

But what helped you survive the mission does not always help you live fully after the mission is over.

That is why healing requires something more than symptom management.

Many of us have benefited from therapies such as Cognitive Behavioral Therapy and Dialectical Behavior Therapy. These approaches have helped countless people stabilize overwhelming emotions, challenge destructive thinking, and regain a measure of control during life's darkest moments. They are valuable. They are evidence based. And for many, they have been lifesaving. But they only make incremental changes.

Yet many warriors and first responders eventually discover that while the symptoms become more manageable, something deeper still longs to be healed. The nightmares may lessen. The anxiety may soften. Life may become more functional. Yet the deeper patterns often remain. We learn how to cope, but we still long to become whole.

INCREMENTAL & TRANSFORMATIONAL THERAPIES

Therapies are necessary and helpful, but transformational therapies get you home.

INCREMENTAL THERAPIES	VS.	TRANSFORMATIONAL THERAPIES
FOCUS: Gradual, step-by-step change.		FOCUS: Profound, holistic change.
APPROACH: Behavior modification and symptom management.		APPROACH: Deeper psychological exploration.
EXAMPLES: CBT, DBT, Exposure Therapy.		EXAMPLES: IFS, EMDR, Polyvagal-Informed Therapy, HeartMath, EFT.
GOAL: Improve specific symptoms or behaviors.		GOAL: Transform core beliefs and self-concept.
PROCESS: Structured, often short-term.		PROCESS: Open-ended, usually longer-term.
HELPS YOU MANAGE THE CLIMB.		GETS YOU HOME.

INCREMENTAL THERAPIES CAN HELP YOU **COPE**.
TRANSFORMATIONAL THERAPIES CAN HELP YOU **CHANGE**.

 **NEUROFAITH**[®]
LLC

This is where the distinction begins to matter.

Incremental therapies help us function more effectively within the lives we are living. Transformational therapies seek to change the life itself.

They reach beneath symptoms into the places where trauma was first encoded, where the nervous system learned to anticipate danger, where shame quietly shaped identity, and where disconnection first took root.

The Four Pillars of the NeuroFaith® Model were developed with exactly this purpose in mind. They are not designed merely to help combat veterans, active duty military personnel, police officers, firefighters, emergency medical personnel, and first responders survive what they have experienced. They are designed to help restore what trauma attempted to steal. This model is transformational.

Each pillar builds upon the one before it. Together they address the whole person: the body, the brain, the heart, our relationships, and our spiritual life. Rather than asking you to simply manage your symptoms, they invite you to understand them, heal them, and ultimately move beyond them.

1. **Polyvagal-Informed Therapy:** Healing through the language of the nervous system, recalibrating the body's threat response and helping us move from survival into safety and connection.
2. **HeartMath® and Neurocardiology:** Reconnecting with the heart as an intelligent center of emotional regulation, coherence, resilience, and spiritual resonance.
3. **Internal Family Systems (IFS):** Mapping the inner landscape of parts and burdens, welcoming even the wounded and protective parts of ourselves into compassionate relationship and healing.
4. **Faith and Spirituality:** Rediscovering a living relationship with God, where grace replaces shame, hope overcomes fear, and love restores what trauma could never destroy.

Together, these Four Pillars form a holistic, hope-centered framework for recovery. They calm the autonomic nervous system, reshape the Default Mode Network, strengthen healthy attachment, restore heart-brain coherence, and reconnect us with meaning, purpose, and faith.

This is not simply about feeling better.

It is about becoming whole again.

Welcome to the journey home.



PILLAR ONE POLYVAGAL- INFORMED THERAPY

Healing through the language
of the nervous system.

You may know, logically, that you are home. You may know the door is locked, the street is quiet, the restaurant is safe, and the person beside you loves you. Yet your shoulders remain tight. Your eyes keep tracking the exits. A slammed door sends a jolt through your chest. Sleep comes lightly, if it comes at all. Or perhaps your body goes in the other direction: you become heavy, numb, exhausted, disconnected, and unable to care about things that once mattered.

This is one of trauma's most frustrating realities: the mind may understand that the danger has passed while the body continues to live as though it has not (Porges & Porges, 2023).

To summarize what we established earlier, the autonomic nervous system continually evaluates safety and danger through neuroception. The sympathetic system mobilizes you to fight or flee, the dorsal vagal system can contribute to collapse or shutdown when danger feels inescapable, and the ventral vagal system supports safety, connection, flexible thinking, and recovery. We will not repeat all of that science

here. Chapter 10 has a different purpose: learning to use that map (Porges, 2011, 2017).

Polyvagal-Informed Therapy begins with a practical truth: trauma is not only a memory of something that happened. Trauma is also a dynamic pattern held in the brain and body. It can live in breathing, muscle tension, heart rhythm, posture, digestion, sleep, startle responses, pain, emotional numbing, and the impulse to scan, withdraw, attack, control, or escape. This is why insight alone is often not enough. You cannot always reason a nervous system out of an alarm state. Sometimes you must first help the body experience enough safety to stand down (Porges & Porges, 2023).

That does not mean we ignore thoughts, beliefs, memory, meaning, faith, grief, or moral injury. It means we approach them in the right order. When the nervous system is highly activated or shut down, the parts of the brain needed for reflection, perspective, language, and choice are less available. As the body becomes more regulated, you gain greater access to the mind. Then trauma-focused therapies can help you work with memories and beliefs such as I should have prevented it, I failed my people, I am permanently damaged, I cannot trust anyone, or I am not safe anywhere.

Body first does not mean body only. Regulation creates the conditions in which reflection, trauma processing, new learning, and restored connection become possible.

The Nervous System You Brought Home

Military service and emergency work train the nervous system to do extraordinary things. You learn to notice what others miss, make decisions with incomplete information, override fear, endure

discomfort, suppress emotion long enough to complete the task, and move toward danger while others move away. Those abilities are not pathology. They are disciplined forms of survival.

The difficulty comes when an operational setting becomes the body's default setting. The same vigilance that protected a patrol may become constant scanning at the grocery store. The rapid mobilization that got you through an ambush, structure fire, violent arrest, code, or mass-casualty call may appear at home as irritability, impatience, road rage, insomnia, or an explosive reaction to a minor interruption. The emotional compartmentalization that allowed you to function at the scene may later become numbness with your spouse, children, friends, or faith community.

At other times, the system runs out of mobilizing energy. You may feel drained, detached, ashamed, hopeless, or unable to move. You may spend hours in a chair, avoid calls, cancel plans, or feel as if you are watching life from a distance. This shutdown is not laziness. It may be the nervous system's protective attempt to conserve energy and reduce unbearable sensation.

A regulated nervous system is not one that remains calm all the time. Health is flexibility: moving into action when action is required, remaining connected under manageable stress, and returning toward recovery when the danger has passed. The goal is not to turn a warrior into someone passive or unprepared. It is to restore range and choice (Porges, 2011, 2017).

A Field Map: Green, Orange, Red, and Yellow

The accompanying Emotion Regulation Chart summarizes the states discussed earlier and turns them into a practical field map. Its colors

provide plain, nonjudgmental language for noticing your state. They are not diagnoses or measures of character. A map does not shame you for where you are; it helps you decide what direction to move next (Dana, 2018, 2020).

Emotion Regulation Chart

POLYVAGAL STATES AT A GLANCE						
Understanding the Nervous System's Adaptive Continuum						
DIMENSION	LETHARGIC	CALM	ACTIVE/ALERT	FIGHT/FLIGHT	HYPER FREEZE	HYPO FREEZE
PRIMARY EXPERIENCE	Shutdown, Depression	Safety, Socially engaged	Ready to act	React to danger	Overloaded	Collapse, Numb
BODY RESPONSE	Low energy, slowed body	Relaxed, steady rhythm	Energized, focused	High arousal, tense body	Rigid, panicked	Flaccid, shutdown
EMOTIONAL TONE	Numb, sad, withdrawn	Clear, connected at peace	Interested, engaged curious	Fear, anger, urgency	Terror, frozen in fear	Empty, detached, despair
THERAPEUTIC FOCUS	Gently activate energy	Maintain connection	Channel energy	Ground, create safety	Contain, stabilize	Emergency support

The goal of therapy is not to stay in one state, but to expand your window of tolerance and return to safety.

NEUROFAITH® LLC
Bringing Neuroscience and Faith Together

Jeffrey E. Hansen, PhD
FOUNDER & DIRECTOR

"Peace I leave with you; my peace I give you. Let not your hearts be troubled." — John 14:27

Green: regulated and connected

Your breathing is fuller, your heart rhythm is steadier, your attention can widen, and you can take in the whole situation rather than only the threat. You can listen, think, use humor, receive care, and feel appropriately alert without being consumed by urgency. Green does not mean defenseless. It means present, flexible, and able to choose.

Orange Mobilized

Your body is preparing for action. Muscles tighten, breathing speeds up, attention narrows, and energy rises. You may become restless, guarded, impatient, controlling, or unable to sit still. Orange can be

useful when you need to perform. It becomes costly when it persists after the **task** has ended.

Red: overwhelmed alarm

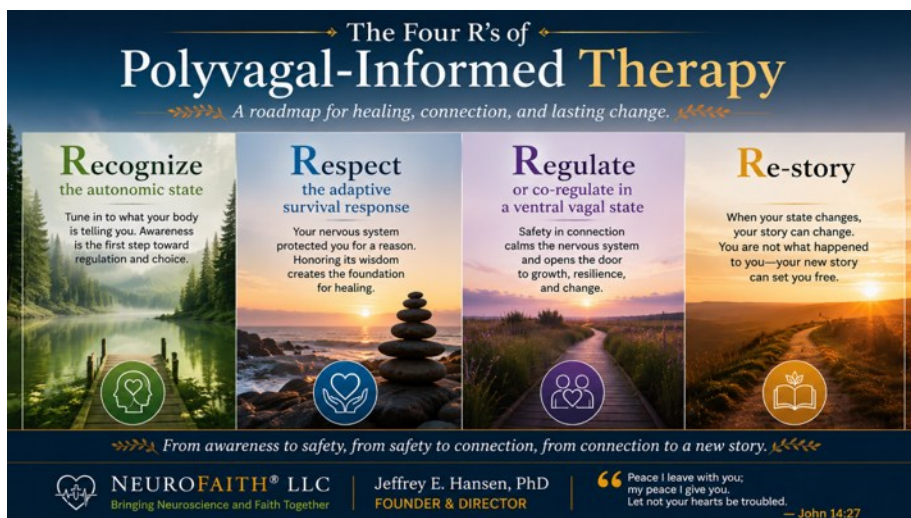
Mobilization has intensified. You may experience rage, panic, terror, tunnel vision, an urge to flee, or the feeling that you must act immediately. Reasoning with yourself may be difficult because survival circuitry has taken priority. Red is not the time for a major relationship conversation or a detailed analysis of the past. It is the time to reduce danger, create space, and regulate.

Yellow: shutdown or collapse

Energy drops. You may feel heavy, foggy, numb, ashamed, depressed, disconnected, or unable to initiate action. You may withdraw, sleep excessively, stare at a screen, or lose track of time. Yellow is not simply a quieter version of green. It is a protective state that often requires gentle energy, movement, warmth, light, rhythm, and safe connection rather than further slowing.

Some people move quickly from orange or red into yellow. Others live in a blended state: physically exhausted but internally vigilant, numb but unable to sleep, depressed yet constantly scanning. These are not rigid boxes; the map simply helps you notice the direction your system is moving.

The Four R's: A Practical Path Back Toward Regulation



Polyvagal clinician Deb Dana describes four useful movements: Recognize, Respect, Regulate, and Re-story (Dana, 2018, 2020). The first three work primarily from the bottom up, using sensation, movement, breath, environment, and relationship to influence the brain. The fourth works more from the top down, using language, perspective, meaning, and new beliefs. For trauma survivors, this order matters.

Recognize the autonomic state



Operational competence often depends on ignoring your own body. You finish the mission, treat the patient, secure the scene, complete the report, check on everyone else, and deal with yourself later. The problem is that later may never come. Recognition begins by reversing that habit for a few moments. You learn to read your own internal instruments.

Do not begin with Why am I acting this way? Begin with What is my body doing right now? The first question can quickly become an accusation. The second is observation.

- Breathing: Is it rapid, shallow, held, or full?
- Heart and chest: Is there pounding, pressure, fluttering, or unusual slowing?
- Muscles: Are your jaw, hands, shoulders, abdomen, or back braced?

- Attention: Are you seeing the whole room, or only possible threats?
- Energy: Are you charged, restless, and ready to move, or heavy, foggy, and collapsed?
- Connection: Do people feel accessible, irritating, unsafe, or impossibly far away?
- Impulse: Do you want to fight, flee, freeze, hide, use a substance, control the situation, or disappear?

A 30-second check-in: Pause and name five things without trying to fix them: my breathing is..., my muscles are..., my heart is..., my energy is..., and my impulse is.... Then name the zone that best fits: green, orange, red, or yellow. End with: This is a state, not my identity. States can change.

Recognition creates a small amount of distance between you and the reaction. Instead of I am out of control, you can say, My system is moving into red. Instead of I am worthless and lazy, you can say, My system is in yellow and trying to conserve. This language reduces shame and opens the door to choice.

Respect the adaptive survival response



Respect does not mean liking the response or allowing it to harm you or someone else. It means understanding that the response developed for protection. Your nervous system was not trying to ruin your marriage, isolate you from your children, destroy your sleep, or make civilian life miserable. It was trying to keep you alive using rules learned under extreme conditions.

Perhaps anger created enough force to get you through. Perhaps emotional numbness allowed you to handle bodies, injuries, loss, or repeated exposure to human cruelty. Perhaps never fully relaxing kept you ready. Perhaps alcohol, opioids, pornography, gambling, work, or relentless exercise temporarily changed an unbearable internal state. Recognizing the protective function does not excuse destructive behavior, but it helps us treat the cause rather than merely condemn the symptom.

This distinction is especially important for freeze, collapse, and dissociation. People often judge themselves for what they did not do during a traumatic event. They ask why they did not fight harder, move faster, speak, or save everyone. Under overwhelming or inescapable threat, the nervous system may inhibit action, narrow awareness, alter pain perception, or disconnect a person from experience. These are involuntary survival responses, not moral verdicts (Porges, 2017).

Responsibility remains part of healing. If protective reactions frighten your family, fuel substance misuse, or isolate you from people who love you, those consequences must be faced. But responsibility works better without contempt: This response makes sense, and it is costing me. It protected me then, and I need a different response now.

Replace What is wrong with me? with What is my nervous system trying to protect me from right now? Then add: Thank you for trying to protect me. I am going to check whether this response is still needed.

Regulate or co-regulate in a ventral vagal state



Once you recognize and respect the state, choose an intervention that fits it. Regulation is not forcing yourself to feel peaceful; it is helping the nervous system move one step toward safety, connection, and flexibility. Even a five-percent shift matters because the aim is enough steadiness to recover choice (Dana, 2018, 2020).

When You Are in Orange or Red

A highly activated system usually needs less stimulation, more space, slower rhythm, and a clear signal that immediate action is not required. If there is actual danger, address safety first. Polyvagal practices are not substitutes for leaving an unsafe setting, calling for help, or obtaining emergency care.

Orient to the present. Slowly turn your head and let your eyes scan the room. Name the date, your location, and three signs that the current setting is different from the traumatic setting.

Lengthen the exhale. Breathe gently through the nose if comfortable. Let the out-breath become slightly longer than the

in-breath without forcing a deep breath. Try four seconds in and six seconds out for several cycles, adjusting if lightheaded.

Release one point of bracing. Unclench the jaw, lower the shoulders, open the hands, or let the tongue rest. Do not demand that the entire body relax at once.

Use grounded pressure. Feel both feet against the floor, your back against a chair, or your hands pressing against a wall. Firm, controlled muscular effort can give mobilized energy somewhere safe to go.

Reduce input. Step away from the argument, crowd, news, traffic, bright light, or noise. Say clearly that you need time to regulate and will return at a specific time.

Move rhythmically. Walk at a steady pace, ride a stationary bike, stretch, or perform slow controlled repetitions. The purpose is not punishment or exhaustion; it is organized completion of mobilizing energy.

Use a familiar cue of safety. A trusted voice, prayer, music, a service dog, time outdoors, or a familiar object can remind the body that this moment is not the past.

The tactical pause: Stop. Create physical space. Feel your feet. Look for three present-day safety cues. Exhale longer than you inhale five times. Decide on only the next safe action. Do not solve the marriage, the career, or the past while your system is in red.

When You Are in Yellow

Shutdown often needs a different approach. More stillness and slower breathing may deepen collapse. Begin with small amounts of safe activation.

- Bring in light and orientation. Open the curtains, step outside, and name what you see and hear.
- Use small movement. Sit upright, press your feet into the floor, stretch your arms, walk to the mailbox, or complete one simple task.
- Add rhythm and temperature. Use music with a steady beat, a warm shower, a cool cloth on the face, or a warm drink, depending on what helps you feel more present.
- Invite low-demand connection. Sit near someone safe, call a trusted peer, attend a familiar group, or spend time with a calm animal. You do not need to explain everything.
- Choose one act of agency. Drink water, eat something nourishing, take prescribed medication as directed, or make the appointment. Small action tells the system that movement is possible.

The return-from-shutdown sequence: Light. Upright posture. Feet on the floor. Ten slow steps. Water. One safe person. One manageable task. Stop before effort becomes overwhelm, and repeat later.

Co-regulation: We Do Not Heal Alone

Self-regulation matters, but human nervous systems were built to regulate in relationship. Co-regulation occurs when the steady presence of another person helps your body move toward safety. Long before we can explain what we feel, we read faces, voices, posture, movement, proximity, and rhythm. We continue doing this throughout life (Porges, 2011, 2017) (Porges, 2011, 2017).

Active duty service members, veterans, and first responders often understand co-regulation better than they realize. A trusted team member's voice can lower chaos. A competent leader can steady an entire group. People who served together may communicate safety with a glance, a tone, or a few words. The challenge is learning that connection can remain useful after the team disperses and the uniform comes off.

Isolation may feel safer because nobody can surprise, disappoint, question, or misunderstand you. In the short term, withdrawal may reduce demand. Over time, however, prolonged isolation deprives the nervous system of corrective experiences. Healing often requires carefully chosen people, not every person. One trustworthy relationship is more valuable than a room full of unsafe ones (Dana, 2018; Porges, 2017).

Signals of Safety You Can Offer

The same cues that help you feel safe can help your spouse, children, peers, patients, or colleagues regulate. These behaviors must be genuine rather than performed as tricks.

- Use kind, attentive eyes without staring or demanding eye contact.
- Let your voice carry warmth and natural variation. A flat, clipped command voice may be useful operationally but can signal danger at home.
- Keep your face and words congruent. A forced smile paired with anger or contempt will not feel safe.
- Respect personal space. Do not move in quickly, block an exit, tower over someone, or insist on physical contact.

- Slow the pace. Fewer words, a lower volume, and pauses between sentences give both nervous systems time to settle.
- Listen before fixing. Being understood can regulate more effectively than receiving immediate advice.

For family members, one of the most regulating statements can be: I can see that your system is overloaded. I am here. We do not have to solve this in this moment. What would help you feel a little safer right now?

Build a Personal Regulation Plan Before You Need It

When you are in red or deep yellow, creativity and recall are reduced. Build your plan while you are relatively regulated. Keep it brief enough to use.

My early orange signs are...

My red signs are...

My yellow signs are...

Three practices that reliably help me move one step toward green are...

Two people who can help me co-regulate are...

The words I want them to use are...

The behaviors that make things worse are...

If I become unsafe or unable to function, I will contact...

Practice the plan when you do not desperately need it. Like any trained response, regulation skills become more available under stress through repetition.

Re-story

Re-Story

Healing begins when we **change the story** we tell ourselves about our pain.

THE OLD STORY

- ✗ I am broken
- ✗ I should have done something different
- ✗ My reactions mean I am weak
- ✗ My trauma defines me

“What protected me then **does not** have to **define me now.**”

THE NEW STORY

- ✓ My nervous system protected me
- ✓ My responses were adaptive
- ✓ I survived what was difficult
- ✓ My story is still being written

THE GOAL IS NOT TO ERASE THE PAST.
The goal is to understand it, honor it, and move forward with hope.

“Be transformed by the renewing of your mind.”
ROMANS 12:2 (NIV)

NeuroFaith® LLC | Jeffrey E. Hansen, PhD | Founder & Director

Once your body is more regulated, you can begin working with the story your mind created around the trauma. The story often formed while you were terrified, helpless, enraged, grieving, exhausted, or responsible for impossible decisions. It may contain fragments of truth, but it may also contain conclusions shaped by survival (Dana, 2018, 2020; Kain & Terrell, 2018).

Common trauma beliefs active duty service members, veterans, and first responders include: I failed. I should have known. I should have saved them. I am weak because this affects me. If I relax, something terrible will happen. Nobody outside the job can understand. I am dangerous. I am permanently broken. God abandoned me. I do not deserve to come home when others did not.

Trying to argue with these beliefs while the body is in full alarm often fails. The body interprets the intensity of the state as evidence that the belief must be true. Regulation does not automatically erase the belief, but it creates enough space to examine it rather than obey it.

Questions for Re-storying

- What did I know at the time, not what do I know now?
- What control did I actually have in that situation?
- What standard am I using for myself that I would never use for another person who served beside me?
- What did my nervous system do to help me survive or continue functioning?
- What part of the story belongs to grief, and what part belongs to guilt?
- Is this belief completely true, or is it a survival conclusion that has never been reexamined?
- What would a more accurate and compassionate statement sound like?

Re-storying is not positive thinking and it is not pretending that terrible things were acceptable. It is the disciplined work of building a narrative that includes the whole truth: what happened, what it cost, what was outside your control, what you did to survive, what you regret, what you value, and who you are becoming (Kain & Terrell, 2018).

Old story: If I stop scanning, I will fail to protect my family.

More complete story: Vigilance protected people in dangerous settings. At home I can use reasonable precautions, notice present safety, and allow my family to experience me as present rather than permanently on patrol.

