On Top of Everything Else... Coronavirus!
The mission of AIS is to improve the health of the community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. Diverse and inclusive, The American Institute of Stress educates medical practitioners, scientists, health care professionals and the public; conducts research; and provides information, training and techniques to prevent human illness related to stress.

AIS provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides leadership to the world on stress related topics.
Harnessing Post-Traumatic Stress for Service Members, Veterans, and First Responders

COMBAT STRESS

We value opinions of our readers.
Please feel free to contact us with any comments, suggestions or inquiries. Email: editor@stress.org

Combat Stress magazine is written with our military Service Members, Veterans, first responders, and their families in mind. We want all of our members and guests to find contentment in their lives by learning about stress management and finding what works best for each of them. Stress is unavoidable and comes in many shapes and sizes. It can even be considered a part of who we are. Being in a state of peaceful happiness may seem like a lofty goal but harnessing your stress in a positive way makes it obtainable. Serving in the military or being a police officer, firefighter or paramedic brings unique challenges and some extraordinarily bad days. The American Institute of Stress is dedicated to helping you, our Heroes and their families, cope with and heal your mind and body from the stress associated with your careers and sacrifices.

Combat Stress is archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.

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The American Institute of Stress is a 501c3 non-profit organization, headquartered in Weatherford, Texas. We serve the global community through both online and in-person programs and classes. The Institute is dedicated to advancing understanding of the role of stress in health and illness, the nature and importance of mind/body relationships and how to use our vast innate potential for self-healing. Our paramount goal at the AIS is to provide a clearinghouse of stress related information to the general public, physicians, health professionals and lay individuals interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

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Most of us are shaken and stirred by facing life as we no longer know it, lost at sea in unchartered waters. Never before in any of our lives have we faced a global crisis of such enormous proportions, as lockdowns, toilet paper shortages, the constant shock of finding completely empty grocery store shelves day after day, and all things unfamiliar and frightening begin to unfold. The COVID-19 pandemic will too rapidly become a plague of alarm and fear if we allow panic to take hold. The greatest of fears that are beginning to emerge and to overwhelm the general populace are not just that of becoming ill, but also of loved ones developing the Corona virus, anxiety with the onset of any symptoms even remotely related to this virus or any virus for that matter, the inability to trust the healthcare system (often with good cause), the absence of COVID-19 testing kits, the loss of livelihoods and financial stability in the face of countless business shutdowns by order of the governors of many states, obsessive cleaning and disinfecting of one’s surroundings at both work and home, and worst of all, fear of the unknown.

Now is the time to get down to the business of not allowing the second by second breaking news stories to plunge us into the depths of COVID-19 misery and angst. It is too easy to begin to dread what lies ahead as soon as our feet hit the floor every morning, realizing that the nightmare has become the new reality. This is the very time to assume the glass-is-half-full mentality to counter all things unknown; a time to develop resiliency in the face of the undetermined and to take note of our own yet undiscovered grit.

One of the VERY best ways to fill the void and to climb out of the rabbit hole is to reach out to others, to pay it forward, and to do something for somebody else... assisting others in a time of crisis is often the best medicine in the pharmacy. Those of us who have deployed to the combat theater know this more than most. Among the most powerful ways to counter feelings of anxiety and internal distress caused by the nagging lack of control we are all facing is to engage in acts of kindness. Not much feels better than that. In times of adversity, make the quality of someone else’s life better. Many in our own communities are in desperate need for any number of services and for just plain companionship in the face of total isolation. What we do for others will come back to us tenfold, or more. Distance, but do not disconnect.

Our lead story by Dr. Jeff Jernigan, a lifetime humanitarian who has joined forces with us at Combat Stress, has chronicled his personal experiences in confronting the Corona virus on the front lines, while attempting to return from overseas travel to escape the threat of this dreaded pandemic. His terrifying, continuous and repeated exposure to this potentially deadly disease certainly constitutes a “significant emotional event,” as we call it in the Army; one that fills the bill for what trauma looks like under the most unforeseen of circumstances.