Old story: I froze, so I am a coward.

More complete story: My nervous system entered an involuntary survival state under overwhelming threat. I can grieve what

happened without converting physiology into a verdict on my character.

Old story: I should be over this by now.

More complete story: My body learned survival through repeated experience. It will learn safety through repeated experience as well. Progress may be incremental, but incremental does not mean insignificant.

Regulation Makes Trauma Therapy More Reachable

Polyvagal-informed work is not necessarily a complete trauma treatment by itself. It is a foundation that can make other effective treatments more tolerable and productive. Once you can notice activation, remain within a workable range, and return toward regulation, you may be better able to engage therapies that directly address traumatic memories, avoidance, guilt, shame, and negative core beliefs (Dana, 2018, 2020).

Depending on your needs and the training of your clinician, treatment may include Cognitive Processing Therapy, Prolonged Exposure, Eye Movement Desensitization and Reprocessing, trauma-focused cognitive behavioral approaches, Acceptance and Commitment Therapy, Internal Family Systems, or other evidence-informed and emerging approaches. These treatments differ, but many require enough nervous-system stability to approach painful material without becoming completely overwhelmed or shut down.

The purpose of regulation is not to avoid the trauma forever. If calming techniques become a way to escape every difficult feeling or memory, they can unintentionally reinforce avoidance. The purpose is to help you approach the work with greater capacity. A good therapist will help you

find the difference between flooding and productive discomfort, between forced disclosure and courageous engagement, and between temporary relief and lasting change.

Incremental progress deserves respect. Perhaps you notice activation ten minutes earlier, recover from an argument in an hour rather than a day, sit with a memory briefly without leaving the present, or tell your spouse that you are moving into red instead of slamming the door. These are meaningful signs that the nervous system is learning flexibility.

Do Not Turn Regulation Into Another Performance Test

Warriors and first responders can turn any assignment into a standard to meet. Nervous-system regulation may become one more arena for self-judgment: I should control this. I am doing the breathing wrong. I failed because I still had a nightmare.

That mindset recreates threat. Regulation is a relationship with the body, not domination of it. A practice that helps one day may not help another, and a technique that calms one person may activate someone else. Closing the eyes may feel peaceful to one veteran and unsafe to another. Deep breathing can help, but forced breathing may provoke dizziness or panic. Choice, pacing, and curiosity matter.

Ask not, Did I make the feeling disappear? Ask, Did I become slightly more present, more able to choose, or less alone? Healing develops through repeated experiences in which the body expects danger and encounters enough safety instead.

When Self-Regulation Is Not Enough

There are moments when skills are not enough and immediate support is required. Seek urgent help if you are at risk of harming yourself or

someone else, cannot care for basic needs, are experiencing severe withdrawal, have gone for an extended period without sleep and are becoming unstable, or are losing contact with reality. Contact emergency services, the Veterans Crisis Line, a local crisis service, or a trusted professional according to your location and circumstances. Reaching for support is not a failure of regulation. It is an act of protection.

Medical evaluation is also important when symptoms such as chest pain, fainting, severe breathing difficulty, sudden neurological changes, or other concerning physical symptoms occur. Trauma can affect the body, but not every physical symptom should be assumed to be trauma.

A Daily Five-Minute Practice

The nervous system changes through repetition. The following brief practice can help you build familiarity without waiting for a crisis.

1. **Orient.** Look around slowly. Let your eyes land on three neutral or pleasant details. Remind yourself where you are and what day it is.
2. **Notice.** Name your breath, muscle tension, energy, impulse, and current color zone.
3. **Choose.** If activated, lengthen the exhale and release one point of bracing. If shut down, sit upright, bring in light, and add gentle movement.
4. **Connect.** Bring to mind a trustworthy person, animal, place, prayer, or memory of safety. When possible, make actual contact with someone safe.

5. **Re-story.** Complete one sentence: My body is trying to protect me from..., and in this present moment I know....

End before the exercise becomes another demand. Consistency matters more than intensity.

To Summarize: The Body Can Learn a New Ending

To summarize, Polyvagal Theory offers a compassionate explanation for why you can be home and still not feel home, surrounded by people and still feel alone, exhausted and still unable to rest. Your nervous system may simply be continuing strategies that once helped you survive (Porges & Porges, 2023).

Those responses were not evidence that you lacked courage. But survival is not the final destination. Through repeated experiences of safety, movement, connection, truth, faith, and skilled treatment, the nervous system can learn new patterns (Porges, 2017).

As your body settles, the mind becomes more available. You can examine negative core beliefs without being swallowed by them, approach traumatic memories without confusing past danger with present danger, repair relationships, receive comfort, grieve losses, and reclaim purpose (Kain & Terrell, 2018).

The mission now is not to erase the warrior, the officer, the firefighter, the paramedic, the dispatcher, the corrections officer, or the medic within you. It is to help every part of you recognize that constant battle is no longer required.

Your body learned how to survive. With patience, practice, safe relationships, and appropriate treatment, it can also learn how to live.

Transition to Pillar Two

Polyvagal-Informed Therapy teaches us to recognize the body's alarm and help the nervous system recover flexibility. The next pillar builds on that foundation by turning to the dynamic conversation between the heart and the brain. Through HeartMath® and neurocardiology, we will explore how breathing, heart rhythm, attention, and emotion can be brought into greater coherence, strengthening resilience and expanding the body's capacity for safety and connection.

References Cited in This Chapter

Dana, D. (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. W. W. Norton & Company.

Dana, D. (2020). *Polyvagal exercises for safety and connection: 50 client-centered practices*. W. W. Norton & Company.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.

Porges, S. W. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe*. W. W. Norton & Company.

Porges, S. W., & Porges, S. (2023). *Our polyvagal world: How safety and trauma change us*. W. W. Norton & Company.



In *The Wisdom of the Heart and the Pathway Home*

In the previous chapter, we learned to recognize when the nervous system moves into mobilization, shutdown, or connection. We also learned an essential sequence: help the body become regulated enough that the mind can engage the deeper work of trauma. HeartMath® and neurocardiology now give us another practical doorway into that same process.

Your heart is not simply a pump operating in isolation. It is in constant conversation with the brain. Through nerve pathways, breathing, blood pressure, hormones, and the changing rhythm between heartbeats, the heart continuously sends information upward. The brain uses that information as part of its ongoing assessment of safety, demand, and readiness. When the body is under threat, the heart changes. When the heart's pattern becomes steadier, the information reaching the brain also changes (McCraty, 2023).



That matters to active duty service members, veterans, and first responders because trauma often disrupts rhythm. You may be sitting in a quiet room while your heart pounds as if action is required. You may become activated during conflict before you know what you are feeling. You may lie down exhausted while your body refuses to release the day. Heart-focused regulation gives you something concrete to do in those moments. By changing breathing, attention, and emotional focus, you can begin influencing the signals traveling between the heart, brain, and autonomic nervous system.

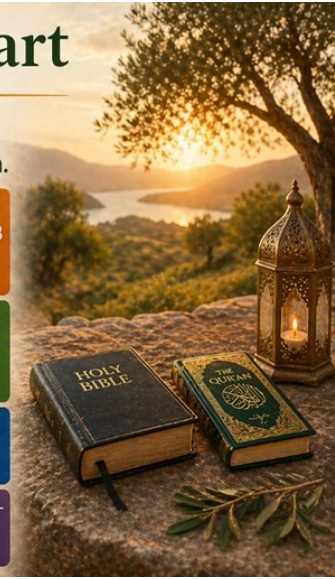
This is not mystical control over every symptom, and it is not a demand to feel positive when something painful has happened. It is a trainable skill that may help you create a more orderly physiological pattern, recover perspective, and respond with greater choice.

Polyvagal work helps you recognize the state you are in. HeartMath® gives you a practical way to influence the rhythm within that state.

The Ancient Wisdom of the Heart

Long before anyone could measure heart rate variability, map the vagus nerve, or watch the brain respond to changes in bodily state, human beings understood that the heart mattered. Across centuries and cultures, the heart became the language of courage, sorrow, loyalty, love, conviction, and spiritual life. We speak of losing heart, taking heart, knowing something by heart, having a change of heart, or acting from the heart. We do not use that language because the heart is merely sentimental. We use it because human beings have always sensed that the heart stands near the center of what it means to be alive.

Scripture gives the heart an equally central place: "Above all else, guard your heart, for everything you do flows from it" (Proverbs 4:23, NIV). The ancient writer was not presenting a lesson in cardiovascular physiology. He was pointing toward something deeper: our inner life shapes how we see, choose, relate, endure, and become. The heart symbolizes the place where thought, emotion, conscience, desire, faith, and identity meet.



Wisdom of the Heart

Across Traditions

Religious and mystery traditions often regard the heart as a path to deep wisdom.

-  **Bible:** The heart is mentioned **826** times. It represents our mind, will, and spirit. Proverbs 4:23 says, "Keep your heart with all diligence, for out of it spring the issues of life."
-  **Qur'an:** Mentions the heart 132 times, describing it as a **center of reasoning, intentions, and decision-making**. A healthy or diseased heart shapes human destiny.
-  **Egyptians:** Believed the heart, not the brain, was the seat of wisdom, memory, and the soul. It was where God's will was first heard.
-  **Across Traditions:** The heart is more than an organ—it is the gateway to truth, compassion, and higher understanding.

For a long period, modern science had little room for such language. The heart was treated primarily as a mechanical pump, magnificent in its construction but subordinate to the brain. That view gave medicine extraordinary knowledge, yet it also narrowed our imagination. Neurocardiology has begun to widen it again. The heart remains a pump, but it is not only a pump. It contains an intrinsic nervous system, communicates continuously with the brain, responds exquisitely to emotion and stress, and participates in the regulation of the entire organism (McCraty, 2023).

Science does not diminish the mystery of the heart. At its best, science allows us to approach that mystery with greater humility and wonder. What the ancients intuited in poetry, prayer, courage, and grief, we are now learning to observe through physiology. The languages are different, but they may be pointing toward the same profound truth: the human person is not a mind carried around by a body. We are an integrated whole, and the heart belongs within the story of healing.

The heart is not competing with the brain. Healing emerges from the conversation among heart, brain, body, relationships, meaning, and spirit. positive autonomic state, we can access it much more easily.



Braden (2020) notes that the heart has over 40,000 cells called sensory neurites, very similar to the cells in the brain, and there is evidence that the heart has a certain capacity for some types of memory as well as a gut level wisdom that guides us (Dispenza & Braden, 2019).

The Heart of a Warrior

Active duty service members, veterans, and first responders know something about the heart that cannot be learned in a laboratory. They know the heart of the soldier who returns for a wounded friend, the firefighter who enters the building again, the officer who places a body between danger and a stranger, the medic whose hands remain steady while someone else's life is slipping away. They know the heart of the spouse who waits, the family that carries uncertainty, and the survivor who wakes the next morning and somehow chooses to continue.

The heart can also become guarded. Repeated exposure to loss, betrayal, horror, and responsibility can teach a person that feeling deeply is dangerous. You may still function brilliantly while closing the door to grief, tenderness, dependence, or joy. The mission may have required you to

compartmentalize, but the compartment does not always reopen when you come home. The very heart that carried courage into danger may later struggle to receive love in safety.

This is why HeartMath® belongs in a trauma model. It is not simply a breathing technique attached to a machine. At its best, it is an invitation to come back into relationship with the heart: to notice its rhythm, influence its pattern, listen to what the body is communicating, and rediscover emotional states that survival may have pushed aside. Coherence is physiological, but it can also become deeply personal. It can be the experience of no longer fighting yourself.

Gregg Braden: Where Science and Wonder Meet

One of my heroes in the effort to bring science and spirituality back into conversation is Gregg Braden. Braden began his career in the earth sciences and aerospace and defense industries, then became widely known as an author and speaker exploring resilience, human potential, prayer, emotion, and the relationship between the heart and brain. He did not found the HeartMath Institute, but he has become one of its most passionate and gifted interpreters.

What I appreciate about Braden is not simply the information he presents. It is his sense of wonder. He speaks as someone who believes that scientific discovery should enlarge the human spirit rather than flatten it. His presentations invite us to consider that calm, coherent states may give us greater access to intuition, resilience, compassion, and wise action (Braden, 2015a, 2015b, 2020). He has an unusual ability to make research feel alive.

One presentation I particularly enjoy is Practice This Technique to Relieve Daily Stress: Three Keys to Heart-Brain-Earth Harmony. I encourage you

to find it and listen for yourself. Braden's style is warm, expansive, and unapologetically hopeful. You do not have to accept every interpretation he offers to appreciate the invitation at the center of his work: slow down, move out of chronic threat, bring heart and brain into greater harmony, and discover what becomes possible when we are no longer ruled by survival.

Braden has also drawn attention to the network of approximately forty thousand specialized neurons, sometimes called sensory neurites, within the heart's intrinsic nervous system. This does not mean that the heart thinks exactly as the brain thinks or stores autobiographical memory in the same way. It does mean that the heart possesses a far more complex neural organization than the old image of a simple pump would suggest, and that the flow of information between heart and brain deserves our attention (Braden, 2020; Dispenza & Braden, 2019).

Stories of the Heart: When Memory Seems to Travel

At the edge of this discussion are stories that are difficult to explain and nearly impossible to forget. They should not be presented as settled scientific proof, yet neither should they be stripped of their power merely because they invite questions science has not fully answered. Two such accounts have circulated widely in discussions about the heart, memory, and human identity.

The first is the story of Claire Sylvia, a professional dancer who received the heart and lungs of an eighteen-year-old young man named Tim following his death in a motorcycle accident. After the transplant, Sylvia reported unfamiliar cravings and changes in preference, including a desire for foods such as chicken nuggets and green peppers. When she later met Tim's family, she learned that some of these preferences had belonged to

him. Sylvia described the experience in her memoir, *A Change of Heart* (Sylvia & Novak, 1997).

The second account was reported by neuropsychologist Paul Pearsall. He described an eight-year-old girl who received the heart of a ten-year-old girl who had been murdered. According to the account, the recipient later experienced vivid nightmares containing details that appeared connected to the donor's death and were reportedly shared with authorities (Pearsall, 1998). It is a haunting story, and it has understandably attracted both fascination and skepticism.

These reports are anecdotal. They do not establish that personal memories are stored in the heart or transferred through transplantation. Medication effects, suggestion, family narratives, coincidence, stress, and the profound psychological meaning of receiving another person's organ all deserve consideration. Science requires caution, replication, and plausible mechanisms.

But caution does not require cynicism. These stories leave us with a beautiful and unsettling question: Is the heart only a pump, or does it participate in memory, emotion, relationship, and identity in ways we have not yet fully understood? We can remain open to wonder without claiming more than the evidence allows. Sometimes the honest scientific answer is not yes or no, but we do not yet know. That answer leaves room for humility, curiosity, and awe.

Why the Heart Matters After Trauma

People in military and emergency professions learn to trust rapid bodily information. You may have sensed that a room, vehicle, patient, fire, or person was dangerous before you could explain why. That experience is sometimes called intuition, but it does not require us to treat the heart as

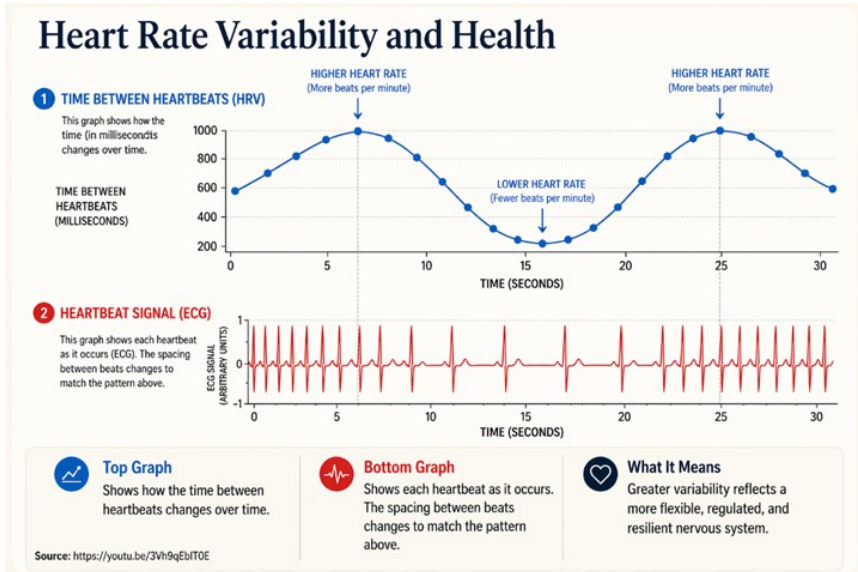
a second thinking brain. The body detects patterns, and the brain receives continuous information from the body. Heart rate, breathing, muscle tension, and internal sensation can shape attention and decision-making before conscious reasoning catches up.

This system is invaluable during danger. A faster heart rate and stronger mobilization can deliver oxygen, energy, and readiness. The difficulty arises when the emergency ends but the internal rhythm remains disordered. The heart may continue sending the brain a pattern associated with strain, urgency, or instability. The brain, in turn, may interpret bodily activation as further evidence that something is wrong. A feedback loop develops: threat changes the heart and breath; those changes reinforce the perception of threat; and the body mobilizes again.

Heart-focused practices can interrupt that loop. They do not erase memory or solve moral injury. They help create a physiological platform from which you can think more clearly, remain connected, and approach rather than automatically avoid what hurts.

Heart Rate Variability: The Space Between the Beats

Your heart does not beat with metronomic sameness. Even when your pulse averages sixty beats per minute, the time between individual beats changes from moment to moment. This beat-to-beat variation is called heart rate variability, or HRV. It reflects the heart's ongoing adjustment to breathing, posture, movement, emotion, illness, recovery, and demands from the autonomic nervous system (McCraty, 2023).



A healthy heart is not a perfectly regular heart. It is a responsive heart. Greater variability is often associated with physiological flexibility, but a single HRV number does not tell the whole story. HRV differs across people and changes with age, fitness, sleep, medication, alcohol, illness, hydration, breathing, and time of day. It should not become another score by which you judge yourself.

HeartMath® pays particular attention not only to how much variability is present but also to its pattern. During frustration, anxiety, or anger, the rhythm may appear more irregular. During slow, steady breathing combined with a renewing emotional focus, the pattern may become smoother and more wave-like. HeartMath® calls this state physiological coherence (McCraty, 2023).

Think of coherence as coordinated readiness. The system is not asleep or defenseless. The heart, breathing, attention, and emotion are working together with less internal friction.

Coherence Is Not the Same as Calm

Calm can sound unrealistic to someone who has spent years prepared for the next call. Coherence is a better target. You can be coherent while alert. You can be steady while making a difficult decision. You can feel grief without becoming completely disorganized. You can experience anger without surrendering your behavior to it.

Coherence also does not require you to manufacture happiness. If you have just remembered a friend who died, received terrible news, or confronted an injustice, forcing gratitude may feel false. Begin with something quieter: sincerity, steadiness, appreciation for a loyal dog, respect for a person who stood beside you, love for your family, commitment to your values, or the simple intention to remain present.

The goal is not emotional denial. The goal is to create enough order in the body that the emotion can move through you without taking command of the entire system.

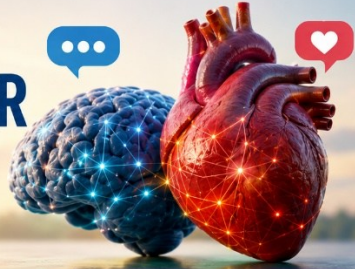
The Heart–Brain Conversation in Plain Language

The heart and brain communicate through several interacting pathways. You do not need to memorize them, but understanding the basic routes makes the practice less mysterious (McCraty, 2023).

BRAIN AND HEART WORKING TOGETHER



Research shows the heart has its own “little brain,” able to **think, remember, and influence** our lives in powerful ways.



For years, science said the brain ruled, while artists and intuitives believed trusted the heart.



New evidence reveals the heart and brain work best **together** (Gordon, 2015a, 2015b).



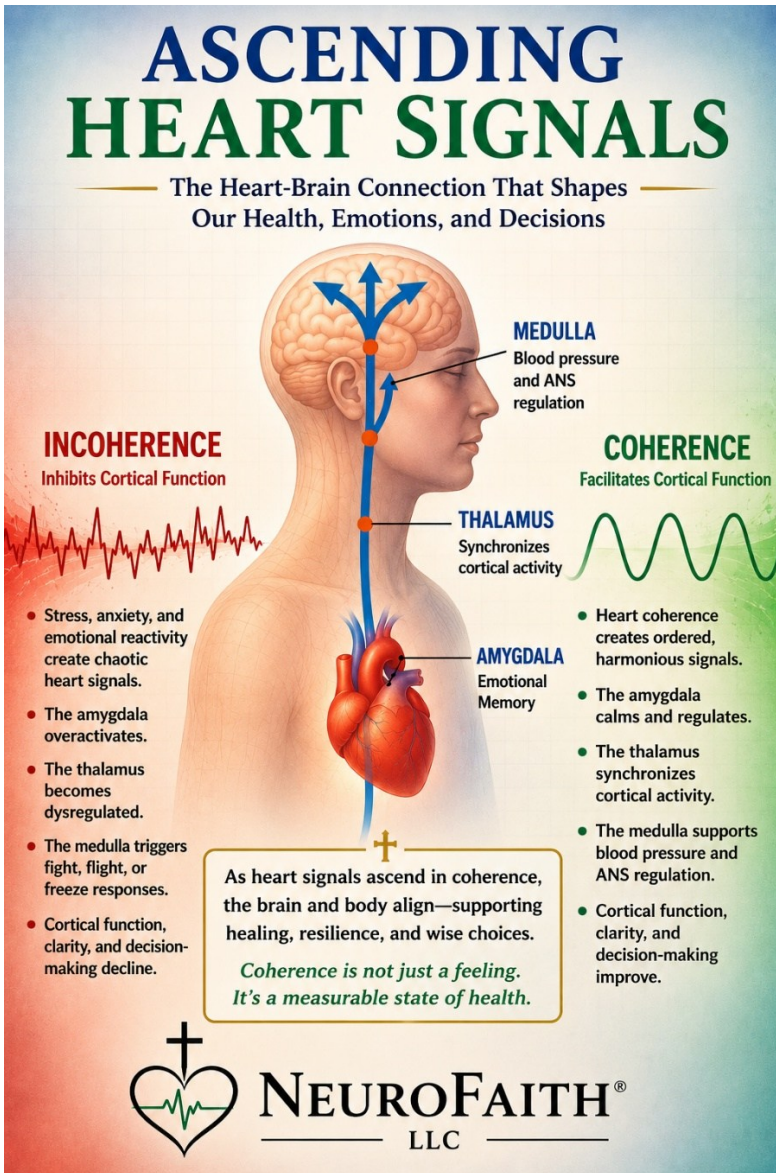
When we integrate head and heart, we make better decisions, build stronger relationships, and live with more purpose.



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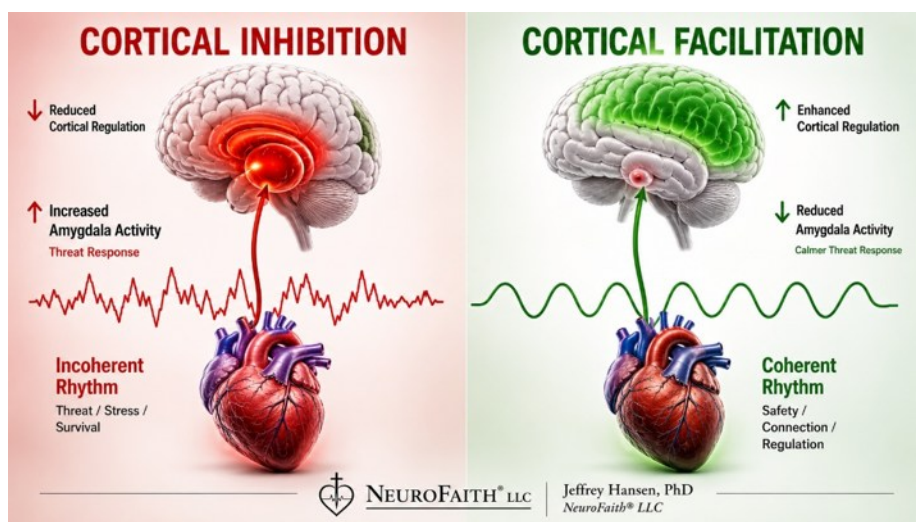


- Neural communication. The heart and brain exchange information through the autonomic nervous system, including vagal pathways.
- Breathing and pressure changes. Each breath influences heart rhythm, and changes in circulation and blood pressure are continually reported to the brain.
- Chemical communication. Stress hormones and other chemical messengers influence both cardiovascular function and brain activity.
- Rhythmic information. The pattern of heartbeats provides ongoing sensory information that can influence attention, emotion, and regulation.



When threat is high, survival networks take priority and flexible thinking becomes harder. When breathing and heart rhythm become more ordered, the brain may have better access to attention, inhibition, perspective, and choice. We should not reduce this to the heart switching the amygdala off or turning the prefrontal cortex on like a light. The

biology is more complex. The practical truth, however, remains: the state of the body influences the quality of our thinking.



A Practical Coherence Exercise

The following practice draws on HeartMath® principles and can be used without equipment. Do not force the breath. If breath-focused exercises make you dizzy, panicky, or more activated, return to ordinary breathing, keep your eyes open, orient to the room, and work with a trained clinician.

Step 1: Establish the Present

Place both feet on the floor if possible. Look around slowly and identify three signs that tell you where you are now. Let your shoulders drop only as much as feels safe. You are not ordering the body to relax; you are giving it current information.

Step 2: Heart-Focused Breathing

Bring your attention to the center of your chest or the area around your heart. If that feels uncomfortable, rest your attention on the breath at the nose or abdomen. Imagine the breath moving gently in and out through

the heart area. Breathe a little more slowly and evenly than usual, perhaps five seconds in and five seconds out, without strain.

Step 3: Activate a Renewing Feeling

Bring to mind a person, animal, place, moment, prayer, or value that evokes genuine appreciation, care, courage, or steadiness. Do not merely think about it. See whether you can experience even a trace of the feeling in your body. A two-percent shift is enough.

Step 4: Sustain the Pattern

Continue the steady breathing and renewing focus for one to three minutes. If your attention wanders, return without criticism. Notice whether your jaw, hands, chest, or field of vision changes. You are gathering information, not grading performance.

Step 5: Ask for the Next Wise Action

Once you feel even slightly steadier, ask: What is the next useful thing to do? Not, How do I solve my entire life? The answer may be to speak more slowly, postpone a difficult conversation, drink water, contact a trusted person, write down what happened, pray, walk, or obtain professional help.

The one-minute version: Feel your feet. Focus near the heart. Breathe evenly. Recall one genuine source of appreciation or courage. Ask for the next wise action.

Using Coherence in the Moments That Matter

Before a Difficult Conversation

Take one or two minutes before entering the room or making the call. The purpose is not to suppress what needs to be said. It is to prevent an old threat response from choosing your tone, volume, and timing. Decide

what outcome matters most and what kind of person you want to be during the conversation.

After a Trigger

First use the color-zone map from Chapter 10. If you are in red, create safety and space before attempting a detailed coherence exercise. When you are able, use steady breathing and a familiar source of appreciation. Then separate what is happening now from what your body remembers.

After a Shift, Call, or Mission

The body needs a transition between operational readiness and home. Before entering the house, sit for two minutes, feel the support beneath you, breathe steadily, and intentionally remember who and what you are returning to. This is a small ritual of standing down. It tells the body that one environment has ended and another has begun.

During Sleeplessness

Coherent breathing may help reduce activation, but do not turn sleep into another mission. If counting breaths makes you work harder, release the count and attend to a comfortable rhythm. If you remain awake and frustrated, step out of bed briefly, use low light, and return when sleepiness increases. Persistent sleep problems deserve clinical evaluation.

Before Trauma-Focused Therapy

Use a brief coherence practice before approaching difficult material, then check your state again during and after the session. The objective is not to avoid emotion but to remain present enough to process it. Your therapist can help you recognize when you are productively engaged and when you are becoming flooded or shut down.

When You Are Shut Down

Heart-focused breathing is often taught as a calming practice, but a person in dorsal shutdown may not need further slowing. If you feel heavy, numb,

foggy, or collapsed, begin with the Chapter 10 return-from-shutdown sequence: light, upright posture, small movement, water, and low-demand connection. Then add heart-focused breathing while sitting or walking rather than lying down. Choose an energizing feeling such as courage, loyalty, purpose, or determination instead of trying to become deeply peaceful.

This distinction matters. The same technique should not be applied mechanically to every state. Regulation is responsive, not formulaic.

Biofeedback: Making the Invisible Visible

HeartMath® devices and other HRV biofeedback tools can display heart-rhythm patterns in real time. For active duty service members, veterans, and first responders, this is especially appealing. Instead of being told to relax, you can see whether a change in breathing and attention alters the pattern on the screen.

The feedback can strengthen learning, but the device is a training aid rather than a verdict. A low score does not mean you are failing, damaged, or unsafe. Chasing a perfect score can itself create frustration and incoherence. The real-world question is whether practice helps you recover more efficiently, think more clearly, sleep more consistently, and remain more connected to the people and purposes that matter.

You also do not need equipment to benefit. The central skills are attention, breathing, emotional focus, practice, and awareness of what changes inside you.

Coherence Between People

The earlier polyvagal chapter described co-regulation: one nervous system can influence another through voice, facial expression, posture, timing, and relationship. HeartMath® extends this discussion by emphasizing that

your internal state affects what you bring into a room. The most clinically useful point is straightforward: people read one another, and steadiness can spread just as activation can.

Anyone who has served on a team has witnessed this. One frantic leader can amplify chaos. One grounded leader can help a group organize under pressure. At home, a regulated parent can help a frightened child settle. A spouse who lowers the pace and softens the voice can reduce escalation. A clinician who remains present can lend steadiness to a person approaching a painful memory.

Some HeartMath® writings go further, discussing electromagnetic fields, energetic communication, and entrainment between people. These are interesting areas of exploration, but we should distinguish measurable cardiac electrical and magnetic activity from stronger claims about one person's heart directly synchronizing another's at a distance. The evidence for those broader interpretations remains debated. We do not need to overstate the science to appreciate the observable power of co-regulation, emotional contagion, attunement, and calm leadership.

The practical question is not whether your heart field reaches a particular number of feet. It is what happens to the people you love and lead when you enter the room.

A Heart Lock-In® Practice for Connection

The Heart Lock-In® Technique was developed by the HeartMath® Institute to sustain coherence and intentionally extend care toward yourself and others. The practice follows three movements: center in your heart, activate a regenerative feeling, and allow that feeling to move inward and outward (HeartMath Institute, 2020).

1. Center and Breathe

Shift your attention to your heart area and imagine your breath flowing in and out through your heart or chest. Breathe slowly from your abdomen. Keep your inhale slightly shorter and your exhale slightly longer, allowing your body to settle. You might quietly think, “Breathe in life. Breathe out peace.”

2. Focus on a Regenerative Feeling

Recall a sincere feeling of gratitude, appreciation, love, care, compassion, or courage. Hold your attention there and allow the feeling to become as real in your body as it can be without forcing it.

3. Receive and Radiate

With each inhale, receive that regenerative feeling. With each exhale, radiate it toward yourself, another person, your family, your team, your community, or a situation needing steadiness and care. Continue receiving on the inhale and radiating on the exhale for several minutes.

For some readers, prayer will fit naturally here. You may breathe in the life and peace of God, bring another person before Him, and release what you cannot control. Others may use the language of compassion, values, or service. The physiological practice does not require a particular faith tradition, but faith can deepen its meaning.

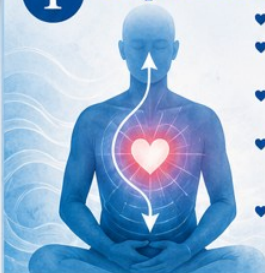
For some readers, prayer will fit naturally here. You may bring another person before God, release what you cannot control, and ask to become a steadier instrument of courage, wisdom, mercy, or peace. Others may use language of compassion, values, or service. The physiological practice does not require a particular faith tradition, but faith can deepen its meaning.

The Heart Lock-In® TECHNIQUE

A Simple 3-Step Practice to
Activate Coherence,
Cultivate Positive Emotions,
and Radiate Love



1 Step 1: Center and Breathe



- ♥ Focus your attention on your heart area
- ♥ Imagine your breath flowing in and out through your heart or chest
- ♥ Breathe slowly and deeply from the abdomen, letting your belly rise with each inhale
- ♥ Keep the in-breath shorter, drawing in energy and life. Some find it meaningful to imagine they are breathing in the breath of God
- ♥ Let the out-breath be longer than the in-breath. This engages the parasympathetic nervous system and fosters relaxation, calm, and peace



2 Step 2: Focus on Regenerative Feelings

- ♥ While maintaining this rhythm, shift your attention to feelings of gratitude, appreciation, love, care, or compassion
- ♥ Hold your focus there
- ♥ Allow yourself to fully experience these emotions as they grow stronger and more stable in your heart



3 Step 3: Radiate and Receive

- ♥ With each in-breath, take in those renewing feelings. Allow yourself to be filled with love, compassion, and appreciation
- ♥ With each out-breath, send those feelings outward, radiating care, compassion, and love to yourself and to others
- ♥ Continue this cycle of receiving on the inhale and radiating on the exhale
- ♥ Sustain the flow of coherence for several minutes



Heart Coherence Changes Everything.

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HeartMath® + ♥

NeuroFaith® | Jeffrey E. Hansen, PhD | Adapted from HeartMath®

What HeartMath® Can and Cannot Do

- HeartMath® is a valuable part of an integrated approach, but it should not carry promises it cannot bear.
- It can help you practice influencing breathing, attention, heart rhythm, and emotional state.
- It may improve your ability to notice activation earlier and recover more efficiently.
- It can support preparation for sleep, difficult conversations, trauma therapy, and reconnection at home.
- It does not erase traumatic memories or automatically resolve grief, shame, moral injury, addiction, or relationship wounds.
- It does not replace medical assessment, psychotherapy, medication when appropriate, crisis intervention, or practical changes to an unsafe environment.
- It should never become another reason to blame yourself when symptoms persist.

The strongest use of HeartMath® is neither grandiose nor trivial. It gives you a repeatable way to influence part of your physiology, build confidence through direct experience, and create better conditions for the other work of healing.

Do Not Turn Coherence Into Another Performance Test

Active duty service members, veterans, and first responders are practiced at meeting standards. It is easy to turn coherence into one more test: I should get into green immediately. My HRV should be higher. I should be able to control my heart. That pressure defeats the purpose.

Some days you may notice a clear shift. Other days the change will be modest. Medication, pain, illness, dehydration, caffeine, alcohol, fatigue,

hormonal changes, and recent exertion can all affect heart rhythm and HRV. Progress is better measured across time than in a single session.

Ask whether you became a little more present, a little less reactive, or a little more capable of choosing the next wise action. That is enough for the nervous system to begin learning.

When Symptoms Require More Than Practice

Heart-focused exercises are not a substitute for medical care. New or severe chest pain, fainting, marked shortness of breath, an irregular heartbeat, or sudden neurological symptoms require appropriate medical evaluation. Likewise, seek urgent help if you are at risk of harming yourself or someone else, are unable to care for basic needs, or are losing contact with reality. Using support is not failure. It is sound judgment.

From the Heart Toward Home

Chapter 10 taught us to recognize the language of the autonomic nervous system. This chapter has invited us more deeply into the heart-brain conversation. Through steady breathing, focused attention, sincere emotion, prayer, appreciation, and connection, the body can begin moving from automatic survival toward a more coherent rhythm.

For the warrior, police officer, firefighter, paramedic, dispatcher, corrections officer, and veteran, this is not about becoming soft or unprepared. It is about recovering something survival may have hidden. The heart that learned courage in danger can also learn presence in safety. The person who carried others can learn to receive care. The leader who steadied a team can learn to offer that same steadiness at home.

HeartMath® reminds us that healing is not simply about quieting the mind. It is about restoring relationship among the heart, brain, body, and soul. As coherence grows, we may become less reactive and more

reflective. We may listen before defending, pause before striking back, remain present when grief rises, and choose according to our deepest values rather than our fastest alarm.

Perhaps one of the most beautiful truths in this work is that healing rarely stops with the individual. A steadier heart changes the atmosphere around it. Parents influence children. Spouses influence one another. Leaders influence teams. Firefighters influence the crew. Officers influence their partners. Clinicians influence their patients. Calm can spread, courage can spread, and hope can spread. One regulated person may become a place of refuge for many others.

And still, coherence is not the end of the journey. A more regulated body does not automatically release every burden. Some fears, vows, griefs, and protective roles continue living within us. One part remains on guard. Another carries the names of those who did not come home. Another refuses to feel because feeling once threatened the mission. Another believes it must never fail again.

Who is the angry part still standing watch? Who is the rescuer who cannot stop carrying everyone? Who is the frightened part that never felt protected? Who is the perfectionist convinced that one mistake will cost another life? These are not signs that you are broken. They are parts of you that developed for reasons worthy of understanding.

That is where we turn next. Internal Family Systems will help us approach these protective and wounded parts with curiosity, compassion, courage, and grace. Healing does not come by silencing them or ordering them off the field. It comes by listening to what they have carried, honoring why they came, and inviting them home.



There are few discoveries in modern psychology as breathtaking as Internal Family Systems, commonly known as IFS and developed by Richard C. Schwartz, Ph.D. It is as though someone has been given a glimpse into the architecture of the inner world, revealing that what once felt like chaos within us may actually be an intricate and purposeful system.

For those who have carried the weight of combat, responded to horrific calls, worn a badge, climbed into burning buildings, worked desperately to save a life, battled addiction, or quietly lived beneath the burden of unresolved trauma, this understanding can feel revolutionary. More than that, it can feel profoundly redemptive.

Perhaps what has felt broken within you has not been broken at all.

Perhaps it has been protecting you.

Perhaps it has simply been waiting to be understood.

Throughout this book, we have explored how trauma is not merely something you remember. It is something you carry. Trauma can become embedded within the autonomic nervous system, pulling you away from safety and into recurring states of fight, flight, freeze, or collapse.

For many active duty service members, veterans, and first responders, this becomes a way of life. Hypervigilance begins to feel normal. Emotional numbing becomes familiar. Sleep becomes difficult. Trust becomes complicated. Relationships become harder to navigate. The deployment ends, the call is cleared, the fire is extinguished, or the uniform is hung in the closet, but the nervous system does not always receive the message that the danger has passed.

We have also explored the remarkable role of the heart. Through neurocardiology and HeartMath®, we have learned that the heart is far more than a pump. It participates in emotional regulation, coherence, connection, and our experience of safety. As the heart moves toward coherence, something quiet but powerful begins to happen. The nervous system settles. The body becomes more receptive to healing. We become increasingly able to experience connection, meaning, and peace.

Yet trauma affects more than the body and heart. It also shapes the inner world.

When pain overwhelms our capacity to cope, the mind does not simply fail. It does something extraordinary. It organizes. It adapts. It develops an internal system designed to help us survive what once seemed unbearable.

Anyone who has served in the military or emergency services understands this intuitively. Different situations call forth different sides of us. One part remains calm under pressure. Another constantly scans for danger. Another pushes emotion aside so the mission can continue. Another takes command when everyone else is overwhelmed. Still another quietly carries the grief of those we could not save.

You may recognize the part of you that can move toward danger without hesitation but feels uncomfortable sitting quietly with someone you love. You may know the part that performed flawlessly during the emergency and then fell apart hours later when no one was watching. You may have a part that can carry an injured stranger from a wrecked vehicle but does not know how to ask for help when you are the one who is hurting.

These parts are not signs of weakness. They are remarkable adaptations born out of necessity.

Some parts carry wounds so deep and tender that they withdraw from awareness, waiting for the day when it may finally be safe enough for them to be seen. Other parts step forward to manage life, anticipate danger, maintain control, and carry responsibilities far beyond what they were ever designed to bear. When pain breaks through despite those efforts, still other parts rush in to provide immediate relief through anger, emotional numbing, distraction, compulsive behavior, substance use, or anything else that promises even a moment of escape.

Even the inner critic, perhaps the most misunderstood of all our parts, may have developed as a protector. Beneath its harshness may stand a vigilant guard that believes criticism will keep us sharp, disciplined, prepared, and beyond reproach. It may believe that if it can prevent

every mistake, it can protect us from failure, humiliation, rejection, shame, or loss.

This is where Internal Family Systems offers something truly remarkable. It gives us more than another collection of psychological terms. It offers a compassionate way of understanding what is happening inside us.

IFS invites us to recognize that we are not merely fragmented collections of thoughts, impulses, and emotions. We possess an organized internal system filled with parts that have been faithfully, though sometimes imperfectly, attempting to protect what is most precious.

These parts are not enemies to defeat. They are protectors waiting to be understood.

Beneath the protectors, burdens, and wounds lies something trauma cannot completely destroy. IFS calls this the Self, the calm, curious, compassionate, and courageous center capable of leading the internal system.

Trauma may obscure our access to the Self, but it does not eliminate it.

As safety increases and Self-leadership begins to emerge, healing becomes possible. Exiled pain is no longer abandoned but approached with compassion. Protective parts discover that they no longer need to work with such exhausting intensity. The nervous system begins to soften. The heart begins to open. Addiction can loosen its grip. Trauma no longer has to dictate the present, and hope, often buried beneath years of service and survival, can begin to rise again.

Our inner world is not random. It possesses an order, a pattern, and an internal ecology in which every part developed for a reason. With understanding and healing, those parts can become allies rather than adversaries.

Meeting the Parts Within Us

Rather than hearing only one voice inside ourselves, IFS helps us recognize the rich inner community that has always been there. Each part carries its own story, fears, memories, responsibilities, and ways of protecting us.

The word “parts” may initially sound strange. It does not mean that you possess multiple personalities or that something is fundamentally wrong with you. We all speak the language of parts without realizing it.

A part of me wants to go, but another part wants to stay.

A part of me knows I need help, but another part does not trust anyone.

A part of me wants to stop drinking, but another part cannot imagine getting through the night without it.

A part of me loves my family, but another part wants everyone to leave me alone.

A part of me knows the war is over, but another part is still waiting for the next attack.

IFS takes these familiar experiences seriously. Instead of dismissing them as inconsistency or weakness, it helps us understand the protective system operating beneath them.

The primary members of this internal system include:

- **Exiles:** The vulnerable and wounded parts that carry deep pain, fear, shame, grief, loneliness, or traumatic memories.
- **Managers:** Protective parts that attempt to prevent pain through control, preparation, performance, perfectionism, emotional restraint, or avoidance.
- **Firefighters:** Protective parts that react when pain breaks through, seeking immediate relief through anger, numbing, distraction, impulsivity, or addiction.
- **The Inner Critic:** A part that evaluates, judges, corrects, or shames, often believing that relentless criticism will keep us safe.
- **Self:** The calm, curious, compassionate, confident, and courageous center capable of leading the internal system toward healing.

Each part has a story. Each carries a burden. Each, in its own way, has been trying to help.

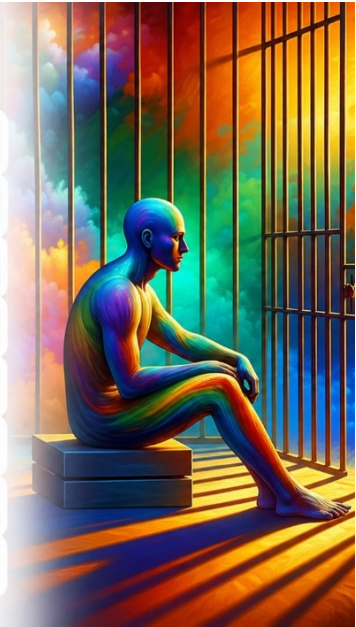
Healing does not begin by declaring war on these parts. It begins by turning toward them with curiosity, understanding, and compassion. As we come to know them, we begin to recognize that what felt like internal chaos is often a system working desperately to protect something deeply valuable.