As a huge bonus to this publication, written by one of my dearest colleagues and someone who has been pure salvation in my life time and time again, clinical psychologist and combat Veteran, LTC (RET) Charlie Bass, has provided our readers an extremely unique perspective about the Corona virus and the role of journalism, yellow or otherwise, that has pushed many of us to the...
brink. As COVID-19 has placed most of this nation on lockdown by orders of the governors of many states, one must pause to wonder how we got here. In many ways, this elicits more fear than the virus itself. LTC Bass explains why.

**Officer and retired Army paratrooper Tom McMurtry** has returned once again to offer a most unique perspective; a story of survivorship and resilience about the 1918 Influenza Epidemic, as told to him by his very own grandfather. This piece instills great hope for the world in the face of hardship and living by the principle of expecting the unexpected.

This absolutely stunning piece by SSG Matthew McIvor, directly from the trenches of the combat theater, is riveting and beyond. I had the honor and privilege of serving directly with this heroic combat medic, during the height of the War in Iraq and in the seat of the insurgency. SSG McIvor will take you into the trenches of Ramadi, Iraq and to some of the most horrific battlefields of Operation Iraqi Freedom. This is as raw and alarming as it gets. This is what war looks like, sounds like, and smells like. This is what follows us home. This is why he is my brother for life.

Much to the great delight of the Combat Stress Board and Editorial Staff, two of our premier and most renowned authors, whose distinguished works are known and reveled internationally, **Dr. Christi O’Hara (also a premier member of the board)** has returned to the fold to review Dr. Ray Scurfield’s latest volume, Faith-Based and Secular Meditation: Everyday and Posttraumatic Applications (2019), a review and synthesis of hundreds of relevant publications. How fortuitous for us to be among the first to publish an appraisal of Dr. Scurfield’s magnificent manuscript! Dr. O’Hara’s review, as well as Dr. Scurfield’s new book, are absolute must reads for clinicians and meditation scholars alike.

A rather large gift has been bestowed upon us here at the American Institute of Stress by the indomitable Dr. Ron Rubenezer. Author of the recently released, How the Best Handle Stress - Your First Aid Kit, he has awarded us permission to publish his book chapters in each successive issue of Combat Stress. His novel and step-by-step keys to managing stress begins with teaching us how to live life in the fast lane, thriving and not just hanging by threads to survive. His simple, but elegant work is also a very much not-to-be-missed read. We are grateful beyond words to be celebrating his acclaimed work and spreading the gospel of stress management first aid.

There is yet even more for which to rejoice in our spring issue. **Reverend Charles Grantham** has returned to share with our readers, his notable and praiseworthy publication (with permission to reprint) in Work Design Magazine. This is likely to have a rather large coast to coast ripple effect, as his article has the potential to impact many thousands of Veterans and first responders diagnosed with PTSD and who struggle to tolerate and survive the disquieting demands of a workplace in a world where everything has become a very threatening place. **Workplace Guidelines for Employees with PTSD** is absolutely and brilliantly written, with diagrams and the most innovative means of determining the creation of safe spaces in places where so many have none.

If you are sheltering in place during this national crisis, let this issue of **Combat Stress** be at the top of your reading list.

Please be safe and well during your sequestered lockdown. There is some wonderful reading contained herein to fill your hours.
The trip out of Eastern Europe took three flights through four airports over 22 hours. Arriving in Kiev, Ukraine from Chisinau, Moldova, I was greeted by wandering crowds, long lines, and lots of security forces with dogs trying to manage the flow. The Coronavirus had not even been around long enough to be officially named Covid-19. People were flooding out of Asia and turning transfer points like Kiev into holding tanks for very scared people. Frightened, harried, and perplexed, most wore masks and carried their own food and water with them. Some groups attempted to push through the lines and were quickly directed to stay put. You could feel the fear like electricity before a thunderstorm. Most of the children were crying.

Frankfurt, Germany was worse. The aircraft pulled up to the gate, but the gangways did not extend. Instead, flight line employees circled the plane with yellow tape while the pilot announced everyone would be disembarking from the rear of the aircraft. Down the stairs we went and were met by police who checked passports for points of origin east of Kiev and healthcare workers screened passengers. Some people were escorted away while the rest of us were put on buses. Most people were left in the dark regarding their questions and none of us knew where we were being taken. Uncertainty, doubt, and disbelief this could be happening was angrily expressed in multiple languages which nobody needed to understand because attitudes were obvious. As it turns out, we were bussed around the outside of the terminals to a central collection point (most likely to prevent us from interacting with the crowds inside as much as possible). The lack of information coupled with uncertainty and suspicion we were being mistreated produced significant anxiety in the buses on the way to wherever we were going.