Exiles: The Parts That Carry the Pain

IFS EXILES

Vulnerable parts that carry deep pain.

	PAIN & TRAUMA:	Exiles hold deep emotional pain and trauma.
	PROTECTED:	They are protected by managers and firefighters to avoid pain.
	GOAL:	Healing exiles is a goal for reintegration and relief.
	VULNERABILITY:	They represent vulnerability and sensitivity.
	NEED:	Need acknowledgment and compassion for healing.
	TRANSFORMATION:	Healing transforms their roles for positive contributions.
	LEADERSHIP:	Facilitates leadership by the Self, promoting calm and clarity.
	IMPORTANCE:	Crucial for overall mental health improvement.



Exiles are the vulnerable and wounded parts that carry intense emotional pain. They may hold fear, shame, grief, abandonment, helplessness, betrayal, loneliness, or traumatic memories that were too overwhelming to process when they occurred.

Because their pain is so intense, exiles are frequently pushed outside conscious awareness. This does not mean the pain disappears. It remains within the system, often waiting beneath the surface.

A veteran may carry an exiled part burdened by the death of a friend. A firefighter may carry the face of a child who could not be saved. A police officer may carry the helplessness of arriving moments too late. A paramedic may carry the memory of performing every lifesaving measure correctly and still losing the patient. A dispatcher may carry the final words of a terrified caller whose voice still returns in the quiet of the night.

There may have been no opportunity to grieve at the time. The mission continued. Another call came in. Someone else needed help. The pain was pushed aside because it had to be.

That is what exiling means. The painful experience is placed somewhere deep inside so the rest of the person can continue functioning.

The exile may carry more than memory. It may carry the beliefs formed in the moment of trauma:

“I failed.”

“I should have saved them.”

“It was my fault.”

“I am helpless.”

“I am not safe.”

“I cannot trust anyone.”

“If I let myself feel this, I will never recover.”

These beliefs may remain frozen in time, even when the adult mind understands that they are not entirely accurate. A seasoned firefighter may intellectually know that no one could have survived the fire, while an exiled part still carries the agony of not bringing everyone home. A veteran may understand that the ambush was unavoidable, while a younger part remains convinced that greater vigilance could have saved a brother.

When an exile becomes activated, the nervous system can flood with distress. A sound, smell, anniversary, argument, news report, crowded room, or seemingly harmless moment may open a door to pain that has been contained for years.

Suddenly, the reaction feels far larger than the present situation. That does not mean you are overreacting or losing your mind. It may mean that the present moment has touched an older wound.

Other parts then work tirelessly to push that pain back down. Managers tighten control. Firefighters search for immediate relief. In addiction and depression, exiles often carry the very suffering the rest of the system is desperately trying to escape.

The exile is not trying to ruin your life. It is carrying something that has never been fully witnessed, understood, or healed.

Managers: The Parts That Keep Everything Under Control

IFS MANAGERS

The managers help run our internal world.



ROLE:

Managers are parts that handle the day-to-day life of the individual.



PREVENTION:

They work to keep the person safe from harm and psychological pain.



STRATEGIES:

They use strategies like planning, judging, caretaking, controlling, and striving for perfection.



FUNCTIONING:

Managers help the person function effectively in their daily life.



MAINTENANCE:

They maintain a person's stability and self-esteem.



Managers are proactive protective parts responsible for maintaining order, control, stability, and predictability. Their job is to prevent exiled pain from reaching the surface.

Managers are often the parts that get us through training, deployments, long shifts, academy demands, difficult calls, family responsibilities, and years of public service. They organize, prepare, anticipate, and perform.

Managers may operate through perfectionism, overachievement, people-pleasing, emotional restraint, rigidity, intellectualization, avoidance, or spiritual performance. They are deeply invested in appearing competent, dependable, disciplined, and composed.

Many managers are highly functional and socially rewarded. They can make excellent soldiers, clinicians, leaders, teachers, employees, parents, spouses, and ministry workers. They get things done. They anticipate problems. They carry responsibility. They rarely allow themselves to fall apart.

Yet beneath all that competence is often fear.

A manager may quietly believe:

“If I stay in control, nothing bad will happen.”

“If I remain useful, no one will leave me.”

“If I never make a mistake, no one can shame me.”

“If I keep moving, I will not have to feel.”

“If I take care of everyone else, I will never have to admit that I need care too.”

Managers are often all about performance. They push us to become the best student, soldier, officer, clinician, leader, employee, spouse, parent, or person of faith. They may believe safety can be earned through excellence.

This strategy can work remarkably well for a long time. A person may build an impressive career, receive promotions, earn medals, raise a family, and become the one everyone depends upon. From the outside, life appears stable and successful.

Inside, however, the manager may be exhausted.

It has been standing watch for years, sometimes decades, convinced that everything will collapse if it ever lowers its guard.

For people who have worked in professions where mistakes can cost lives, this makes complete sense. Vigilance, control, emotional restraint, and precision are necessary on the battlefield or at an emergency scene. The problem begins when the manager does not know how to stand down after the danger has passed.

The same part that helped you survive combat may continue scanning the restaurant for exits. The part that kept a chaotic scene under control may try to control every detail at home. The part that suppressed emotion during the call may keep suppressing it when your spouse asks what is wrong.

A manager can remain on duty long after the shift is over.

Firefighters: The Parts That Rush In to Stop the Pain

IFS FIREFIGHTERS

Protective parts that spring into action.

	INTERVENTION:	Firefighters act quickly to extinguish emotional pain or discomfort from exiled parts.
	DISTRACTION:	They often employ distracting behaviors to pull attention away from distress.
	IMPULSIVITY:	Firefighter responses can be impulsive and may include behaviors like substance abuse, binge-eating, or overworking.
	INTENSITY:	Their actions are usually more extreme and can be disruptive to everyday functioning.
	SHORT-TERM RELIEF:	The focus is on immediate relief rather than long-term solutions.
	PROTECTION:	Their primary goal is to protect the psyche from feeling the pain of wounded exiled parts.
	CONFLICT:	Firefighters can be in conflict with Managers, as their strategies often oppose the Managers' approaches to control and order.



Firefighters are reactive protective parts that emerge when exiled pain breaks through despite the managers' efforts. Their mission is immediate relief.

Managers plan. Firefighters react.

The name is fitting. When a firefighter part senses emotional fire, it does not stop to debate long-term consequences. It grabs whatever appears capable of extinguishing the flames.

When distress becomes intolerable, firefighters may turn to anger, dissociation, binge eating, gambling, pornography, alcohol, drugs, compulsive sexual behavior, reckless activity, excessive work, isolation, or other forms of escape.

Some firefighter strategies look dramatic. Others are socially acceptable and difficult to recognize. Working sixteen hours a day can

function as emotional avoidance. Spending every free moment at the gym can become a way of outrunning grief. Constantly scrolling a phone can keep silence away. Sleeping excessively can provide escape from a world that feels unbearable.

A firefighter is not thinking about next month. It is trying to get you through the next five minutes.

This is essential to understanding addiction. An addictive behavior is not always chosen because someone does not care about the consequences. It is often chosen because, in that moment, it works. It changes the internal state. It dulls grief, quiets memories, reduces anxiety, softens shame, or creates temporary distance from unbearable pain.

In extreme circumstances, firefighter activity may include self-injury or suicidal behavior. Although its methods can become dangerous or destructive, its underlying intention remains protective. It is trying to stop suffering using whatever method it has learned.

Understanding that intention does not excuse harmful behavior. It does not eliminate responsibility or erase consequences. It gives us a more accurate place from which to begin healing.

A firefighter part is not evil. It is desperate.

If we attack it with shame, it may become even more desperate. If we approach it with curiosity, we may begin to understand what pain it has been trying to extinguish.

The Inner Critic: The Protector With a Harsh Voice

THE INNER CRITIC
A PART WITH A PURPOSE

 Parts that act as **"Inner Critics"** (using IFS language), appear to be a somewhat universal experience. In their milder manifestation, parts that criticize can be beneficial for you when they allow for the acknowledgment of mistakes and errors or the cultivation of positive change and humility.

 Like all parts in IFS, **"Inner Critics"** have **value** and a **positive intention**. It's when an "Inner Critic" moves into an extreme role, they can start to impede the individual's ability to thrive, and the possible benefits of self-criticism may be overshadowed by possible harm to one's well-being through internal turmoil.

WHEN UNDERSTOOD AND RESPECTED,
the Inner Critic can transform from an obstacle into an ally.

 **NEUROFAITH®**
Neuroscience Meets the Soul

 Jeffrey E. Hansen, PhD
NeuroFaith® LLC

“ Self-leadership begins when we listen to our parts with compassion and curiosity. ”

The inner critic is a powerful and frequently misunderstood part of the internal system. It often develops in environments where mistakes, vulnerability, rejection, or failure felt dangerous.

At its healthiest, the critic can provide feedback, encourage accountability, and help us bring our behavior into alignment with our values. When driven by fear, however, it becomes harsh, condemning, and relentless.

It may say:

“You should have known better.”

“You are weak.”

“You failed your team.”

“You should have done more.”

“You do not deserve forgiveness.”

“If people really knew you, they would reject you.”

For active duty service members, veterans, and first responders, the critic can become especially brutal. It may replay decisions made in seconds under impossible circumstances and judge them with the comfort of hindsight. It may hold us responsible for outcomes no human being could have controlled. It may insist that because we survived when someone else did not, we have forfeited the right to peace.

The critic may believe that if it punishes you first, no one else can hurt you. It may believe that relentless self-judgment will prevent future mistakes. It may even believe that continuing to suffer is a way of honoring those who were lost.

COMMON TYPES OF INNER CRITICS

Sean Cuthbert (2022)
Australian Clinical Psychologist

**NEUROFAITH®
TEACHING POINT**

All Inner Critics have a positive intention.
Their goal is protection.
Problems arise when they become extreme and begin leading the system rather than serving the Self.

Icon	Type	Protects through	Core Fear
Target	THE PERFECTIONIST	excellence. "If I do it perfectly, no one can criticize me."	Judgment, mistakes, failure
Shield with lock	THE CONTROLLER	control. Attempts to manage urges, impulses, emotions, and uncertainty.	Losing control
Rocket	THE TASKMASTER	achievement. Pushes relentlessly toward productivity, success, and accomplishment.	Being seen as lazy, inadequate, or a failure
Warning triangle	THE UNDERMINER	self-limitation. Keeps you small, cautious, and hidden from risk.	Rejection, criticism, disappointment

ADDITIONAL TYPES OF INNER CRITICS

Sean Cuthbert (2022)
Australian Clinical Psychologist

NEUROFAITH® TEACHING POINT

Critics do not attack because they hate us. They attack because they fear what will happen if they stop protecting us.

THE DESTROYER
Protects through self-attack.
Floods the system with shame, self-criticism, and feelings of defectiveness.
Core Fear: Worthlessness, rejection, abandonment

THE GUILT-TRIPPER
Protects through accountability.
Uses guilt to keep us aligned with our values and relationships.
Core Fear: Hurting others, losing acceptance

THE CONFORMIST
Protects through belonging.
Pushes us to fit in and avoid standing apart from the group.
Core Fear: Exclusion, rejection, abandonment

NEUROFAITH®
Neuroscience Meets the Soul

When we understand our Critics with compassion, they can transform from saboteurs into protectors.

From a spiritual perspective, the difference between useful correction and crushing condemnation is essential. Healthy conviction can guide us toward truth, accountability, repair, and restoration. Condemnation declares that we are permanently defined by our worst moment and beyond the reach of mercy.

The critic does not need to be destroyed. It needs to be understood and relieved of a job it was never meant to hold.

When it no longer has to serve as judge, prosecutor, and executioner, it can assume a healthier role. It can offer measured feedback without humiliating us. It can support responsibility without demanding endless punishment.

Understanding Addiction Through the Lens of Parts

For individuals struggling with addiction, IFS can bring profound clarity and relief. Many have spent years believing that they lack willpower, discipline, character, or moral strength. Internal Family Systems offers another way to understand what has been happening.

Long before substances or compulsive behaviors entered the picture, the internal system was already working tirelessly to manage pain.

Managers often take the lead early in life. They attempt to create safety by being responsible, dutiful, successful, prepared, or indispensable. They may push you to become the perfect student, reliable employee, strong provider, compliant child, courageous soldier, dependable officer, or spiritually disciplined person.

Their message is often, "If we do everything right, the pain will remain buried."

For a time, this strategy may appear successful. Life can look functional and even admirable from the outside. Yet the pain carried by exiled parts does not disappear. It waits.

As stress increases, loss occurs, trauma resurfaces, or emotional demands overwhelm the managing system, the buried pain begins to break through. Control falters. The system becomes overwhelmed. That is when firefighters rush in.

Firefighters are not concerned with insight or long-term consequences. Their sole task is immediate relief. Alcohol, drugs, pornography, rage, gambling, isolation, or other compulsive behaviors can become powerful firefighter strategies.

From the outside, addiction may look irrational and self-destructive. From inside the person's nervous system, it can feel like survival.

This is one reason shame is such an ineffective treatment for addiction. The person already possesses parts that are terrified, wounded, exhausted, and condemning. Adding more humiliation does not heal

those parts. It usually drives them deeper into hiding and increases the need for escape.

As you begin to understand this dynamic, shame can soften. You may start recognizing that your behavior has functioned as a desperate defensive response rather than proof of a defective identity.

This understanding does not excuse harmful behavior. It does not eliminate responsibility or minimize the damage addiction can cause. Instead, it changes the question.

Rather than asking, "What is wrong with me?" you can begin asking, "What has my system been trying to protect me from?"

That question opens a door.

As shame decreases, agency begins to return. You become better able to notice when managers are tightening their grip or when firefighters are preparing to act. Awareness creates space between pain and reaction. Within that space, a different response becomes possible.

Perhaps you begin to notice that the urge to drink grows stronger after conflict with your spouse. Maybe the urge to isolate appears after a difficult anniversary. Perhaps anger erupts whenever someone expresses concern because a manager interprets concern as criticism or loss of control.

These patterns are not random. They are communications from the internal system.

Rather than fighting your defenses or attempting to eliminate them, you can begin engaging them. You can listen to what they fear, understand what they protect, and help them discover healthier roles.

Knowledge becomes power, but not power used against yourself. It becomes the power to understand yourself, lead yourself, and participate actively in your healing.

From a NeuroFaith® perspective, this restoration of agency is deeply important. As understanding replaces judgment and curiosity replaces condemnation, the heart begins to feel safer. When the heart feels safer, change becomes possible. Defenses no longer need to dominate. They can finally begin to rest.

Self: The Center of Who We Are

The Self is not another part fighting to take control. It is the centered presence capable of relating to every part with patience, wisdom, strength, and compassion.

IFS identifies this centered presence through qualities commonly known as the Eight Cs:

- **Calm:** The ability to remain grounded even when difficult emotions are present.
- **Curiosity:** A genuine desire to understand rather than judge what is happening inside.
- **Clarity:** The ability to see a situation without being completely controlled by fear, shame, anger, or confusion.
- **Compassion:** A caring response toward suffering, including our own suffering.
- **Confidence:** A quiet trust that we can face what is within us without being destroyed by it.

- **Courage:** The willingness to approach painful experiences rather than continually running from them.
- **Creativity:** The ability to imagine new responses and possibilities beyond the strategies we have always used.
- **Connectedness:** The capacity to experience meaningful relationship with ourselves, other people, the natural world, and whatever we hold sacred.

The 8 Cs in IFS

	Calmness	The ability to maintain a sense of inner peace and tranquility.
	Curiosity	A non-judgmental interest in understanding one's internal experiences and parts.
	Clarity	The ability to see situations and internal parts with clearness and understanding.
	Compassion	A deep caring and empathy for oneself and one's parts, even those in pain or causing problems.
	Confidence	A strong belief in oneself and the ability to handle what comes up inside.
	Courage	The bravery to confront painful and challenging parts or memories.
	Creativity	The innovative and imaginative energy to heal and transform one's parts.
	Connectedness	A sense of being in harmony with all parts and feeling connected to others.

When Self is present, the internal conversation changes.

Instead of saying, "I hate the part of me that drinks," Self may ask, "What pain is this part trying to relieve?"

Instead of saying, "I need to get rid of my anger," Self may ask, "What is my anger protecting?"

Instead of saying, “I am weak because I cannot stop thinking about that call,” Self may ask, “What part of me is still carrying that experience alone?”

This does not make us passive. Compassion is not the absence of accountability. Self-leadership may require firm boundaries, difficult decisions, treatment, sobriety, confession, repair, or significant life changes. The difference is that these actions no longer arise from hatred of ourselves. They emerge from clarity, courage, and care.

Many active duty service members, veterans, and first responders are natural leaders in the external world. They know how to assess a situation, establish priorities, protect vulnerable people, and bring order to chaos. IFS invites them to bring those same leadership abilities into the internal world.

The goal is not to force every part into submission. Good leaders do not merely silence their people. They listen, understand the mission, recognize what each person carries, and provide clear direction.

Self-leadership is internal leadership at its best.

A Broader Spiritual Understanding of Self

IFS often describes Self in psychological terms as the calm and compassionate center that remains beneath our defensive layers. NeuroFaith® values this understanding while also recognizing that many people experience Self through a larger spiritual framework.

For some, Self is understood through relationship with God. For others, it is connected with a higher power, sacred meaning, moral purpose, the human spirit, or a deep sense that life belongs to something larger than the individual.

We do not all use the same language for this experience. Veterans, service members, and first responders come from many religious traditions, spiritual backgrounds, and worldviews. Some possess a strong and established faith. Some have had faith wounded by trauma, betrayal, moral injury, or loss. Others remain uncertain about what they believe.

NeuroFaith® does not require every person to describe the sacred in the same way. It recognizes, however, that healing frequently involves more than reducing symptoms. Human beings long for meaning, belonging, identity, connection, forgiveness, purpose, and hope.

Trauma can disrupt every one of these.

A veteran may not only ask, “Why am I having nightmares?” but also, “Who am I now that I am no longer in uniform?”

A firefighter may not only ask, “How do I stop replaying the call?” but also, “How can a world with this much suffering still possess meaning?”

A survivor may not only ask, “How do I calm my nervous system?” but also, “Can I ever trust life, other people, or God again?”

These are not merely psychological questions. They are spiritual questions, even when the person asking them does not belong to a particular religious tradition.

From a NeuroFaith® perspective, the Self is not an isolated island of personal strength. It becomes most fully alive through connection. Healing occurs as we reconnect with our bodies, hearts, relationships, values, communities, sense of purpose, and understanding of the sacred.

Therapy can help remove obstacles to this connection. It can help frightened parts feel safer, burdened parts release pain, and protective parts step back from extreme roles. Faith can provide a larger horizon in which suffering, courage, mercy, sacrifice, hope, and restoration acquire meaning.

The two do not need to compete.

How the Parts Work Together



In a traumatized system, exiles carry pain, managers attempt to prevent pain, and firefighters attempt to escape pain.

The system is not simply broken. It is overworked.

Imagine a fire station that has been responding to emergencies continuously for years. The alarms never stop. Equipment is wearing down. Everyone is exhausted, but no one trusts that it is safe to rest. Some members attempt to control every possible risk. Others react immediately to anything resembling danger. Somewhere in the back of

the station, grief from previous calls remains unspoken because there has never been time to process it.

That is what many traumatized internal systems feel like.

Managers remain on constant alert because they do not trust firefighters to make good decisions. Firefighters become more extreme because they do not believe managers can contain the pain. Exiles become increasingly desperate because no one is listening to them. The inner critic attacks everyone, believing that greater discipline will restore control.

Every part works harder, yet the system becomes less stable.

As Self-leadership increases, protectors no longer need to remain trapped in extreme roles. Managers can release some of their exhausting need for control. Firefighters can discover safer ways to respond to distress. Exiles can be approached with compassion rather than being abandoned in isolation. The inner critic can offer guidance without condemnation.

Internal conflict gradually gives way to cooperation.

This shift does not occur through force. You cannot bully frightened parts into trusting you. It occurs through safety, patience, curiosity, consistency, and relationship.

The Six Fs: Approaching the Internal System



In order to reach the pain pushed outside awareness, we must first build relationships with the protective parts guarding it. Those protectors have important reasons for keeping us away from painful memories and emotions.

IFS offers a practical pathway through six steps commonly called the Six Fs: Find, Focus, Flesh Out, Feel, Befriend, and Fear.

These steps are not a rigid procedure. They are a compassionate way of approaching the inner world. You do not have to perform them perfectly, and you should never force yourself into traumatic material before adequate safety and support have been established.

1. Find

Begin by identifying the part that is active in the present moment.

You may notice an emotion, physical sensation, image, impulse, memory, or internal voice. Perhaps your chest tightens, your jaw

clenches, your stomach drops, or you suddenly feel the urge to withdraw, lash out, drink, numb yourself, or regain control.

The goal is not to analyze or change the experience. The goal is simply to notice it.

You might say quietly, “Something in me is becoming angry,” or “A part of me wants to get out of this room.”

That small act of noticing begins to create space.

2. Focus

Once you recognize the part, gently direct your attention toward it.

Remain grounded enough to observe the part rather than becoming completely consumed by it. Instead of saying, “I am furious,” you might begin to say, “A part of me is furious.”

Instead of saying, “I am a failure,” you might say, “A part of me believes I failed.”

This is not wordplay. It reminds you that the feeling is real, but it is not the entirety of who you are.

If a firefighter arrives at a chaotic scene, that firefighter does not become the fire. The firefighter observes it, assesses it, and responds to it. In the same way, focusing allows Self to remain present with an emotion without being completely overtaken by it.

3. Flesh Out

Approach the part with curiosity.

Where do you notice it in your body? How old does it seem? When did it first begin doing this job? What does it fear? What is it trying to prevent? What does it believe would happen if it stopped?

You may discover that anger is protecting grief. Perfectionism may be protecting shame. Withdrawal may be protecting fear of rejection. Addiction may be protecting a wounded part that does not believe it can survive another moment of emotional pain.

One veteran may discover that the part constantly scanning for danger still believes he is responsible for bringing everyone home. A police officer may realize that her emotional numbness began as the only way she could keep answering calls. A paramedic may recognize that relentless self-criticism developed after one terrible outcome that no amount of training could have prevented.

Understanding begins to replace judgment, and internal trust begins to grow.

4. Feel

Allow the emotions carried by the part to be experienced gradually and safely.

This does not mean opening the floodgates, forcing yourself to relive trauma, or becoming overwhelmed. It means learning, preferably with appropriate support, to remain present with emotion without immediately fleeing from it.

A veteran who has spent years avoiding grief may begin by tolerating it for only a few moments. A firefighter may allow herself to acknowledge

that one particular call still hurts. A police officer may finally name the fear beneath the anger.

The nervous system must learn that feeling emotion in the present is not the same as reliving the original danger.

Healing unfolds at the pace of safety. Trauma cannot be rushed, and restoration cannot be forced.

5. Befriend

Approach the part with compassion and appreciation for what it has attempted to do.

You do not have to approve of its methods to recognize its protective intention. You can acknowledge that it stepped forward when you had few other resources available.

You might say:

“I understand why you learned to stay alert.”

“I see that you were trying to keep me from feeling that pain.”

“You helped me survive a time when I did not know what else to do.”

“I do not want to get rid of you. I want to help you find a safer job.”

Internal hostility begins to soften. Cooperation starts replacing conflict.

For many people, this is a radical change. They have spent years hating the parts that drink, rage, withdraw, panic, or criticize. Befriending does not mean surrendering control to those parts. It means creating enough trust that they no longer need to seize control.

6. Fear

Ask what the part fears would happen if it released control or changed its role.

A manager may fear that everything will collapse. A firefighter may fear that unbearable pain will return. An inner critic may fear that without constant punishment, you will become careless, weak, or unacceptable.

A hypervigilant part may say, "If I stop scanning, someone will die."

An emotionally numb part may say, "If I let you feel this, you will never recover."

An addicted part may say, "Without this, we will have no relief."

These fears deserve to be heard. Protective parts cannot be ordered to stand down while they still believe the war is raging.

When those fears are named and addressed, parts can begin to recognize that the present is different from the past. They can learn that Self is available, support exists, and they are no longer responsible for carrying the entire system alone.

A Simple Way to Begin

You do not need to master the entire IFS model before using it. You can begin with a single moment of awareness.

The next time you notice a strong reaction, pause before condemning yourself. Take a breath and ask:

"What part of me is here right now?"

"What is this part trying to do for me?"

"What is it afraid would happen if it did not react this way?"

“What does it need from me in this moment?”

You may not receive an immediate answer. That is all right. The act of asking with curiosity rather than hostility already changes the relationship.

If the reaction is intense, focus first on safety and regulation. Feel your feet against the floor. Look around the room. Slow your breathing. Place a hand over your heart if that feels comfortable. Remind your nervous system where you are and that the danger is not occurring in this moment.

Then return to the part when you are ready.

This work is often most effective with a therapist trained in IFS and trauma care, particularly when the parts carry severe trauma, self-harm, suicidal thoughts, dissociation, or addiction. Courage does not mean doing everything alone.

Engaging Emotions Rather Than Avoiding Them

One of the most valuable lessons of IFS is that emotions are not enemies to eliminate. They are meaningful signals that deserve attention.

Jenna Riemersma’s *Altogether You* offers an accessible introduction to IFS for people of faith. She challenges our tendency to welcome emotions such as happiness and joy while suppressing sadness, fear, grief, anger, or anxiety.

Difficult emotions are sometimes dismissed, condemned, or spiritualized before they have been understood. A person may be told to remain positive, have greater faith, be grateful, move forward, or simply stop dwelling on the past.

Although these responses may be well intended, they can communicate that certain parts of us are unacceptable. The hurting part then learns to go underground, taking its pain with it.

Emotions are messengers. They may alert us to unmet needs, violated boundaries, unresolved grief, moral injury, loneliness, betrayal, or danger. Like a canary in a coal mine, they can warn us that something needs attention before the entire system collapses.

Words may be the language of the thinking mind, while emotions often serve as the language of the body and heart. When emotional signals are ignored, the body continues communicating through tension, sleeplessness, irritability, panic, physical symptoms, compulsive behavior, or relational conflict.

Moving toward pain does not mean allowing it to overwhelm us. It means approaching it with safety, support, curiosity, and compassion.

When pain is acknowledged rather than resisted, its intensity often begins to decrease. The nervous system settles, protective parts soften, and emotional awareness becomes a doorway to healing instead of something to fear.

Pain is not always proof that something is wrong with you. Sometimes pain is feedback from a part that has been waiting a very long time to be heard.

A Necessary Spiritual Clarification

IFS provides a powerful psychological description of Self as the calm, compassionate, and courageous center beneath our layers of protection. NeuroFaith® honors this insight while placing it within a broader understanding of human identity and spiritual life.

Human beings are more than collections of symptoms, reactions, or neural pathways. We are relational beings who search for meaning, purpose, belonging, truth, forgiveness, and connection with what we consider sacred.

Trauma affects these spiritual dimensions as deeply as it affects the brain and body.

Trauma may leave a person questioning who they are, what they believe, whether the world is trustworthy, or whether life still possesses meaning. Moral injury may create a painful conflict between what someone witnessed, what they were ordered to do, what they could not prevent, and the values they once held.

Some people emerge from trauma with faith strengthened. Others feel abandoned, angry, doubtful, or spiritually disoriented. These reactions should not be shamed. Spiritual struggle can be an honest response to experiences that shattered a person's understanding of the world.

NeuroFaith® does not insist that every person use the same spiritual language. One person may understand healing through a relationship with God. Another may speak of a higher power, sacred purpose, connection with creation, moral truth, or the enduring strength of the human spirit.

What matters is that healing includes room for the deepest questions of identity, purpose, relationship, and hope.

IFS helps us understand the internal system. Faith can help us locate that system within a larger story.

It can remind us that our lives are more than what happened to us. It can offer meaning when suffering appears meaningless, belonging when trauma creates isolation, and hope when the future feels closed.

From this perspective, Self-leadership is not merely self-sufficiency. It is leadership grounded in humility, compassion, moral clarity, meaningful connection, and openness to something larger than ourselves.

Integration Rather Than Opposition

NeuroFaith® does not place psychology, neuroscience, and faith in competition. They illuminate different but deeply connected dimensions of the same human experience.

Psychology helps explain how wounds form and how relationships can help heal them.

Neuroscience reveals how the brain and body respond to danger and safety.

Polyvagal Theory helps us understand why the nervous system remains mobilized, guarded, or shut down long after the threat has passed.

Neurocardiology and HeartMath® show how coherence can support regulation, connection, and emotional stability.

IFS provides language for the inner system and the parts that learned to protect us.

Faith helps us explore meaning, identity, belonging, hope, and relationship with what we hold sacred.

When these domains are integrated, healing becomes both compassionate and anchored. As the nervous system stabilizes and internal conflict softens, people often become more capable of trust, vulnerability, connection, and spiritual openness.

Therapy does not need to replace faith, and faith should not be used to bypass pain. At their best, they can work together. Therapy can help prepare the soil in which meaning, connection, and spiritual restoration take root.

Conclusion: From Survival to Restoration

For the veteran, active duty service member, police officer, firefighter, paramedic, dispatcher, or corrections officer, who has spent years protecting others, Internal Family Systems offers a profoundly liberating message.

What feels like internal conflict is not necessarily evidence that you are weak, defective, or broken beyond repair. It may be evidence that different parts of you have been working tirelessly to help you survive.

One part learned to remain constantly alert. Another learned to suppress emotion so the mission could continue. Another carried grief, fear, guilt, or shame because there was no time or safe place to process it. Another discovered a quick way to numb the pain when it became unbearable.

Those parts developed for reasons that once made sense.

The manager that constantly strives for perfection, the firefighter that desperately seeks relief, the exile carrying years of hidden pain, and even the relentless inner critic may all be trying to protect you. Their

methods may no longer serve you well, but their original purpose was not to destroy you.

They were trying to keep you alive.

As healing unfolds, these parts no longer have to carry impossible burdens alone. Managers can gradually release their exhausting need to control every outcome. Firefighters can discover healthier ways to respond to pain. Exiles can come out of hiding and be welcomed with compassion. Even the inner critic can exchange relentless accusation for thoughtful and measured guidance.

The goal is not to eliminate parts of yourself. It is to help them recognize that the emergency is over, the mission has changed, and they no longer have to perform the same desperate jobs.

You are not the worst thing that happened to you.
You are not your trauma.
You are not your addiction.
You are not your anxiety, anger, grief, guilt, or shame.
You are a human being created for connection, purpose,
courage, truth, love, meaning, and peace.

For those who have served, the movement from survival toward restoration may feel unfamiliar. Survival taught you to armor up, stay alert, suppress pain, complete the mission, and protect everyone else. Healing asks something different. It asks you to turn inward, listen carefully, and bring compassion to the very places you may have spent years avoiding.

That is not weakness. It is another form of courage.

It is the courage to approach the wounded parts rather than abandoning them. It is the courage to listen to protectors rather than fighting them. It is the courage to accept help, rebuild trust, and believe that life can become more than an endless response to danger.

Internal Family Systems gives us language for this journey. It shows us that the inner world is not a battlefield that must be conquered. It is a community that needs wise and compassionate leadership.

As Self begins to lead, the system no longer has to remain at war with itself. The heart becomes safer. The nervous system softens. Protectors begin to rest. Buried pain is no longer carried alone. What once felt fragmented can begin moving toward harmony.

This is the profound promise of IFS. The parts that helped you survive do not have to disappear. They can heal, change, and become valuable members of the life you are now building.

The mission is no longer merely survival.

The mission is restoration.

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PILLAR FOUR

SPIRITUALITY AND FAITH

Connection. Purpose. Hope.

Anchored in Truth. Living with Meaning.

Transformational Healing Through Faith, Neuroscience, and the Rewriting of the Soul

Of all the pillars within the NeuroFaith® Model, this one stands apart. Not because it is less grounded in science, but because it reaches into a dimension of human experience that science alone cannot fully explain.

Polyvagal-Informed Therapy, neurocardiology, and Internal Family Systems have given us remarkable tools for calming the nervous system, restoring physiological balance, and understanding the inner architecture of our emotional lives. They help explain why the body reacts as it does, why the heart longs for coherence, and why our inner world organizes itself around protection.

For the combat veteran, active duty service member, and first responder, these discoveries are profoundly hopeful. They help explain why the mission continues long after the uniform comes off, why

hypervigilance lingers, why relationships become difficult, and why peace can feel so elusive.

Yet even these remarkable discoveries eventually bring us face to face with questions that neuroscience alone cannot answer.

- What restores an identity shattered by trauma?
- What heals the deepest wounds of shame?
- What gives meaning to suffering once the nervous system finally becomes quiet?
- How do you forgive yourself for the life you could not save, the partner you lost, the child you could not revive, or the split-second decision you have replayed a thousand times?
- How do you rediscover purpose when the mission that organized your life has ended?

These questions lead us into territory that science can illuminate but cannot fully occupy. They lead us into the realm of spirituality and faith.

Within the NeuroFaith® Model, spirituality is not treated as a vague abstraction, an escape from reality, or a sentimental addition to therapy. It is understood as a foundational dimension of healing that interacts with the brain, body, heart, relationships, and inner emotional world.

Authentic faith does not have to compete with neuroscience. It can provide the larger framework within which neuroscience finds meaning.

We are not merely biological organisms, psychological beings, or social creatures. We are meaning-seeking beings. We ask why we are here, what we owe one another, what makes a life honorable, whether suffering can be redeemed, and whether love remains real when the world has shown us its darkest face.

The traditional biopsychosocial model helped clinicians recognize that health is shaped by biology, psychology, and relationships. Yet the deeper we travel into trauma and recovery, the clearer it becomes that another dimension must be acknowledged.

Human beings long not only for safety, coherence, and inner harmony. We long for purpose. We long for forgiveness. We long for hope. We long for a set of values that can point us toward true north when our lives feel morally and emotionally disoriented. We long to know that our lives matter and that our suffering has not been meaningless.

We also long for an identity deeper than our job, rank, diagnosis, trauma, failures, or worst day.

That longing points us toward the soul.

Healing therefore moves beyond the biopsychosocial model into what many now recognize as a **biopsychosocial-spiritual** understanding of the person. Restoration is not simply about reducing symptoms or feeling better. It is about recovering a coherent sense of who we are, what we value, where we belong, and how we want to live.

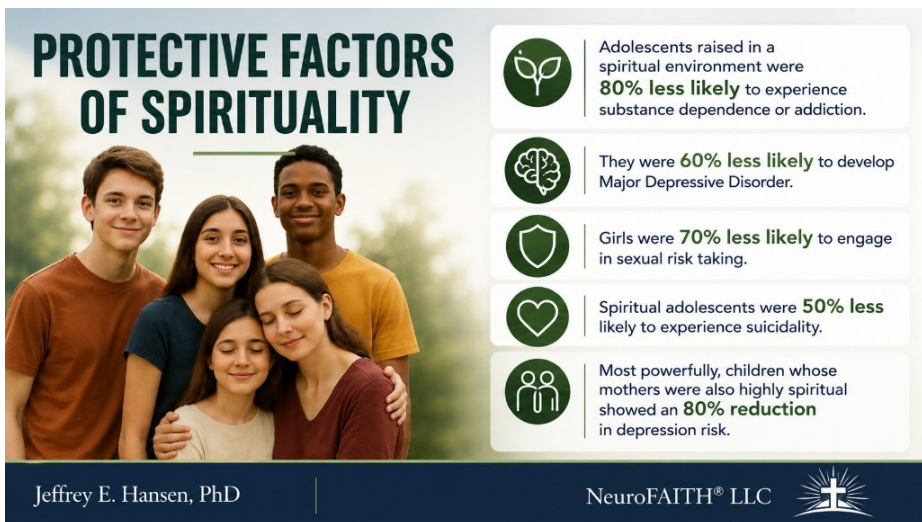
Spirituality is not an escape from science. It is another part of the human story science has increasingly learned to take seriously.

Lisa Miller's Research: A New Science of Spirituality

Dr. Lisa Miller, a clinical psychologist at Columbia University, has become one of the most respected voices bridging spirituality and neuroscience. In her groundbreaking book *The Awakened Brain* (2021), Miller presents evidence suggesting that personal spirituality can serve as a significant source of resilience and protection.

Her findings, drawn from more than two decades of research, including longitudinal and twin studies, include striking associations:

- Adolescents raised in a spiritual environment were **80 percent less likely** to experience substance dependence or addiction.
- They were **60 percent less likely** to develop Major Depressive Disorder.
- Girls were **70 percent less likely** to engage in sexual risk-taking.
- Spiritually engaged adolescents were **50 percent less likely** to experience suicidality.
- Children whose mothers were also highly spiritual showed an **80 percent reduction in depression risk**.



PROTECTIVE FACTORS OF SPIRITUALITY

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- Spiritual adolescents were **50% less** likely to experience suicidality.
- Most powerfully, children whose mothers were also highly spiritual showed an **80% reduction** in depression risk.

Jeffrey E. Hansen, PhD

NeuroFAITH® LLC

These numbers are astonishing. They suggest that spirituality is not merely a private preference or comforting idea. It may function as an important source of resilience, identity, relationship, and emotional protection.

Research summarized by Miller in *The Awakened Brain* (2021) also suggests that people who report a strong personal spirituality show increased cortical thickness in regions involved in self-reflection, meaning-making, and emotional regulation. These same regions are often thinner in people with depression and significant trauma histories. Greater cortical thickness in these areas may help buffer against depressive symptoms and strengthen resilience, particularly among those already at elevated risk.

The older biopsychosocial model, valuable as it remains, does not capture the whole person. The soul is not a detached abstraction floating somewhere outside the body. Spiritual experience is woven into the ways people understand themselves, interpret suffering, form relationships, make moral decisions, and imagine the future.

The biopsychosocial-spiritual model is not an attempt to force religion into clinical care. It is a recognition of human wholeness.

In *The Effect of Spirituality on Health and Healing*, Brian Udermann (2000) concluded from an extensive literature review that spiritual involvement was positively associated with reduced incidence of stroke, cardiovascular disease, cancer, suicide, substance abuse, and general mortality. These outcomes remained significant even after controlling for variables such as socioeconomic status and physical health behaviors.

Udermann writes: *“Strong scientific evidence suggests that individuals who regularly participate in spiritual worship services or related activities and who feel strongly that spirituality or the presence of a higher being or power are sources of strength and comfort to them are healthier and possess greater healing capabilities”* (p. 194).

When spirituality is integrated thoughtfully with clinical wisdom, it may support neuroplasticity, strengthen emotional regulation, restore identity, deepen community, and reshape the story through which people understand their lives.

The NeuroFaith® Model therefore approaches spirituality with both reverence and scientific curiosity. It recognizes that spiritual experience can affect the brain, heart, nervous system, behavior, and relationships. At the same time, it acknowledges that the deepest dimensions of healing involve more than physiological regulation or psychological insight.

They involve the restoration of meaning, identity, belonging, and soul.

Yet before we can understand how spirituality contributes to healing, we must confront one of the forces that most profoundly wounds the human interior world.

That force is **shame**.

Developmental trauma can write shame into the narrative code of the soul. Unlike guilt, which says, "I did something wrong," shame says, "I am wrong."

Guilt focuses on behavior and may lead to accountability, repair, and growth. Shame attacks identity itself. It is totalizing, isolating, and destructive. It creates an existential rupture that is often resistant to reason and remarkably difficult to overcome through willpower alone.

Dr. David Hawkins (2014, 2020), though controversial, offered a framework for understanding emotional energy states. Using kinesiology, Hawkins placed shame at the lowest level of his proposed scale of consciousness, assigning it a level of 20 on a scale from 0 to

1,000. He argued that shame produces demoralization, physiological deterioration, and despair.



Hawkins’ methodology has been criticized, and his scale should not be treated as settled science. Even so, many clinicians, recovery professionals, and spiritual leaders have found his description of shame experientially recognizable.

Shame constricts. It drives hiding, isolation, addictive behavior, relational sabotage, and hopelessness. It tells the wounded person that connection is dangerous because being truly seen will inevitably lead to rejection.

In this sense, shame is profoundly anti-life.

The Neurobiology of Shame

If shame were merely an inaccurate belief, it might be easier to overcome. Unfortunately, shame becomes embedded far deeper than conscious thought. It can become encoded within the body, nervous

system, heart, relationships, and physiological systems governing survival.

A person may intellectually understand that the traumatic event was not their fault while continuing to experience a powerful bodily conviction that they are defective, responsible, unsafe, or unworthy.

The thinking brain may say, “I know better.”

The nervous system answers, “I still do not feel safe.”

The Polyvagal System

The body is often the first place shame is experienced. Before the conscious mind has time to interpret what is happening, the nervous system reacts as though a threat has appeared.

The hypothalamic-pituitary-adrenal axis, the body’s primary stress-response system, activates rapidly. As previously discussed, the hypothalamus signals the pituitary gland, which stimulates the adrenal glands to release cortisol and other stress hormones into the bloodstream (Porges & Porges, 2023).

This response is designed to protect life during genuine danger. In situations involving trauma, humiliation, rejection, or chronic emotional threat, however, the system may become repeatedly activated. Over time, the body begins anticipating interpersonal rejection in much the same way it anticipates physical harm.

For active duty service members, veterans, and first responders, this may be especially confusing. You may have stood steady in situations that would terrify most people, only to feel your entire body react when someone expresses disappointment, questions your judgment, or moves emotionally close to you.

The threat is no longer an explosion, weapon, fire, violent suspect, or crashing vehicle. It is the possibility of being exposed, judged, rejected, or found inadequate.

When we carry toxic shame, the body may remain in a persistent state of tension. Muscles tighten. Breathing becomes shallow. Sleep is disrupted. The heart races in response to relatively minor interpersonal stress. We may scan facial expressions and changes in tone for evidence that rejection is coming.

These responses are not evidence of weakness or poor character. They are physiological echoes of repeated emotional injury.

Polyvagal Theory offers a particularly helpful framework for understanding these responses. In review, the autonomic nervous system contains pathways that continuously scan the environment for cues of safety and danger.

When safety is detected, the ventral vagal pathway supports calmness, connection, facial expression, vocal warmth, curiosity, and social engagement. When danger is perceived, the nervous system shifts toward sympathetic mobilization or dorsal shutdown (Porges & Porges, 2023).

Shame profoundly disrupts this system because shame is usually experienced within relationships. The nervous system begins associating social exposure with danger. Eye contact becomes difficult. The voice becomes restricted. Facial expression loses animation. We withdraw emotionally because hiding feels safer than being known.

In sympathetic activation, we may become anxious, restless, perfectionistic, irritable, defensive, or driven. We work harder, speak

faster, and attempt to control our surroundings so rejection cannot catch us by surprise.

In dorsal shutdown, the opposite pattern appears. We become numb, exhausted, disconnected, hopeless, and emotionally withdrawn. We may stop returning calls, isolate from family, sleep excessively, or feel as though we have disappeared from our own lives.

These patterns look different, but they arise from the same underlying problem. The nervous system has lost its sense of relational safety.

Healing therefore requires more than intellectual understanding. The nervous system itself must gradually learn that connection is no longer dangerous.

The Heart Dimension

The storm of shame does not stop at the nervous system. It also affects the heart.

As previously discussed, research in neurocardiology suggests that the heart is far more than a mechanical pump. It communicates continuously with the brain and the rest of the body. Emotional states influence heart rhythms, and those rhythms influence neurological and physiological regulation (McCraty, 2023).