The large hall we were placed in was wall-to-wall with people shoving and pushing, trying to get to the few security checkpoints for processing to our next flights. Noisy, hot, and angry, the crowd was admonished repeatedly to settle down and get back in line. Angry faces reluctantly lined up only to quickly become a pushing shoving mass all over again. Snippets of conversation while we all waited included questions about who you knew, where you were from, and had you been exposed. Worse, did you know someone who succumbed to the disease? People moved away from anyone with an answer that made them feel unsafe. Now, many hours into the journey no matter where it started for anyone, stress was beginning to show.

Our flight to Los Angeles was filled to capacity with over 200 people, many I recognized as having shared the flight out of Kiev to Frankfurt. When I found my seat, the gentleman next to me was feverishly wiping down the hard surfaces of his seat, tray table, and back of the seat in front of him. He wore a mask, and leaning away from me, settled into a position looking out the window and studiously ignored me for the next ten hours. A large man across the aisle and three seats behind me wheezed, coughed, sneezed, and blew his nose for all ten hours without much care to cover up. He annoyed everyone around him and there were actual calls to toss him off the plane. I am not sure they were joking.

Trauma can be classified in three ways.¹
Trauma 1 (also called primary trauma) consists of a short term unexpected traumatic event or cluster of traumatic events. This includes sudden surprising devastating events, dangerous overwhelming events with or without physical personal injury and of limited duration. Restraining people using snarling, barking dogs in Kiev; the yelling, shoving, and angry outbursts in the overheated hall in Frankfurt; news of a loved one passing due to the Coronavirus; rough treatment at the security check points all could be examples of Trauma 1.

Trauma 2 (secondary trauma) consists of sustained and repeated ordeal stressors; a persistent unrelenting level of stress. This includes repeated or chronic and anticipated traumas, ongoing physical or sexual abuse, sustained presence in a combat zone/actual combat; unrelieved care-giving for a disabled loved one, or first-responder stress fatigue dealing with the wounded or killed in the wake of mass violence and disasters. This form of trauma is more difficult to identify because the stressors may not manifest in symptomatic behavior but will result in characterological and interpersonal problems. Trauma 2 can continue beyond the remission of Trauma 1 and trigger repeated Trauma 1 experiences when trauma is experienced again. The sustained difficult experiences accompanied by uncertainty, fear, and perceived danger or risk to life continuously experienced over a long period of time by these children and adults all could be examples of Trauma 2.

Vicarious Trauma occurs when family members, especially children, loved ones, or close friends are affected by the impact of trauma they witness in a Trauma 1 or 2 victim. Vicarious trauma can produce PTSD vicariously in others. Children are the most often overlooked population when it comes to Vicarious Trauma. Mothers come next. Grief incurred by the death of a child can be a source of both direct and vicarious trauma. We describe a wife who has lost her husband as a widow, a husband who has lost his wife as a widower, and a child who has lost their parents as an orphan. But there is no word to describe a parent who has lost a child. Sometimes the loss of a child can result in a condition of profound grief (unresolved grief over an ex-tended period of time) which can produce PTSD in the mourning individual(s). Children throughout this trip were profoundly exposed to frightening experiences in the manner in which their parents and others were acting, to say nothing of the bewildering efforts of their parents to shield them from possible infection from an invisible deadly enemy.

The earliest indication of this collateral stress injury to children and adults came, of course, from the Chinese. A survey by the Chinese Psychology Society published by the state media last week found that of 18,000 people tested for anxiety related to the coronavirus outbreak, 42.6 percent registered a positive response. Of 5,000 people evaluated for post-traumatic stress disorder (PTSD), 21.5 percent has obvious symptoms.

At the moment, most health agencies say there is little that can be done to prevent the somatic disorders, depression, and anxiety that are uniquely tied to the spread of this disease. The Global Health Security Agency describes their vision: “Our vision is a world safe and secure from global health threats posed by infectious diseases—where we can prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks when they occur, and employ an
interconnected global network that can respond effectively to limit the spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact." Unfortunately, these goals will probably never be accomplished, "Without explicit attention to existing health inequalities and underlying social determinants of health, the Global Health Security Agenda is unlikely to succeed in its goals and objectives." Adding the rigors of global travel to the complexity of ending the outbreak of Coronavirus multiples the possibility of comorbid conditions needing treatment.

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers practical advice for coping with stress during infectious disease outbreaks.6

- "Keep things in perspective: Set limits on how much time you spend reading or watching news about the outbreak. You will want to stay up to date on news of the outbreak, particularly if you have loved ones in places where many people have gotten sick. But make sure to take time away from the news to focus on things in your life that are going well and that you can control."

- "Get the facts: Find people and resources you can depend on for accurate health information. Learn from them about the outbreak and how you can protect yourself against illness, if you are at risk. You may turn to your family doctor, a state or local health department, U.S. government agencies, or an international organization."

- "Keep yourself healthy: Eat healthy foods, and drink water. Avoid excessive amounts of caffeine and alcohol. Do not use tobacco or illegal drugs. Get enough sleep and rest. Get physical exercise."

Maintaining your health will increase your resilience to disease and specially to stress fatigue. The key is good nutrition, exercise, and sleep along with meaningful relationships and meaning and purpose in work.7 This is not a list to choose your favorite thing to focus on. It takes all of these things working together to create and sustain your resilience.

There are some important things to do that will limit and even prevent exposure to the Coronavirus. This virus is spread in large droplets by coughing and sneezing. Surfaces where these droplets land are infectious for about a week. This virus only infects your lungs through your nose or mouth via your hands or an infected cough or sneeze.
• Do not shake hands, hug cheek-to-cheek, or kiss anyone.
• Use disinfectant wipes to open doors, hold handrails; use a knuckle to touch light switches, elevator buttons, or ATM keypads. Use disinfectant wipes supplied at grocery stores on the handles of your shopping basket or cart.
• Use a paper towel or disposable glove to hold the gas nozzle when pumping gas.
• Use a mask to keep from touching yourself on your face.
• Wash your hands with soap for at least 20 seconds or more. Use hand sanitizer often that contains at least 60% alcohol, especially if you are involved in any activity that brings you into contact with people or places where other people have been. Take hand sanitizer with you in case you are not able to wash your hands.
• Cough or sneeze into a disposable tissue and discard. Use your elbow only if you have to, but keep in mind that your clothing will carry the virus and can be passed on for up to a week.
• As much as possible, put four to six feet between you and others in conversation with you in case the virus may become airborne.

• Stay optimistic! Realize how important a positive outlook on life is to your overall health. Do not allow fear to shape your thinking. Fear produces regressive self-protective decisions, while judicious confidence and common sense allows you to lean into whatever comes your way taking initiative instead of only reacting.

Anticipate that the Coronavirus will be with us for a while, that it may be alongside us throughout our day in ways we do not understand or see. Keep in mind that this virus is spread by touch, it has to touch us, and then it has to be conveyed to our lungs. Live like it is alongside all the time.

References
3. Ibid.

ABOUT THE AUTHOR

Jeff Jernigan, PhD, BCPPC, FAIS is a board-certified mental health professional known for influencing change in people and organizations by capitalizing on growth and change through leadership selection and development. Jeff currently serves Stanton Chase Pacific as the regional Life-Science and Healthcare Practice Leader for retained executive search and is the national subject matter expert for psychometric and psychological client support services.

A lifetime focus on humanitarian service is reflected in Jeff’s role as the Chief Executive Officer and co-founder, with his wife Nancy, for the Hidden Value Group, an organization bringing healing, health, and hope to the world in the wake of mass disaster and violence through healthcare, education, and leadership development. They have completed more than 300 projects in 25 countries over the last 27 years. Jeff currently serves as a Subject Matter Expert, Master Teacher, Research Mentor, or Fellow in the following professional organizations: American Association of Suicidology, National Association for Addiction Professionals, The American Institute of Stress, International Association for Continuing Education and Training, American College of Healthcare Executives and the Wellness Council of America.
Three Quarters of Medical Visits are Related to Stress

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Why is it that a seasonal influenza attack that scarcely varies in number from past years has now got the United States - and, by extension, the rest of the world - in an uproar?