When we experience emotional coherence, heart rhythms become smoother and more organized. This state is associated with improved emotional regulation, clearer thinking, greater flexibility, and increased resilience.

When we experience fear, anger, or shame, however, heart rhythms may become more chaotic and irregular. We feel exposed and unsafe. Emotional tension increases. Heart-rate variability may decrease, and communication between the heart and brain becomes strained.

Yet the heart also participates in healing. Practices that cultivate gratitude, compassion, reverence, connection, and love can help restore coherence. As the heart becomes more regulated, the brain receives stronger signals of safety and calmness.

For many people, spiritual practices provide a powerful pathway toward this coherence. Prayer, meditation, worship, reflection, time in nature, meaningful ritual, service to others, gratitude, and participation in a faith community may help calm the nervous system and restore harmony between the heart and brain (McCraty, 2023).

This does not mean that a person can pray away trauma or that spiritual practice should replace competent treatment. It means spirituality does not exist apart from physiology. It participates in how the body experiences safety, connection, and hope.

The heart, quite literally, begins to remember peace.

Psychology can name shame, reveal its origins, and reduce its power. Neuroscience can help us understand how it becomes embodied. Relationships can create experiences of safety that were previously absent.

Faith offers something further. It gives us a larger source of meaning and a new ground for identity. It tells us that our worth does not have to be decided by trauma, performance, failure, rank, reputation, or the worst moment of our lives.

The Eye of the Storm

Shame is often misunderstood as a simple emotion. In reality, it behaves more like a storm moving through the entire human system. It affects the nervous system, body, heart, relationships, inner emotional world, and the story we tell about ourselves.



It does not merely produce discomfort. It reshapes identity.

Shame whispers a devastating lie. It says the problem is not simply something we have done or something that happened to us. The problem is who we are.

For the veteran carrying moral injury, shame may say, “You should have prevented it.”

For the firefighter who could not save a child, it may say, “Someone better would have found a way.”

For the police officer involved in a fatal incident, it may say, “You can never allow anyone to know what this did to you.”

For the paramedic who has grown numb after years of death and suffering, it may say, “You have lost your humanity.”

For the person struggling with addiction, it may say, “If people knew how bad it has become, they would leave.”

Shame convinces us that we are fundamentally defective, unworthy of love, and unsafe to reveal. It drives the wounded self into secrecy because secrecy appears safer than exposure.

Faith traditions have wrestled with shame, hiding, moral failure, mercy, restoration, and belonging for thousands of years. Although they do not all describe the human condition in the same way, many share a conviction that a person's deepest identity cannot be reduced to failure or suffering.

At their best, faith traditions call people out of hiding and back into relationship. They provide practices of confession, forgiveness, reconciliation, compassion, community, service, and renewed purpose. They offer a sacred context in which the wounded person may be fully known without being discarded.

To understand how deeply shame shapes identity, it is helpful to consider several voices that have influenced modern psychology and trauma recovery: John Bradshaw, Tim Fletcher, and Curt Thompson.

Each approaches shame from a different perspective. Together, they reveal a shared truth. Shame is not merely an emotional state.

It is an identity wound.

John Bradshaw: The Wounded Healer and the Language of Shame

John Bradshaw's life reflected the struggle he would later help thousands of other people understand. Born in Houston in 1933, Bradshaw grew up in a family shaped by alcoholism and emotional instability. His father's absence left a profound wound of abandonment that followed him into adulthood.

Bradshaw initially pursued the priesthood, studying philosophy and theology at the University of Toronto. Like many people drawn toward spiritual vocation, he hoped intellectual and theological understanding might quiet the deeper ache within his heart. Beneath those studies, however, remained a persistent sense that something was fundamentally wrong with him.

After leaving the priesthood, Bradshaw battled alcoholism and despair before eventually entering recovery. Through that process, he discovered the insight that would define his life's work.

The deepest pain carried by many people was not guilt over their actions. It was shame concerning their identity.

In his influential book *Healing the Shame That Binds You*, Bradshaw distinguished between healthy shame and toxic shame. Healthy shame reminds us of our limitations. It encourages humility, responsibility, and our need for other people. Toxic shame operates very differently. It convinces us that we ourselves are defective. Shame is transformed from a temporary feeling into an identity (Bradshaw, 2005).

Bradshaw referred to this condition as **soul murder**.

When toxic shame takes root, authenticity begins to disappear. We learn to hide not only our mistakes but also our needs, emotions, longings, and vulnerabilities. We become disconnected from our true selves and begin performing roles designed to gain approval or prevent rejection.

This can be especially powerful within military and first-responder cultures. Competence, strength, decisiveness, endurance, and loyalty are essential qualities. They save lives. Yet when they become the only

acceptable parts of us, we may begin believing that vulnerability, grief, uncertainty, or asking for help represents failure.

The role slowly replaces the person.

Bradshaw also recognized that shame is often transmitted across generations. In families where love is conditional, affection is withheld, addiction dominates, or perfection is demanded, children quickly learn that their worth depends upon performance.

Over time, they internalize the belief that their needs and deepest longings are wrong. The spontaneity, joy, imagination, and curiosity of childhood gradually give way to caution and self-protection (Bradshaw, 2005).

Yet Bradshaw's work also pointed toward hope. He recognized that healing shame requires more than intellectual insight. It requires honesty, community, acceptance, and grace.

Through being known and still accepted, people can begin rediscovering the truth that their worth was never erased. Bradshaw helped us understand shame as an identity wound rather than merely a moral failure.

Tim Fletcher: Shame and the Narrative of the Mind



Tim Fletcher extends Bradshaw's insights by exploring how shame becomes embedded within the nervous system and the narrative structure of the brain. Fletcher is a Canadian counselor and founder of RE/ACT Recovery

Education for Addictions and Complex Trauma. His work focuses upon the relationship between developmental trauma, addiction, shame, and negative core beliefs.

Fletcher explains that trauma creates more than painful memories. It reshapes the beliefs people hold about themselves.

When children grow up in environments where their emotional needs are repeatedly ignored, criticized, punished, or invalidated, they eventually arrive at a devastating conclusion:

“The problem must be me.”

From that conclusion emerges a set of core beliefs that become the operating system of the wounded mind. Fletcher frequently identifies four beliefs common among people who have experienced developmental trauma:

“I am not lovable.”

“I am not safe.”

“I do not matter.”

“I am bad.”

THE IDENTITY QUESTIONS

Children Ask:

- Do I Have **Value**?
- Do I **Matter**?
- Am I **Lovable**?

TRAUMA IS NOT JUST AN EVENT —
It is a belief about WHO I AM.

DEVELOPMENTAL TRAUMA FORMS
NEGATIVE CORE BELIEFS

- I DO NOT HAVE **VALUE**
- I DO NOT **MATTER**
- I AM NOT **LOVABLE**
- I MUST PERFORM **TO MATTER**

Jeffrey E. Hansen, PhD | NeuroFaith® LLC

These beliefs can become deeply embedded in the brain’s Default Mode Network, the neural system involved in self-referential thinking and autobiographical identity. Over time, they become the lens through which relationships and experiences are interpreted (Fletcher, 2022; Fletcher, 2023; Fletcher, 2025).

When trauma occurs repeatedly during development, the Default Mode Network may become organized around negative beliefs about the self. These beliefs then shape the continuing narrative of identity (Thompson, 2023).

This is one reason shame feels so permanent. It is not simply an emotion that visits occasionally. It becomes part of the mind’s background activity.

Positive events are minimized. Criticism is magnified. Ambiguous interactions are interpreted as rejection. The mind quietly rehearses the same painful narrative again and again.

Even genuine love may have difficulty penetrating this internal story. Compliments feel suspicious. Acceptance feels temporary. Trust feels dangerous. Love feels as though it must eventually be withdrawn.

Addiction may emerge as an attempt to escape the relentless pressure of this narrative. Alcohol, drugs, pornography, gambling, work, anger, isolation, or other compulsive behaviors provide temporary relief from a mind that never stops repeating, “You are not enough.”

Fletcher’s work highlights an important truth for trauma treatment. Recovery cannot stop with behavioral change alone. A person may become sober and still feel worthless. Someone may learn coping strategies while continuing to believe they are fundamentally unlovable.

Until the underlying identity narrative is addressed, the deepest wound of shame remains.

**THE ULTIMATE
CORRECTIVE EXPERIENCE**
From Trauma and False Narratives to Truth, Identity, and Belonging

**PSYCHOLOGY
RE-NARRATES EXPERIENCE**

We revisit the past with compassion, integrate what happened, and release shame, blame, and survival stories that no longer serve us.

**FAITH
ANCHORS IDENTITY IN TRUTH**

- ♡ You are **BELOVED**
- ♡ You are **ADOPTED**
- ♡ You are **CHOSEN**
- ♡ You are **VALUED**
- ♡ You are **LOVED**

NEUROFAITH® LLC

Healing therefore requires more than willpower or self-improvement. It requires a transformation in the story the mind tells about the Self.

Curt Thompson: Being Seen and Known

Psychiatrist Curt Thompson brings another important dimension to this conversation by integrating neuroscience, attachment theory, relational healing, and Christian spirituality.

In *The Soul of Shame*, Thompson explains that shame disrupts the neural pathways allowing human beings to experience belonging (Thompson & Seybeth, 2018).

Human beings are made for connection. The brain develops within relationships that shape its ability to regulate emotion, experience safety, and interpret social cues.

When we experience consistent love, presence, responsiveness, and safety, the nervous system learns that relationships can be trusted. When those experiences are absent or distorted, the mind adapts by preparing for rejection.

Shame is therefore a relational injury. It teaches us that being seen is dangerous.

Thompson describes how shame disrupts integration within the brain. The prefrontal cortex, responsible for reflection and self-regulation, becomes less coordinated with emotional and relational circuits within the limbic system. The Default Mode Network reinforces narratives of defectiveness and isolation (Thompson, 2023).

Thompson also emphasizes that healing occurs through relational presence. When we are seen, heard, understood, and accepted without condemnation, the brain begins to reorganize. Neural pathways associated with safety and connection grow stronger.

Although Thompson writes from a specifically Christian perspective, this relational truth reaches beyond any single tradition. Healing occurs through love. It occurs when another person sees what we feared would make us unacceptable and does not turn away.

The Christian tradition expresses this beautifully in the words, *“Perfect love drives out fear”* (1 John 4:18, NIV).

This is one of Christianity’s important contributions to the healing of core wounds: identity is not earned through flawless performance. It is received through relationship with a God understood as loving, knowing, and merciful.

Other faith traditions express sacred belonging and compassionate connection in their own distinctive ways. The language differs, but the healing movement is often similar. Fear gives way to trust. Isolation gives way to belonging. Condemnation gives way to compassion. Meaning begins replacing despair.

Thompson’s work reminds us that grace is not merely a theological idea. When love replaces condemnation and isolation gives way to safe relationship, the brain itself can begin to change (Thompson, 2025).

The Internal World: Fragmentation and the Inner Family

Shame does not affect only the body and heart. It also quietly reorganizes the internal emotional world.

For many combat veterans and first responders, this process begins long before they recognize it. The accumulated weight of trauma, loss, moral injury, and the relentless pressure to remain strong gradually reshapes how they relate to themselves.

The mission may be over and the emergency may have ended, but the inner battle continues. Shame becomes more than an emotion. It becomes an organizing force within the personality.

As we discussed in the previous chapter, Internal Family Systems offers a remarkably compassionate framework for understanding this process. According to IFS, the human psyche contains multiple internal parts that interact with one another. These include Exiles, Managers, and Firefighters, each developing in response to painful experiences and each attempting, in its own way, to protect us from further suffering (Schwartz, 2023).

For the warrior or first responder, these parts may become especially active.

Exiles carry the deepest wounds. They may include the child who never felt good enough, the Marine haunted by the friend who never came home, the police officer replaying the call that ended in tragedy, the firefighter remembering the child who could not be saved, or the paramedic quietly carrying faces that have never been forgotten.

These parts hold grief, fear, guilt, rejection, humiliation, grief, and abandonment beneath the surface.

Managers devote themselves to preventing those wounds from ever being touched again. They push us toward perfectionism, hyper-responsibility, emotional control, relentless competence, and the conviction that we must always remain strong.

For many first responders, these managers become respected on the job. They make us dependable, disciplined, precise, and composed under pressure. When they become extreme, however, they also make

it difficult to rest, trust, ask for help, or allow anyone close enough to know us.

When the emotional burden becomes too great, Firefighters rush in. Their mission is immediate relief. They seek to extinguish pain through whatever promises temporary escape: alcohol, drugs, pornography, compulsive work, anger, emotional withdrawal, gambling, risk-taking, overeating, or countless other behaviors.

These strategies may create further suffering, but they were not originally intended to destroy us. They were desperate attempts to soothe the pain that felt unbearable.

Shame intensifies each protective role. Exiles become convinced they are defective rather than wounded. Managers work harder to prevent anyone from discovering what they believe must never be seen. Firefighters become more desperate to numb the pain before it overwhelms the system.

Perhaps nowhere is shame more destructive than in the emergence of the Inner Critic.

For many warriors, veterans, and first responders, this voice sounds painfully familiar:

“You should have done more.”

“You should have seen it coming.”

“You failed them.”

“You are weak.”

“You are broken.”

“You are not the person everyone thinks you are.”

Ironically, the Inner Critic usually began as a protector. It may have believed that if it criticized us first, the world could never wound us more deeply. Over time, however, it becomes relentless. Rather than correcting behavior, it attacks identity.

This is how shame gradually eclipses what Richard Schwartz calls the Eight Cs of Self as mentioned earlier in this book: calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2023).

Under the weight of trauma and shame, these qualities appear to disappear. We begin living almost entirely through protective parts rather than from the grounded center of who we truly are.

The good news is that these qualities have not been destroyed. They have been hidden beneath layers of protection.

The Self remains.

Healing is therefore not about eliminating our parts or declaring war upon them. It is about helping wounded protectors recognize that the danger has passed. It is allowing compassion to replace condemnation and gradually restoring the calm, courageous, connected Self that has been waiting to lead us home.

The Science of Spirituality and the Healing of Shame

Shame moves through every dimension of the human person. It affects the nervous system, heart, internal emotional world, relationships, and narrative structures of the mind. It teaches the body to brace, the heart to constrict, and the mind to repeat a painful story about identity.



If healing is to occur, something powerful enough to reach each of these layers must enter the process. Increasingly, research suggests that spirituality may be one of the forces capable of doing precisely that.

Psychology can help us understand shame and reduce its effects, but insight alone may struggle to dismantle the deeper narrative shame creates. Our wounds need more than coping strategies. They need a new verdict about identity.

Faith can offer that verdict.

At their healthiest, faith traditions tell us that our value rests upon something deeper than performance. They locate us within a story larger than trauma. They provide a moral compass, a community, a source of belonging, and a true north when life has become disoriented.

Faith can say:

“You are more than what happened to you.”

“You are more than what you did.”

“You are not alone.”

“Your life retains meaning.”

“You remain worthy of love.”

“There is still a path forward.”

These are not empty affirmations. They are direct challenges to the central claims of shame.

Shame says, “Hide.”

Faith says, “You may be known.”

Shame says, “You are alone.”

Faith says, “You belong.”

Shame says, “You are your worst day.”

Faith says, “Your story is not finished.”

Shame says, “Nothing lies beyond this pain.”

Faith says, “There is something larger than you, and hope remains possible.”

Faith as True North

Warriors, veterans and first responders understand the importance of orientation. When conditions become chaotic, you need a fixed reference point. You need to know where you are, what the mission is, what values guide the next decision, and in which direction you must move.

Trauma can destroy that orientation.

Moral injury may leave a person uncertain about what is still good. Loss may dismantle the future they expected. Retirement or separation from service may remove the role around which identity was organized. Addiction may pull behavior farther and farther from deeply held values.

Faith can become true north.

It offers a reference point outside the constantly shifting landscape of emotion, public opinion, professional identity, and personal performance. It gives us values by which to live and a story in which courage, sacrifice, mercy, truth, responsibility, forgiveness, and service possess enduring meaning.

Faith also challenges the illusion that healing must be accomplished alone. It invites us into relationship with God, a higher power, a sacred reality, a faith community, or a source of meaning beyond the isolated self.

This matters because shame thrives in isolation. It loses power when brought into trustworthy relationship.

Faith at its best does not deny suffering or demand superficial positivity. It does not tell the traumatized person to pray harder, stop grieving, or pretend everything happens for an easily understood reason.

Mature faith can sit beside suffering without running from it. It can make room for grief, anger, doubt, lament, confusion, and silence. It can help us remain connected to meaning even when answers remain incomplete.

Christianity as One Pathway Toward Healing Core Wounds

The NeuroFaith® Model is intended for people from many spiritual backgrounds. It does not require a person to adopt one tradition before receiving care or beginning the healing process.

At the same time, Christianity deserves acknowledgment as one faith tradition that speaks directly to the core wounds of shame, abandonment, unworthiness, and fractured identity.

Its central message is that human worth is not earned through strength, flawless behavior, status, or performance. A person is known completely and still loved. Failure does not place someone beyond grace. Suffering does not erase identity. Restoration remains possible.

The Christian Scriptures express this identity in deeply personal language: *“For you created my inmost being; you knit me together in my mother’s womb”* (Psalm 139:13, NIV).

For a person whose identity has been rewritten by shame, this offers a radically different story. It suggests that there was an identity before the trauma, before the addiction, before the diagnosis, before the uniform, and before the worst day.

Restoring Identity, Rewriting the Story

Healing the core developmental wounds. Giving rise to a new story.

THE CORE DEVELOPMENTAL WOUNDS
that shape our default mode network and identity.

 I DO NOT HAVE VALUE	→	 I AM DEEPLY VALUED I am created with worth that does not change.
 I DO NOT MATTER	→	 I MATTER I belong, and my life makes a difference.
 I AM NOT LOVABLE	→	 I AM DEEPLY LOVED I am known, accepted, and held in love.
 I MUST PERFORM TO MATTER	→	 I AM ENOUGH My worth is not based on my performance.

Trauma lives in the body.
Wounds live in the story.
Healing happens in relationship, truth, and meaning.

Restoring through the wisdom of the nervous system and the hope of the spiritual dimension.
A new story emerges. A new identity is formed.

Christianity is not alone in affirming compassion, sacred worth, community, and meaning. Other faith traditions provide their own language, practices, stories, and pathways for reconnecting people with what is sacred.

The task is not to pretend that every tradition teaches exactly the same thing. It is to recognize a common healing movement: away from isolation and toward belonging, away from meaninglessness and toward purpose, away from self-condemnation and toward mercy, and away from despair and toward hope.

A person's faith should be approached with respect, curiosity, and humility. It should never be imposed by a therapist or used to silence pain. It should be invited into treatment when it is meaningful to the person and when it can support healing rather than judgment.

Soul Restoration

Healing from trauma, addiction, and emotional injury is never simply the reduction of symptoms. It is the gradual rediscovery of the person who existed before shame rewrote the story of identity.

Shame tells us that we are the sum of our failures. It insists that belonging must be earned, love is conditional, and anyone who truly knows us will eventually turn away. Over time, these beliefs become embedded within the nervous system, heart, relationships, and stories we tell ourselves. Eventually, they no longer feel like beliefs or interpretations. They simply feel true.

This is one reason trauma recovery can be so difficult. It is not enough to tell a veteran that the loss was not his fault, assure a firefighter that she did everything possible, or remind a paramedic that no one could have changed the outcome. The thinking mind may accept these words while the wounded heart continues carrying a very different conclusion. Shame does not surrender easily because it has often become part of the person's deepest understanding of who they are.

Yet beneath these layers of pain, something more enduring remains. Beneath trauma and addiction is often a longing for peace. Beneath hypervigilance is a longing for safety. Beneath perfectionism is a longing for acceptance. Beneath anger may be a longing to be understood. Beneath isolation may be a longing to belong. Beneath every wounded protector is the desire to be fully known and still loved.

These longings are not evidence that something is wrong with us. They are evidence of our humanity and of the relational beings we were created to be.

As healing unfolds, the body gradually begins to recognize safety. The nervous system becomes less reactive and more regulated. The heart moves toward coherence. The inner critic begins to lose its unquestioned authority. Protective parts discover that they no longer have to remain on constant duty or carry impossible burdens alone. They can begin trusting the steadier leadership of the Self and the support of safe relationships.

Faith can deepen this process by giving the wounded person an identity that does not rise and fall with performance. It provides a larger story in which suffering is real but does not possess the final word. It offers values that function as true north, a community in which burdens can be shared, and a source of meaning extending beyond the limits of individual strength.

For some people, this restoration is experienced through a personal relationship with God. Others encounter it through prayer, meditation, sacred community, service, nature, moral commitment, or a growing awareness that they belong to something larger than themselves. The language and practices differ, but the movement is often similar. Isolation begins giving way to connection. Meaninglessness gives way to purpose. Condemnation gives way to compassion. Despair begins making room for hope.

Christianity expresses this sacred identity in deeply personal language: *"For you created my inmost being; you knit me together in my mother's womb"* (Psalm 139:13, NIV). For a person whose identity has been rewritten by trauma and shame, these words offer another way of seeing the self. They suggest that there was an identity before the trauma, before the addiction, before the diagnosis, before the uniform,

and before the worst day. That deeper identity was not created by achievement and therefore cannot be erased by failure.

Other faith traditions offer their own language for sacred worth, mercy, belonging, connection, and renewal. NeuroFaith® does not require everyone to describe this mystery in the same way. It does affirm that healing often involves recovering an identity sturdy enough to hold both the beauty and pain of our story.

Recovery is therefore much more than rebuilding a damaged life. It is rediscovering meaning, dignity, belonging, and purpose. It is learning that the qualities required for survival do not have to remain the only qualities available to us. The veteran who learned to remain vigilant can also rediscover rest. The firefighter who learned to suppress emotion can also rediscover tenderness. The police officer who carried everyone else's safety can learn to receive care. The paramedic who became numb enough to continue responding can begin feeling alive again without being overwhelmed.

This does not dishonor the warrior, rescuer, protector, or professional identity. It brings that identity back into relationship with the whole person. Service remains part of the story, but it no longer has to carry the entire weight of identity.