Churches, restaurants and concert halls are closed in Corpus Christi, Texas, and my family reports much the same from Arkansas and Virginia. My wife’s family shows similar fears in Canada and Trinidad. None of our families know anyone who has contracted coronavirus.

The clear winners in the 2020 coronavirus pandemic are clearly the news outlets. We are too far removed from history that is over a century old to remember the roots of yellow journalism, which is when the news media have little factual basis in their stories and instead use eye-catching headlines to increase their viewers. News events are exaggerated and sensationalized so they are presented in an irresponsible and unethical fashion.

Does the dog wag his tail or does the tail wag the dog?
Our nation's introduction to the term "yellow journalism" began in January of 1897. Frederic Remington, the famous illustrator and sculptor of western art, had been hired by news mogul William Randolph Hearst to cover a breaking story on the revolution occurring in Cuba. Remington found Cuba to be peaceful and sent a telegram cable back to Hearst.

"Everything is quiet. There is no trouble. There will be no war. I wish to return."2

Hearst was alleged to have cabled the famous reply, "Please remain. You furnish the pictures and I'll furnish the war."2

One month later, the USS Maine exploded and sank in Havana Harbor with the loss of over 250 U.S. Sailors. The cause of the explosion continued to be suspicious for decades, but Hearst and fellow media mogul Joseph Pulitzer ensured that the American public believed it to be an explosion that was Spanish in origin. In the days after the sinking, the newspapers of Hearst and Pulitzer ensured that the first eight pages of their newspapers covered the event.3 Even motion pictures colluded with the press. There still exists an Edison motion picture depicting unarmed Cuban prisoners lined up and shot by Spanish soldiers. At least, that was what it purported to show. In truth, the 20 seconds of film were likely shot in New Jersey.4

The U.S. declared war against Spain in April of 1898. The war would end four months later with no small amount of geopolitical upheaval and loss of life. Whether our nation would have entered the war without the media circus's urging is doubtful. It does raise implications for our current national stance.

In the current coronavirus hysteria, some numbers might be telling. Worldwide, fewer than one percent of the population has coronavirus.5 That means over 99 percent of the population will never contract the disease. Of those unfortunates who contract the disease, only four percent succumb to its effects.5 That means that, should one get coronavirus, there is a 96 percent chance of coming through just fine. In general, those who die from coronavirus are - by a far margin - the sick, elderly, and immunocompromised.6 Come to think of it, those are the people who usually die from winter flu each year and in numbers not appreciatively different from 2020.

Why isn't our modern media reporting this? The tone of the news is shrill and panicked, the leading economic indicators have marked a plunge in consumer confidence and there is a rush on stores to get such products as toilet paper and hand sanitizer. Of course, news reports end with the line, "Stay tuned to this station for updates."

Perhaps the answer lies in the following numbers.

President Trump:
COVID-19 Coronavirus
U.S. Cases: 7,038 7
U.S Deaths: 97
Panic level: Frenzied hysteria

President Obama:
H1N1 Virus
U.S. Cases: 60.8 million 8
U.S Deaths: 12,469
Panic level: Subdued
Besides urging people to continue monitoring their news stations, is there anything useful that the news media is contributing to our nation?

President Eisenhower, the man who led the Allies to victory over Nazi Germany in World War II, was all too familiar with propaganda and media hype by Joseph Goebbels broadcasting disinformation from Berlin. Eisenhower’s words in April of 1957 were,

"The hope of the world is that wisdom can arrest conflict between brothers. I believe that war is the deadly harvest of arrogant and unreasoning minds. And I find grounds for this belief in the wisdom literature of Proverbs. It says in effect this: Panic strikes like a storm and calamity comes like a whirlwind to those who hate knowledge and ignore their God."

These words are as relevant today as they were six decades ago. Keep calm. Wash your hands. Get your influenza shots each year. Pray for those who are affected by coronavirus and for those who have been unduly plagued with infectious fear. My wife and I are going to walk the bird-watching trails. Go outside and enjoy the sunshine. The coronavirus scare will last only until the media have another frenzy to eclipse the news.

References

ABOUT THE AUTHOR

Having assisted and served in the aftermath of hurricanes, a tornado, a terrorist bombing, and the wars in Iraq and Afghanistan during 28 years with the U.S. Army, LTC Charlie Bass, MS, PhD, MD, retired with his wife to Corpus Christi, Texas.
Is stress dragging you down physically and emotionally? The comprehensive, online “Stress to Joy” program, taught by bestselling author and board-certified psychiatrist Rozina Lakhani, MD, MPH, FAIS, gives you the tools you need for a return to joyful living. Dr. Rozina shares her proven stress management techniques in a way that’s both practical and inspirational. The program includes a workbook with step-by-step guidance, and it takes just 15 minutes per day for about three weeks. Make this powerful investment in your health and happiness - and turn the corner from stress to joy.
“No one seemed to know what this new and deadly disease was at the time. There was no defense against it. It struck almost every home in the land, killing many and leaving the survivors weak, exhausted and fearful, but thankful to be alive. Week after week, we heard reports of its approach. Many wanted to flee, but there was no place to go. We waited in horror, wondering who would be struck down”. No one knew they should be social distancing or sheltering in place. For my grandfather, it got very personal very quickly. His closest childhood friend and his friend’s father died. There was a family that they knew where everyone inside the home died. My grandfather’s oldest brother, Lee, was married. His wife lost her brother and her father. My grandfather stated that:

“...grief and fear followed me. For the first time in my life, despite the death of my...
mother, I realized the frailty of life and its utter insecurity. How quickly the lives of those about us could be snuffed out! Healthy and happy one week and gone for all time in the next.”

Then Lee got sick and my great grandfather left to care for him. This left my grandfather with Tim, his younger brother, to manage the farm. This involved feeding 500 head of cattle, some horses, hogs, chickens and milking 12 cows twice a day, but the two teenage boys worked together and got it done. Every evening their dad would call and tell them how their brother was doing. It was bad and getting worse. Then, on the thirteenth day, the morning alarm sounded, and Tim didn’t get up. He was sick with the flu. The full weight of the farm and the care of his brother fell on my grandfather. He was now working 18 to 20 hours a day; from 4:00 in the morning until almost midnight every day. He described leaving his brother to go out for evening chores. Tim was sick in a bed that had been moved downstairs by the phone. If their father called with the news that their brother Lee had died, Tim would turn out the light in the window. My grandfather remembered:

“I walked out into the darkness, as lonely as I had ever been in my life. I moved from place to place in the feed lots, keeping a frantic eye on the house.”

The light never went out. On the seventh day, Lee’s fever broke. Within a month, everyone was back on their feet. The Newell family had survived the 1918 Influenza Epidemic. As Americans, we will survive this pandemic as well. It is in our nature to be resilient and to adapt and overcome.

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References
1. It was called the Spanish Flu at the time because the global pandemic arrived in Europe during WWI. Spain was neutral and was able to report early and often on the illness. Most of the rest of Europe was still under wartime news restrictions. This left the incorrect impression that it began in Spain.

ABOUT THE AUTHOR

Officer Tom McMurtry, Sinclair Police Department, has served as a patrol officer for almost 15 years. He came to police work late in life, attending the police academy at the age of 49. He has served as a Field Training Officer, Evidence Technician, Crisis Intervention Officer, and bicycle mechanic. He received the Distinguished Action Award for his response to the mass shooting in the Oregon District of Dayton, Ohio on August 4, 2019.

Captain (RET) Tom McMurtry, U.S. Army Special Forces served on active duty and as a reservist for more than 30 years. He was a paratrooper for 24 years and participated in the invasion of Iraq in 2003. He is the recipient of several awards including the Bronze Star, Meritorious Service Metal, Army Commendation Metals, Army Achievement Metals, Master Parachutist Badge, HALO Parachutist Badge and the Special Force Tab.
During OIF III, I was attached to Able Company as platoon medic and finally, as senior company medic in the City of Ramadi of the Al Anbar province of Iraq. We were based out of Combat Outpost, located next to Camp Corregidor. Asking about a certain incident in Ramadi is like asking about what day in hell was worse. The video that can be seen on YouTube is the OP Hotel Ramadi. The enemy drove a dump truck full of explosives into my company’s observation point. I evacuated at least 8 Soldiers that day who were severely wounded in an open back HMV (Humvee).