For the warrior, veteran, and first responder, this may be among the most important truths in the entire journey: You are not simply what happened to you. You are not your diagnosis, addiction, or shame. You are not the call you could not save, the deployment you cannot forget, the decision you regret, or the burden you have carried alone for years.

You are a person of inherent worth, capable of love, courage, relationship, purpose, and restoration. You belong to a story larger than your pain.

As this truth begins reaching more than the thinking mind, the storm of shame gradually quiets. The body breathes more freely. The heart finds a steadier rhythm. The mind begins telling a different story, and the soul becomes more willing to step out of hiding.

The voice calling us home is not a voice of condemnation. It is a voice of invitation, reminding us that we are still worthy of connection, still capable of purpose, and still held within a reality larger than everything we have endured.

Healing is the movement from isolation toward connection, from confusion toward true north, from shame toward dignity, and from despair toward hope. It is not the erasure of the past but the transformation of our relationship with it. The wounds remain part of the story, but they are no longer permitted to define the whole story.

This is soul restoration: the recovery of meaning, identity, love, and peace

Closing Our Journey



As we bring this journey to a close, we want to express our deepest gratitude to every veteran, every active duty service member, every first responder, and every family member who entrusted us with these pages.

Thank you for the courage it took to tell your story.

We recognize that these were not merely memories placed on paper. They were deeply personal moments of sacrifice, loss, triumph, grief, humor, brotherhood, faith, and perseverance. Many had been carried

quietly for years, even decades. To entrust them to us, and now to those who read this book, is an extraordinary gift that we will never take lightly.

More important than the stories themselves are the lives behind them. Every account in this book belongs to a real human being whose life was forever shaped by answering a call that most people will never fully understand. Whether that call came on a battlefield, in a burning building, along a darkened highway, or in the middle of an ordinary day that suddenly became anything but ordinary, each of you willingly stepped toward danger when others were trying to escape it.

Your service mattered then, and it still matters today. Your experiences matter. Your wounds matter. Your healing matters.

That is why this book could not end with the stories alone. Honoring what happened also means honoring what came afterward. It means recognizing the wounds that followed people home, the burdens carried in silence, and the ways trauma can continue to live within the brain, the body, the heart, relationships, and the soul.

These wounds are real, but they do not have to be the end of the story.

Healing is rarely found through one technique, one medication, one therapist, or one simple answer. It is a sacred journey that asks us to care for the whole person. It begins by understanding what trauma has done rather than condemning ourselves for how we learned to survive. It involves helping the nervous system rediscover safety, teaching the heart and body to find steadiness again, and approaching the wounded places within us with compassion rather than shame. It grows through movement, meaningful relationships, wise care, honest reflection, and connection with something greater than ourselves.

Healing does not require us to forget what happened. It allows us to remember without remaining imprisoned by the memory.

We hope these pages have reminded you that the brain can change. The nervous system can recover. The heart can find a steadier rhythm. Relationships can be rebuilt. The wounded parts of us can be heard, understood, and welcomed home. Shame does not have the final word. Even the deepest wounds of the soul can become places where courage, meaning, and hope begin to grow.

For those who shared their stories, it is our sincere hope that being heard has brought some measure of healing. There is something profoundly restorative about finally speaking what has been held in silence and discovering that another human being is willing to listen without judgment.

Trauma often whispers that we must carry our burdens alone. It tells us that no one could understand, that asking for help is weakness, or that the worst thing we have endured has somehow become the truest thing about us.

Those are the lies of trauma.

You are far more than the worst day you have ever lived. You are far more than a diagnosis, a wound, a mistake, or a regret. You remain a person of courage, dignity, resilience, and immeasurable worth. The strength that once helped you survive can now help you heal, especially when that strength allows another trustworthy person to walk beside you.

Above all, we want you to know that you are not alone. Others have walked this road before you. Many are walking it beside you today. Your

brothers and sisters in service care about you. Your families care about you. There are gifted and compassionate healers who will honor your story and help you find your way forward. There is also a grace larger than any wound, a sacred presence that continues to call us toward connection, meaning, restoration, and hope.

If this book preserves a few stories that might otherwise have been lost, encourages one veteran to reach out for help, helps one family better understand someone they love, or reminds one weary warrior or first responder that life still holds profound purpose, then every hour spent creating these pages has been worthwhile.

Thank you for allowing us the privilege of hearing your stories, honoring your sacrifices, and walking beside you for a portion of your journey.

May you find strength for the road ahead, courage for the next step, peace for the places that still ache, and hope for the chapters yet to be written.

Your story has been heard. Your sacrifice has been honored. Your wounds do not define you. Your life has made a difference.

References



Ainsworth, M. D. S. (1973). *The development of infant-mother attachment*. In B. Cardwell & H. Ricciuti (Eds.), *Review of child development research* (pp. 1–94). University of Chicago Press.

Ainsworth, M. D., Belhar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum Associates.

Alcoholics Anonymous World Services. (2001). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism* (4th ed.). Alcoholics Anonymous World Services, Inc.

American Psychological Association. (2024). *Stress in America™ 2024: Stress and anxiety continue to rise*. <https://www.apa.org/news/press/releases/stress/2024/reportfa>

American Society of Addiction Medicine. (2011). *Definition of addiction*. https://www.asam.org/definition_of_addiction_long_4-11.pdf (accessed October 9, 2024).

Anderson, F. (2021). *Transcending trauma: Healing complex PTSD with internal family systems*. PESI Publishing.

Andreassen, C., & Fletcher, P. (2007). *Early childhood longitudinal study, birth cohort (ECLS-B) psychometric report for the 2-year data collection* (NCES 2007–084). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education.

Aspen Institute. (2019). Lisa Miller presentation.

<https://www.youtube.com/watch?v=BzAVgMdCrjM> (accessed July 11, 2025).

Ballantyne, J. C., & LaForge, K. S. (2007). Opioid dependence and addiction during opioid treatment of chronic pain. *Pain*, 129(3), 235–255. <https://doi.org/10.1016/j.pain.2007.03.028> (accessed October 13, 2024).

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

Barta, M. (2018). *TINSA: Trauma induced sexual addiction*. CreateSpace Independent Publishing Platform.

Bechtold, J., Simpson, T., White, H. R., & Pardini, D. (2015). Chronic adolescent marijuana use as a risk factor for physical and mental health problems in young adult men. *Psychology of Addictive Behaviors*, 29(3), 552–563. <https://doi.org/10.1037/adb0000103> (accessed October 18, 2024).

Berman, M. G., Jonides, J., & Kaplan, S. (2012). Interacting with nature improves cognition and affect for individuals with depression. *Journal of Affective Disorders*, 140(3), 300–305.

Betkowski, B. (2007, February 23). 1 in 3 boys heavy porn users, study shows. *Eurekalert.org*. http://www.eurekalert.org/pub_releases/2007-02/uoa-oito22307.php (accessed June 7, 2018).

Blumenthal, J. A., Babyak, M. A., Doraiswamy, P. M., Watkins, L., Hoffman, B. M., Barbour, K. A., ... & Sherwood, A. (2007). Exercise and pharmacotherapy in the treatment of major depressive disorder. *Psychosomatic Medicine*, 69(7), 587–596.

Bowlby, J. (1960). *Attachment* (Vol. 1 of *Attachment and loss*). Basic Books.

Braden, G. (2015a). Practice this technique to relieve daily stress: Three keys to heart-brain-earth harmony. <https://www.youtube.com/watch?v=znOZ-peRiYo> (accessed March 10, 2024).

Braden, G. (2015b). *Resilience from the heart*. Hay House.

Braden, G. (2020, March 10). The science of heart-brain harmony with Gregg Braden. <https://www.youtube.com/watch?v=2nsm8SCWjic> (accessed March 10, 2024).

Briere, J., & Rickards, S. (2007). Self-awareness, affect regulation, and relatedness: Differential sequelae of childhood versus adult victimization experiences. *Journal of Nervous and Mental Disease*, 195(6), 497–503. <https://doi.org/10.1097/NMD.0b013e31803044e2>

Brownstein, M. J. (1993). A brief history of opiates, opioid peptides, and opioid receptors. *Proceedings of the National Academy of Sciences*, 90(12), 5391–5393. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC46897/> (accessed October 13, 2024).

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.

Cacioppo, J. T. (2013). The lethality of loneliness. *TED Talk*.
https://www.youtube.com/watch?v=_ohxlo3JoAo

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, 8(2), 58–72.
<https://doi.org/10.1111/spc3.12087> (accessed October 13, 2024).

Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. W. W. Norton & Company.

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2010). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. *Psychology and Aging*, 25(2), 453–465.

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2014). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago health, aging, and social relations study. *Psychology and Aging*, 25(2), 453–463. <https://doi.org/10.1037/a0017216>

Cacioppo, J. T., Sander, T., Nusbaum, H., & Bernston, G. (2006). Day-to-day dynamics of experience-cortisol associations in a population-based sample. *Proceedings of the National Academy of Sciences*, 103(45), 17058–17063. <https://doi.org/10.1073/pnas.0605053103>

Centers for Disease Control and Prevention. (2020). *Antidepressant use among adults: United States, 2015–2018*. <https://www.cdc.gov/nchs/products/databriefs/db377.htm> (accessed March 7, 2024).

Centers for Disease Control and Prevention. (2021). *Youth Risk Behavior Surveillance System (YRBSS)*.

Centers for Disease Control and Prevention. (2024). QuickStats: Percentage of adults aged ≥18 years who reported being told they had depression, by year — National Health Interview Survey, United States, 2013–2023. *Morbidity and Mortality Weekly Report (MMWR)*, 73(5), 105. <https://www.cdc.gov/mmwr/volumes/73/wr/mm7305a6.htm>

Centers for Disease Control and Prevention (CDC). (2010). Prescription painkiller overdoses: Use and abuse of methadone as a painkiller. *Morbidity and Mortality Weekly Report*, 59(30), 951–956.

Centers for Disease Control and Prevention (CDC). (2021). Drug overdose deaths in the U.S. top 100,000 annually. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (accessed October 13, 2024).

Centers for Disease Control and Prevention (CDC). (2022). *Overdose prevention: Stimulant overdose*. <https://www.cdc.gov/drugoverdose/stimulants> (accessed October 13, 2024).

Centers for Disease Control and Prevention (CDC). (2023). Provisional drug overdose death counts. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (accessed October 13, 2024).

Cigna. (2018). *U.S. Loneliness Index: Survey of 20,000 Americans Examining Behaviors Driving Loneliness*.

Cohen, S. R., Mount, B. M., Strobel, M. G., & Bui, F. (1995). The McGill quality of life questionnaire: A measure of quality of life appropriate for people with advanced disease. *Palliative Medicine*, 9(3), 207–219. <https://doi.org/10.1177/026921639500900306>

Compton, W. M., Conway, K. P., Stinson, F. S., Colliver, J. D., & Grant, B. F. (2006). Prevalence, correlates, and comorbidity of DSM-IV major depressive episode in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 67(8), 1067–1074. <https://doi.org/10.4088/JCP.v67n0803>

Cooney, G. M., Dwan, K., Greig, C. A., Lawlor, D. A., Rimer, J., Waugh, F. R., ... & Mead, G. E. (2013). Exercise for depression. *Cochrane Database of Systematic Reviews*, (9).

Cosgrove, L., & Krinsky, S. (2012). A comparison of DSM-IV and DSM-5 panel members' financial associations with industry: A pernicious problem persists. *PLOS Medicine*, 9(3), e1001190. <https://doi.org/10.1371/journal.pmed.1001190>

Dana, D. (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. W. W. Norton & Company.

Dana, D. (2020). *Polyvagal exercises for safety and connection*. W. W. Norton & Company.

Davies, J. (2013). *Cracked: The unhappy truth about psychiatry*. Icon Books.

Davies, J. (2013). *The making of DSM-III: A diagnostic manual's conquest of American psychiatry*. Oxford University Press.

Davies, J. (2016). Dr. James Davies: The origins of the DSM. <https://www.youtube.com/watch?v=6IPgpasgueQ> (accessed March 6, 2024).

Davies, J. (2019). *Sedated: How modern capitalism created our mental health crisis*. Atlantic Books.

Delahooke, M. (2019). *Beyond behaviors: Using brain science and compassion to understand and solve children's behavioral challenges*. PESI Publishing.

Di Forti, M., Quattrone, D., Freeman, T. P., Tripoli, G., Gayer-Anderson, C., Quigley, H., ... & Murray, R. M. (2019). The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): A multicentre case-control study. *The Lancet Psychiatry*, 6(5), 427–436. [https://doi.org/10.1016/S2215-0366\(19\)30048-3](https://doi.org/10.1016/S2215-0366(19)30048-3) (accessed October 18, 2024).

- Dispenza, J., & Braden, G. (2019). Brain and heart gratitude. <https://www.youtube.com/watch?v=znOZ-peRiYo> (accessed June 6, 2020).
- Doan, A. (2012). *Hooked on games*. F.E.P. International.
- Donevan, M., & Mattebo, M. (2017). The relationship between frequent pornography consumption, behaviors, and sexual preoccupation among male adolescents in Sweden. *Sexual & Reproductive HealthCare*, 12, 82–87.
- Duignan, B. (2023). Judith Butler. *Encyclopedia Britannica*. <https://www.britannica.com/biography/Judith-Butler> (accessed April 22, 2025).
- Duman, R. S., & Monteggia, L. M. (2006). A neurotrophic model for stress-related mood disorders. *Biological Psychiatry*, 59(12), 1116–1127.
- Dunn, E. C., Nishimi, K., Powers, A., & Bradley, B. (2018). Developmental timing of trauma exposure and emotion dysregulation in adulthood: Are there sensitive periods when trauma is most harmful? *Journal of Affective Disorders*, 227, 869–877. <https://doi.org/10.1016/j.jad.2017.10.045>
- Edinger, K. (2023). *The cult of gender ideology: How critical theories captured institutions and confused a generation*. Veritas Press.
- Em, Dr. (2019a). *The Trojan unicorn: Queer theory and paedophilia* (Vol. 1). Self-published.
- Em, Dr. (2019b). *The Trojan unicorn: Queer theory and paedophilia* (Vol. 2). Self-published.
- Erickson, K. I., Voss, M. W., Prakash, R. S., Basak, C., Szabo, A., Chaddock, L., ... & Kramer, A. F. (2011). Exercise training increases size of hippocampus and improves memory. *Proceedings of the National Academy of Sciences*, 108(7), 3017–3022.
- Felitti, V. J., & Anda, R. F. (2009). *The hidden epidemic: The impact of early life trauma on health and disease*. <https://www.theannainstitute.org/LV%20FINAL%202-7-09.pdf> (accessed August 3, 2019).
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. J., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Filipowicz, W., Bhattacharyya, S. N., & Sonenberg, N. (2008). Mechanisms of post-transcriptional regulation by microRNAs: Are the answers in sight? *Nature Reviews Genetics*, 9(2), 102–114. <https://doi.org/10.1038/nrg2290> (accessed October 19, 2024).
- Fletcher, T. (2025). Complex trauma and identity restoration [Manuscript in preparation]. RE/ACT Recovery Education for Addictions and Complex Trauma.

Fletcher, T. (2025). Healing from Complex Trauma. Tim Fletcher Co. | Understanding and Overcoming Complex Trauma (accessed November 2 2025).

Fletcher, T. (2022). Tim Fletcher – Trauma and addiction. *Bing Videos*. (accessed July 11, 2025).

Foubert, J. (2017). *How pornography harms: What today's teens, young adults, parents, and pastors need to know*. LifeRich Publishing.

Foucault, M. (1976). *The history of sexuality, Volume I: An introduction* (R. Hurley, Trans.). Pantheon Books.

Fradd, M. (2017). *The porn myth: Exposing the reality behind the fantasy of pornography*. Ignatius Press.

Fraga, M. F., Ballestar, E., Paz, M. F., Ropero, S., Setien, F., Ballestar, M. L., ... & Esteller, M. (2005). Epigenetic differences arise during the lifetime of monozygotic twins. *Proceedings of the National Academy of Sciences*, 102(30), 10604–10609. <https://doi.org/10.1073/pnas.0500398102>

Frances, A. (2013). *Essentials of psychiatric diagnosis: Responding to the challenge of DSM-5*. Guilford Press.

GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 392(10159), 1789–1858. [https://doi.org/10.1016/S0140-6736\(18\)32279-7](https://doi.org/10.1016/S0140-6736(18)32279-7)

Goldman, H. (2014). Regular exercise changes the brain to improve memory and thinking skills. *Harvard Health*. <https://www.health.harvard.edu/exercise-and-fitness/exercise-can-boost-your-memory-and-thinking-skills> (accessed March 14, 2024).

Grisel, J. (2019). *Never enough: The neuroscience and experience of addiction*. Anchor Books.

Grisel, J. (2022). <https://www.youtube.com/watch?v=GtosSWrYAHM> (accessed October 16, 2024).

Haidt, J. (2024). *The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness*. Penguin Press.

Hall, W., Stjepanović, D., Caulkins, J., Lynskey, M., Leung, J., Campbell, G., & Degenhardt, L. (2019). Public health implications of legalising the production and sale of cannabis for medicinal and recreational use. *The Lancet*, 394(10208), 1580–1590. [https://doi.org/10.1016/S0140-6736\(19\)31789-1](https://doi.org/10.1016/S0140-6736(19)31789-1) (accessed October 18, 2024).

Hansen, J. E. (2021). *The storm within us and the pathway to peace*. Center for Connected Living, LLC.

When Duty Called

Hansen, J. E., & Doan, A. P. (2023). *Digital drugs and the search for connection*. Center for Connected Living, LLC.

Hari, J. (2015, June). Everything you think you know about addiction is wrong. *TED Talk*. https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

Hari, J. (2018). *Lost connections: Uncovering the real causes of depression—and the unexpected solutions*. Berryville Graphics.

Hawkins, D. R. (2014). *Letting go: The pathway of surrender*. Hay House Inc.

Hawkins, D. R. (2020). *The map of consciousness explained: A proven energy scale to actualize your ultimate potential*. Hay House Inc.

Hawkins, D. R. (2020). *Power vs. Force: The hidden determinants of human behavior* (Rev. ed.). Hay House Inc.

Healey, D. (2021). ISSM webinar on post-SSRI sexual dysfunction. <https://www.youtube.com/watch?v=yFxMeoalc3c> (accessed March 8, 2024).

Hedegaard, H., Miniño, A. M., Spencer, M. R., & Warner, M. (2021). Drug overdose deaths in the United States, 1999–2020. *NCHS Data Brief*, 428, 1–8.

Hedegaard, H., Miniño, A. M., Spencer, M. R., & Warner, M. (2022). Drug overdose deaths in the United States, 2001–2021. *NCHS Data Brief*, 457, 1–8. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

Hedegaard, H., Miniño, A. M., & Warner, M. (2021). Drug overdose deaths in the United States, 1999–2020. *National Center for Health Statistics*. <https://doi.org/10.15620/cdc.112340> (accessed October 13, 2024).

Heijmans, B. T., Tobi, E. W., Putter, H., Blauw, G. J., Susser, E. S., Slagboom, P. E., & Lumey, L. H. (2008). Persistent epigenetic differences associated with prenatal exposure to famine in humans. *Proceedings of the National Academy of Sciences*, 105(44), 17046–17049. <https://doi.org/10.1073/pnas.0806560105>

HeartMath® Institute. (2020). *About us*. <https://www.heartmath.org/about-us/> (accessed June 6, 2020).

Heverly, E. (2024). *12 Step with Christian focus*. Shared with permission by personal communication.

Horowitz, M., & Taylor, D. (2024). *Deprescribing guidelines for psychiatric medications*. John Wiley & Sons.

Huberman, A. (2021). The effects of cannabis on the brain and body. <https://www.youtube.com/watch?v=UCbqfBAhmPY> (accessed October 18, 2024).

- Huberman, A. (2022). Understanding dopamine and motivation. <https://www.youtube.com/watch?v=DkS1pkKpILY> (accessed October 12, 2022).
- ISAA Counseling. (2024). Breaking down the 6 Fs of IFS. <https://issacounseling.com/breaking-down-the-6-fs-of-ifs> (accessed March 2, 2024).
- Indiana University Bloomington Libraries. (2023). Queer Theory. <https://libraries.indiana.edu/queer-theory>
- Jefferies, A. L. (2012). Canadian Paediatric Society, Fetus and Newborn Committee. Kangaroo care for the preterm infant and family. *Paediatrics & Child Health*, 17(3), 141–146. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3287094/> (accessed June 3, 2020).
- Jenuwein, T., & Allis, C. D. (2001). Translating the histone code. *Science*, 293(5532), 1074–1080. <https://doi.org/10.1126/science.1063127> (accessed March 16, 2024).
- Johansson, A., & Hagnell, O. (1980). Prevalence of depression in a Swedish community 1947–1972: The Lundby study. *Scandinavian Journal of Social Medicine*, 8(4), 179–187. <https://doi.org/10.1177/140349488000800405>
- Kain, K. L., & Terrell, S. J. (2018). *Nurturing resilience: Helping clients move forward from developmental trauma*. North Atlantic Press.
- Kaiser Family Foundation. (2001). Generation Rx.com: How young people use the Internet. <https://www.kff.org/wp-content/uploads/2001/11/3202-genrx-report.pdf>
- Kanter, J. (2007). John Bowlby, interview with Dr. Milton Senn. *Beyond the Couch: The Online Journal of the American Association for Psychoanalysis in Clinical Social Work*, 2. http://www.beyondthecouch.org/1207/bowlby_int.htm (accessed May 5, 2020).
- Kasser, T. (2003). *The high price of materialism*. MIT Press.
- Kendell, R. E., & Jablensky, A. (2003). Distinguishing between the validity and utility of psychiatric diagnoses. *American Journal of Psychiatry*, 160(1), 4–12. <https://doi.org/10.1176/appi.ajp.160.1.4> (accessed October 19, 2024).
- Kingston, D. A., Malamuth, N. M., Fedoroff, P., & Marshall, W. L. (2009). [Details incomplete].
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (1997). Attendance at religious services, interleukin-6, and other biological parameters of immune function in older adults. *International Journal of Psychiatry in Medicine*, 27(3), 233–250. <https://doi.org/10.2190/40NF-Q9Y2-oGG7-4WH6>
- Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. *Annual Review of Public Health*, 36, 559–574. <https://doi.org/10.1146/annurev-publhealth-031914-122957> (accessed October 13, 2024).