My company suffered at least 7 killed in action (KIA) and multiple casualties during this tour. One incident involved SSG Summers’ Bradley tank being struck by a large IED, throwing the Bradley turret at least 10 meters from the body of the Armored Personnel Carrier. We watched the hulk burn for hours. The crew compartment was filled with our friends, SPC Byrd and others among them. The body bags of those men were easily carried in one hand when I unloaded the Bradley that carried the remains of those who had burned to death inside. This was during the elections in 2005. This is the most I care to remember. I knew each and every Soldier KIA from that Able Company that tour. Not all of them were close friends, but they were all fellow Soldiers and their lives mattered tremendously to me. I was responsible for at least 65 to 70 percent of the evacuation of these casualties within my company and treated a large number of Soldiers wounded during frequent and never-ending mass casualty events. Every last one of them were treated at the Battalion Aid Station, co-located with Camp Corregidor. Approximately 300 casualties were seen at the aid station in less than 180 days. For these events I was awarded the Combat Medic Badge.

I would say that the long-term effects of this tour trained me to feel at home during a crisis. In fact, living in a state of high alert and alarm has become the “norm.” Daily mortar strikes were normal. The chow hall was dialed in and I remember hiding under a table while mortars hit the roof on a daily basis. Sometimes
this happened during every meal. SPC Carter and I would often laugh about leaning our body armor against the wall next to our helmets and we were not going to run for them until the strikes stopped. They didn’t. These events don’t cause me to be fearful of fireworks. I close my eyes and I feel at home, just like there is a firefight in the distance. It’s comforting. Home became the war. It’s where I know what to do and how to act.

During my second tour (OIF V), I was assigned to Death Dealer Company, again, the 2-69 AR, on the Karada Peninsula in Baghdad, south of SADR City. We were in charge of the Area of Operations that encompassed Route Pluto, from FOB Loyalty to FOB Rustimaya. My company suffered multiple casualties caused by EFP’s (Explosively Formed Projectiles) to
RPG’s (Rocket Propelled Grenades); a total of 29 attacks. I lost more than 3 Soldiers in a catastrophic kill to our lead HMV, instantly killing SSG Moody and SGT Christopher Davis. The driver, PFC Stinson, was in my lap in a HMV, a large chuck of bullet-proof glass lodged in his forehead. He was making wounded animal sounds for 45 minutes that night, while the platoon attempted to tow the stricken HMV. Efforts to tow the vehicle were unsuccessful and we were forced to leave SSG Moody’s body in place within the HMV. His door had been flash-welded shut by the EFP and we could not remove his body. I had treated Stinson under fire and was holding him in the HMV, listening to him die, and knowing I could not change that fact. Prior to this loading up of SPC Stinson across my lap in the back of a HMV gun truck, I had assisted in placing Chris Davis’s body in the trunk of the same HMV as best we could. SGT Marshal and Keene were still conscious, and we evacuated them in other HMVs. For this event, I was awarded an Army Commendation Medal with Valor.