- Koob, G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. *The Lancet Psychiatry*, 3(8), 760–773. [https://doi.org/10.1016/S2215-0366\(16\)00104-8](https://doi.org/10.1016/S2215-0366(16)00104-8) (accessed October 13, 2024).
- Kosten, T. R., & George, T. P. (2002). The neurobiology of opioid dependence: Implications for treatment. *Science & Practice Perspectives*, 1(1), 13–20. <https://ojp.gov/ncjrs/virtual-library/abstracts/neurobiology-opioid-dependence-implications-treatment> (accessed October 13, 2024).
- Kronen, S. (2006). [Commentary cited in Tinker, 2020].
- Kurtz, E. (1979). *Not-God: A history of Alcoholics Anonymous*. Hazelden Publishing.
- Laible, D. (2011). Does it matter if preschool children and mothers discuss positive versus negative events during reminiscing? Links with mother-reported attachment, family emotional climate, and socioemotional development. *Social Development*, 20(2), 394–411. <https://doi.org/10.1111/j.1467-9507.2010.00598.x> (accessed October 19, 2024).
- Lambert, N., Negash, S., et al. (2009). A love that doesn't last: Pornography consumption and weakened commitment to one's romantic partner. [Details incomplete].
- Langevin, R., Hebert, M., Allard-Dansereau, C., & Bernard-Bonnin, A. C. (2016). Emotion regulation in sexually abused preschoolers: The contribution of parental factors. *Journal of Traumatic Stress*, 29(2), 180–184. <https://doi.org/10.1002/jts.22082>
- Laura, B. (2008). Epigenomics: The new tool in studying complex diseases. *Nature Education*, 1(1), 178. <https://www.nature.com/scitable/topicpage/epigenomics-the-new-tool-in-studying-complex-694/> (accessed June 11, 2020).
- Lev-Ran, S., Roerecke, M., Le Foll, B., George, T. P., McKenzie, K., & Rehm, J. (2014). The association between cannabis use and depression: A systematic review and meta-analysis of longitudinal studies. *Psychological Medicine*, 44(4), 797–810. <https://doi.org/10.1017/S0033291713001438> (accessed October 18, 2024).
- Levine, P. A. (2008). *Healing trauma: A pioneering program for restoring the wisdom of your body*. Sounds True.
- Lewis, M. (2015). *The biology of desire: Why addiction is not a disease*. Public Affairs.
- Lewis-Fernández, R., & Aggarwal, N. K. (2013). *Culture and psychiatric diagnosis: A DSM-5 perspective*. American Psychiatric Publishing.
- Lewis-Morrarty, E., Degnan, K. A., Chronis-Tuscano, A., Henderson, H. A., Pine, D. S., & Fox, N. A. (2015). Infant attachment security and early childhood behavioral inhibition interact to predict adolescent social anxiety symptoms. *Child Development*, 86(2), 598–613. <https://doi.org/10.1111/cdev.12336>

Lipton, B. H. (2014). *The biology of belief (Full lecture)* [Video]. YouTube.
<https://www.youtube.com/watch?v=82ShSNuru6c>

Lobaczewski, A. M. (2006). *Political ponerology: A science on the nature of evil adjusted for political purposes* (L. Harrison, Trans.). Red Pill Press.

Louv, R. (2005). *Last child in the woods: Saving our children from nature-deficit disorder*. Workman Publishing.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology*, 64(1), 64–73. <https://doi.org/10.1037/0022-006X.64.1.64>

MacLean, P. D. (1990). *The triune brain in evolution: Role in paleocerebral functions*. Plenum Press.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. W. Yogman (Eds.), *Affective development in infancy* (pp. 95–124). Ablex Publishing.

Malamuth, N., Addison, T., & Kross, M. (2000). Pornography and sexual aggression: Are there reliable effects and can we understand them? *Annual Review of Sex Research*, 11, 267–291.

Marcuse, H. (1965). Repressive tolerance. In R. P. Wolff, B. Moore Jr., & H. Marcuse (Eds.), *A critique of pure tolerance* (pp. 81–117). Beacon Press.

Marmot, M., Stansfeld, S., Patel, C., North, F., Head, J., White, I., ... & Smith, G. D. (1991). Health inequalities among British civil servants: The Whitehall II study. *The Lancet*, 337(8754), 1387–1393.

McCraty, R. (2023). The science of HeartMath®.
<https://www.heartmath.org/research/science-of-the-heart> (accessed March 10, 2024).

McCraty, R., Atkinson, M., Tomasino, D., & Bradley, R. T. (2009). The coherent heart: Heart-brain interactions, psychophysiological coherence, and the emergence of system-wide order. *Integral Review*, 5(2), 10–115.

McCraty, R., & Childre, D. (2010). Coherence: Bridging personal, social, and global health. *Alternative Therapies in Health and Medicine*, 16(4), 10–24.

Merck Manual. (2019). Overview of the autonomic nervous system.
<https://www.merckmanuals.com/home/brain,-spinal-cord,-and-nerve-disorders/autonomic-nervous-system-disorders/overview-of-the-autonomic-nervous-system> (accessed August 20, 2019).

Miller, L. (2021). *The awakened brain: The new science of spirituality and our quest for an inspired life*. Random House.

When Duty Called

Miller, A. H., & Raison, C. L. (2016). The role of inflammation in depression: From evolutionary imperative to modern treatment target. *Nature Reviews Immunology*, 16(1), 22–34.

Monbiot, G. (2014, October 14). The age of loneliness is killing us. *The Guardian*. <https://www.theguardian.com/commentisfree/2014/oct/14/age-of-loneliness-killing-us> (accessed September 8, 2019).

Moncrieff, J. (2023). Dr. Joanna Moncrieff: Chemical imbalance—Truth or myth? *MH360°*. <https://www.youtube.com/watch?v=FdbX5JstwgA> (accessed March 8, 2024).

Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A. (2023). The serotonin theory of depression: A systematic umbrella review of the evidence. *Molecular Psychiatry*, 28(8), 3243–3256. <https://doi.org/10.1038/s41380-022-01661-0>

Moore, L. D., Le, T., & Fan, G. (2013). DNA methylation and its basic function. *Neuropsychopharmacology*, 38(1), 23–38. <https://doi.org/10.1038/npp.2012.112> (accessed March 16, 2024).

National Coalition for the Protection of Children & Families. (2010). http://en.wikipedia.org/wiki/Internet_pornography_statistics#cite_note-Internet_Usage_bsecure-4 (accessed October 19, 2024).

NIH Record. (2021). Meth overdose deaths surge. <https://nihrecord.nih.gov> (accessed October 13, 2024).

National Institute on Alcohol Abuse and Alcoholism. (2024). Drinking levels and patterns defined. <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking> (accessed October 9, 2024).

National Institute on Drug Abuse. (2022). Trends & statistics. <https://nida.nih.gov/research-topics/trends-statistics>

New York Times. (2018, January 31). The Dutch famine: How starvation scarred genes and babies. *The New York Times*. <https://www.nytimes.com/2018/01/31/science/dutch-famine-genes.html> (accessed June 9, 2020).

Newman, A. E. (2017). Poor attachment and the socioemotional effects during early childhood (Master's thesis, California State University, San Bernardino). <https://scholarworks.lib.csusb.edu/etd/554> (accessed October 19, 2024).

NIH Genetics Home Reference. (2020). How genes work: Proteins. <https://ghr.nlm.nih.gov/primer/howgeneswork/protein> (accessed June 10, 2020).

NIV: The Holy Bible, New International Version. (1973, 1978, 1984, 2011). Biblica, Inc.

NLT: *New Living Translation*. (2006). Tyndale House.

Ogasa, O., & Goddam, S. (2011). *A billion wicked thoughts: What the world's largest experiment reveals about human desire*. New York, NY.

O'Sullivan, L., Byers, E., Brotto, L., Majerovich, J., & Fletcher, J. (2016). Longitudinal study of problems in sexual functioning and related sexual distress among middle to late adolescents. *Journal of Adolescent Medicine and Health*. <https://pubmed.ncbi.nlm.nih.gov/27320034/> (accessed October 19, 2024).

Paris, J., & Phillips, J. (Eds.). (2013). *Making the DSM-5: Concepts and controversies*. Springer.

Pearsall, P. (1998). *The heart's code: Tapping the wisdom and power of our heart energy*. Broadway Books.

Peter, J., & Valkenburg, P. (2009). Adolescents' exposure to sexually explicit Internet material and notations of women as sex objects: Assessing causality and underlying processes. *Journal of Communication*, 59, 407–433. <https://doi.org/10.1111/j.1460-2466.2009.01422.x> (accessed October 19, 2024).

Peter, J., & Valkenburg, P. (2016). Adolescents and pornography: A review of 20 years of research. *The Journal of Sex Research*. <https://doi.org/10.1080/0022449.2016.1143441>

Pizzol, D., Bertoldo, A., & Foresta, C. (2016). Adolescents and web porn: A new era of sexuality. *International Journal of Adolescent Medicine and Health*, 28(2), 169–173. <https://doi.org/10.1515/ijamh-2015-0003>

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.

Porges, S. W. (2017). *The pocket guide to polyvagal theory: The transformative power of feeling safe*. W. W. Norton & Company.

Porges, S. W., & Furman, S. A. (2011). The early development of the autonomic nervous system provides a neural platform for social behavior: A polyvagal perspective. *Infant and Child Development*, 20(1), 106–118. <https://doi.org/10.1002/icd.688>

Porges, S. W., & Porges, S. (2023). *Our Polyvagal World: How Safety and Trauma Change Us*. W. W. Norton & Company.

Porter, K. (2019). *Cannabis: It's complicated*. https://www.youtube.com/watch?v=fdguiE_dTuo (accessed October 18, 2024).

Proven Men Ministries. (2014). Pornography survey and statistics. <http://www.provenmen.org/2014pornsurvey/> (accessed July 28, 2019).

Ratey, J. J. (2008). *Spark: The revolutionary new science of exercise and the brain*. Little, Brown Spark.

When Duty Called

- Rectenwald, M. (2022). *The great reset and the struggle for liberty: Unraveling the global agenda*. Encounter Books.
- Reich, W. (1945). *The sexual revolution: Toward a self-governing character structure*. Farrar, Straus and Giroux.
- Riemersma, J. (2020). *Altogether you: Experiencing personal and spiritual transformation with internal family systems therapy*. Pivotal Press.
- Riemersma, J. (2024). Move toward healing with IFS. <https://jennariemersma.com/move-toward/> (accessed March 3, 2024).
- Roberts, T. (2008). *Pure desire*. Bethany House Publishers.
- Ropelato, J. (n.d.). Internet pornography statistics. Top Ten Reviews, TechMediaNetwork. <https://www.ministryoftruth.me.uk/wp-content/uploads/2014/03/IFR2013.pdf> (accessed October 19, 2024).
- Rothschild, B. (2017). *Autonomic nervous system: Precision regulation chart*. Amazon.
- Rudd, R. A., Aleshire, N., Zibbell, J. E., & Gladden, R. M. (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. *MMWR Morbidity and Mortality Weekly Report*, 64(50–51), 1378–1382. <https://doi.org/10.15585/mmwr.mm6450a3> (accessed October 13, 2024).
- Salmassi, M. (2013, June 19). Almost 70 percent of Americans take at least one prescription medication, study finds. *Partnership to End Addiction*. <https://drugfree.org/drug-and-alcohol-news/almost-70-percent-of-americans-take-at-least-one-prescription-medication-study-finds>
- Sapolsky, R. M. (1992). *Stress, the aging brain, and the mechanisms of neuron death*. MIT Press.
- Sapolsky, R. M. (2002). *A primate's memoir*. Vintage.
- Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachments in infancy. *Monographs of the Society for Research in Child Development*, 29(3), 1–77.
- Schwartz, J., & Brennan, B. (2013). *There's a part of me...* Oak Park, IL: Trailheads Press.
- Schwartz, R.C. (2023). *Introduction to the internal family systems model*. Louisville, CO: Sounds True. (Original work published 2001).
- Schwartz, R.C. (2023). *You are the one you've been waiting for: Bringing courageous love to intimate relationships*. Louisville, CO: Sounds True. (Original work published 2008).
- SCRIBD. (2012, June). *The digital divide: How the online behavior of teens is getting past parents*. McAfee.com. <http://www.cil.cnrs.fr/CIL/IMG/pdf/digital-divide-study.pdf> (accessed July 28, 2019).

- Shields, A., & Cicchetti, D. (1997). Emotion regulation among school-age children: The development and validation of a new criterion Q-sort scale. *Developmental Psychology*, 33(6), 906–916. <https://doi.org/10.1037/0012-1649.33.6.906> (accessed October 19, 2024).
- Shonkoff, J. P. (2015, May 5). Take the ACE quiz and learn what it does and doesn't mean. *Harvard University Center on the Developing Child*. <https://developingchild.harvard.edu/media-coverage/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>
- Simonetto, D. A., Oxentenko, A. S., Herman, M. L., & Szostek, J. H. (2012). Cannabinoid hyperemesis: A case series of 98 patients. *Mayo Clinic Proceedings*, 87(2), 114–119. <https://doi.org/10.1016/j.mayocp.2011.10.005> (accessed October 18, 2024).
- Skinner, K. (2011). Can pornography trigger depression? *Psychology Today*. <https://www.psychologytoday.com/us/blog/inside-porn-addiction/201111/can-pornography-trigger-depression> (accessed September 11, 2019).
- Snyder, C. R. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570–585. <https://doi.org/10.1037/0022-3514.60.4.570>
- Snyder, C. R. (Ed.). (2000). *Handbook of hope: Theory, measures, and applications*. Academic Press.
- Spencer, M. R., Miniño, A. M., & Warner, M. (2022). Drug overdose deaths in the United States, 2001–2021. *NCHS Data Brief*, 457, 1–8. <https://dx.doi.org/10.15620/cdc.122556>
- Stanley, T. H. (1992). The fentanyl story. *Journal of Pain and Symptom Management*, 7(3), 146–149. [https://jpain.org/article/0885-3924\(92\)90162-7/fulltext](https://jpain.org/article/0885-3924(92)90162-7/fulltext) (accessed October 13, 2024).
- Strahl, B. D., & Allis, C. D. (2000). The language of covalent histone modifications. *Nature*, 403(6765), 41–45. <https://doi.org/10.1038/47412>
- Strawbridge, W. J., Shema, S. J., Cohen, R. D., & Kaplan, G. A. (1997). Frequent attendance at religious services and mortality over 28 years. *American Journal of Public Health*, 87(6), 957–961. <https://doi.org/10.2105/APH.87.6.957>
- Ströhle, A. (2009). Physical activity, exercise, depression and anxiety disorders. *Journal of Neural Transmission*, 116(6), 777–784.
- Suitable My Nature. (2014). Epigenomics: The new tool in studying complex diseases. *Nature*. <https://www.nature.com/scitable/topicpage/epigenomics-the-new-tool-in-studying-complex-694/> (accessed July 11, 2020).
- Sun, C., Bridges, A., Johnson, J., & Ezzell, M. (2016). Pornography and the male sexual script: An analysis of consumption and sexual relations. *The neurobiology of romantic love*. (2018). <https://sexinfo.soc.ucsb.edu/article/neurobiology-romantic-love> (accessed October 2, 2019).

Sylvia, C., & Novak, W. (1997). *A change of heart: A memoir*. Little, Brown and Company.

Thompson, K. L., & Hannan, S. M. (2014). Fight, flight, and freeze: Threat sensitivity and emotion dysregulation in survivors of chronic childhood maltreatment. *Personality and Individual Differences*, 69, 28–32. <https://doi.org/10.1016/j.paid.2014.05.005>.

Thompson, C (2025). Curt Thompson MD | The Center for Being Known (accessed November 2, 2025).

Thompson, C., & Seybert, J. (2018). *The Soul of Shame: Retelling the Stories We Believe About Ourselves*. Two Words Publishing, LLC.

Thompson, Tiller, W. A., McCraty, R., & Atkinson, M. (1996). Cardiac coherence: A new, noninvasive measure of autonomic nervous system order. *Alternative Therapies in Health and Medicine*, 2(1), 52–65.

Tinker, T. (2020). *Ideological origins of identity politics*. Theopolis Institute Press.

Udermann, B. E. (2000). The effect of spirituality on health and healing: A critical review for athletic trainers. *Journal of Athletic Training*, 35(2), 194–197.

University of Lancaster. (2020). Ethics of epigenetics. https://www2.le.ac.uk/projects/vgec/highereducation/epigenetics_ethics/introduction (accessed June 9, 2020).

U.S. Army Chaplain Corps. (2018). Lisa Miller lecture. <https://www.youtube.com/watch?v=6QLuBtkKxA> (accessed July 11, 2025).

U.S. Food and Drug Administration. (2004). FDA MedWatch—Antidepressant drugs: Updated labeling includes warnings about increased risks of suicidal thinking and behavior in young adults ages 18 to 24. <https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/UCM096273>

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Verywell Mind. (2019). What is attachment theory? <https://www.verywellmind.com/what-is-attachment-theory-2795337> (accessed May 2, 2020).

Vettese, L. C., Dyer, C. E., Li, W. L., & Wekerle, C. (2011). Does self-compassion mitigate the association between childhood maltreatment and later emotion regulation difficulties? *International Journal of Mental Health and Addiction*, 9(5), 480–491. <https://doi.org/10.1007/s11469-011-9340-7>

Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. (2014). Adverse health effects of marijuana use. *The New England Journal of Medicine*, 370(23), 2219–2227. <https://doi.org/10.1056/NEJMra1402309> (accessed October 18, 2024).

Volkow, N. D., & McLellan, A. T. (2016). Opioid abuse in chronic pain—misconceptions and mitigation strategies. *The New England Journal of Medicine*, 374(13), 1253–1263. <https://psnet.ahrq.gov> (accessed October 13, 2024).

Walsh, M. (2017). *The devil's pleasure palace: The cult of critical theory and the subversion of the West*. Encounter Books.

Watkins, P. C., Woodward, K., Stone, T., & Kolts, R. L. (2003). Gratitude and happiness: Development of a measure of gratitude, and relationships with subjective well-being. *Social Behavior and Personality*, 31(5), 431–451. <https://doi.org/10.2224/sbp.2003.31.5.431>

Webroot. (2019). Internet pornography by the numbers: A significant threat to society. <https://www.webroot.com/us/en/resources/tips-articles/internet-pornography-by-the-numbers> (accessed October 19, 2024).

Whitaker, R. (2010). *Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America*. Crown.

Whitaker, R. (2023). Long-term effects of antidepressant medication. <https://www.youtube.com/watch?v=FY-5npruTGc> (accessed March 6, 2024).

Whitaker, R., & Cosgrove, L. (2015). *Psychiatry under the influence: Institutional corruption, social injury, and prescriptions for reform*. Palgrave Macmillan.

Wilson, G. (2014). *Your brain on porn*. Commonwealth Publishing.

Wolff, V., Armspach, J. P., Lauer, V., Rouyer, O., Bataillard, M., Marescaux, C., & Geny, B. (2013). Cannabis-related stroke: Myth or reality? *Stroke*, 44(2), 558–563. <https://doi.org/10.1161/STROKEAHA.112.671347> (accessed October 18, 2024).

Yehuda, R., Schmeidler, J., Wainberg, M., Binder-Brynes, K., & Duvdevani, T. (1998). Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors. *American Journal of Psychiatry*, 155(9), 1163–1171.

About the Authors

Jeffrey E. Hansen, Ph.D. is a clinical psychologist specializing in



addiction and trauma, with degrees from the University of California, Berkeley and the University of Arkansas. He brings over four decades of clinical experience, including service as an active-duty psychologist in the U.S. Army and later with the Defense Health Agency. He previously served as Clinical Director of Holdfast Recovery and AnchorPoint, faith-centered treatment

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Dr. Hansen is the founder of NeuroFaith®, an integrative model combining neuroscience, trauma-informed care, and Christian spirituality. He now focuses on writing, training, and consulting with organizations and providers nationwide to advance the NeuroFaith® approach. He is the author of nine books and is active in national conversations on protecting children and adolescents from overly reductive and prematurely medicalized approaches to care.

He lives in Arizona with his wife, their three dogs, stays closely connected with his children and granddaughter, and enjoys time on the open road riding his BMW R1250RS.

Johnnie Griffitts is a decorated Vietnam veteran, receiving both the



Bronze Star and the Purple Heart for his service with B Troop, 7th Squadron, 17th Air Cavalry during the Vietnam War. Like many who returned from combat, he carried both visible and invisible wounds and spent years navigating the challenges of life after military service.

Rather than allowing those experiences to define him, Johnnie dedicated his life to serving fellow veterans. In 2012, he helped found Veterans Honoring Veterans (VHV), a nonprofit organization committed to helping veterans and their families obtain the benefits, resources, and support they have earned through their service. Through VHV, Johnnie has assisted countless veterans with disability claims, housing, education, employment, and connections to vital community resources.

A Certified Peer Specialist through the State of California, Johnnie has devoted thousands of volunteer hours advocating for veterans throughout Southern California and beyond. His leadership and service have been recognized by the United States House of Representatives, the California State Legislature, Riverside County, and the City of Corona. He has also served as an Official Ambassador for the Veterans Burial Program.

Beyond his advocacy, Johnnie is a gifted storyteller, musician, and student of American history. His passion for preserving the stories of those who served reflects his lifelong commitment to ensuring that the sacrifices of America's veterans are never forgotten. He lives by a simple conviction: that honoring those who answered the call is one of the greatest ways to preserve our nation's heritage for generations to come.