The platoon had been dispatched to escort an element from the Combat Army Support Hospital (CASH) in Baghdad. We were diverted to chase down a suspected EFP team off Route Pluto during our mission. After chasing the team into the neighborhood, we had the team
detained for the better part of an hour, while our battalion debated whether we could maintain that team as detainees. Eventually it was decided that we had to release the detainees. I can still see the white flash and outline of the second vehicle’s gunner in my mind when I think of this night. I remember waiting for the secondary IED strike after the first explosion. To tell the truth, I still feel like a coward for my initial hesitation. The area was lit by bright white light for a fraction of a second, but I can still see that moment with near perfect clarity. I remember running to the driver’s side door and attempting to work on PFC Stinson. As mentioned above, he had the pope glass (a nickname for the 2-inch bullet proof glass used in the HMV windows) sticking out of forehead and was making wounded animal sounds, as if someone had shot and stabbed a dog. These shards were easily half the size of a fist and deeply embedded within his skull. I can hear him moan and crying now when I think about it. Someone, possibly SSG Skellie, helped me get Stinson out of the front seat. I was shocked, just staring at him lying on the pavement. I know I kept asking him not to die. I remember yelling for someone to check on SSG Moody (earlier that day he had scolded me for being lazy and all I wanted was for him to be okay). 1SG MacMahan came over and was shining a light on Stinson. He told me to worry about the casualty in front of me. There was nothing to do about Moody. I can’t remember when they started shooting at us.... hell, I don’t even remember the shooting. I know it happened at some point. I just couldn’t even begin to remember when I was asked if I could climb in the vehicle and see about SGT Marshal, who I guess had begun speaking. I recall climbing in the HMV and staring straight up into SGT Chris Davis’s eyes. He was hanging from the gun turret lifeless; a guy I had just seen earlier, joked with him and all that. I had to push his body into the trunk of another HMV in order to make room for the living. I can still see his body lying on the “morgue” table at FOB Loyalty when we had finally evacuated the area. I closed his eyes by way of apology because the shitbags at the Battalion Aid Station couldn’t be bothered. We were on site trying to move the stricken HMV, for what felt like eternity. Again, the TC (Tank Commander) or passenger’s side door had also been flash-welded shut by the EFP and SSG Moody’s body was unmovable. The vehicle resisted all attempts at towing. SGT Marshal had been mostly able to move and seemed uncritically wounded (later examination proved this incorrect), however, I concentrated on Stinson being placed in the back seat of a HMV with him stretched across my lap, still making those sounds the whole time. I know the interpreter was in the other back seat. Whoever else I rode with; I have no idea. I think that Top (1SG) and SFC Cirinese asked me how much time we had left with Stinson, at one point I remember telling Top that we at least needed to move out soon. As a result, we had to leave the stricken HMV and the body of Michael Moody in enemy territory. Truth be told, I just can’t get rid of the feeling of having failed everyone that night. The award is sham. Each damned promotion has felt like bullshit.

Not long after that event with Dealer White (1st) Platoon, my junior medic was killed in a tank
on Route Pluto. These events hit me hard and after a couple months, I requested a transfer back to the BN (Battalion) Aid Station. I felt like I had failed on all counts. Following a brief stint in the BN Aid Station, I felt I was being a coward. I would volunteer for escort missions as often as possible and eventually took command of the final gun truck as Vehicle Commander. By the end of the tour, I had volunteered to man a 15-person outpost along Route Pluto in Baghdad.

I had increased anxiety dealing with mundane and frustrating circumstances following my first deployment. I could not tolerate normal venues, like the grocery store or large crowds of people, without becoming somewhat irritable and mildly irrational regarding task and purpose inside these places. I would grab whatever items where required and leave immediately. I still avoid large crowds whenever possible and greatly prefer to be alone when given the chance. The constant feeling that I need to be alert and watching becomes intensified by larger groups of people. I also can’t drive by a pile of trash without hugging the opposite side if the road.

The only place I have found an effective use for my hypervigilance has been on a motorcycle. I have found that constant roving attention required for 360-degree situational awareness is the only place I feel comfortable, unless engaged in some type of crisis or emergency. For the most part, normal seems pretty “greyed out” and boring. Normal tasks become tedious and difficult to accomplish. My attention wanders relatively quickly, and it takes a great deal of effort to place subjects and details in their proper order. I have found it nearly impossible to develop relationships with civilians who have no experience outside of 1st world counties and vacation spots. I become very frustrated with what I call first world problems (the internet isn’t fast enough, the pizza isn’t here yet, the caramel mocha chino crap is too cold).

In July 2012, I was arrested in Glens Fall NY for DUI, I attended substance abuse classes at the Albany VA and have remained sober since that incident. During my counseling, I was also referred to the VA for possible PTSD and TBI screening, both of which I avoided. My suspicion was that the further counseling would be a detriment to my career and possibly ensure that I would not be considered favorably for continued service. Following this event, I began to acknowledge that I did feel, significantly that I could have performed different actions that may have had a positive effect on the outcomes to multiple events (more casualties being alive rather than KIA; had I relieved my Soldier, Javier Parades, on patrol would he be alive?). I constantly feel a shadow of guilt and remorse for not having saved more of my fellow Soldiers. That guilt for merely surviving has become a daily occurrence.

I review these events and many others in my head on a daily basis…. not quite reliving these events, but still feeling extremely guilty that I did not somehow do better. Sobriety has allowed me to intellectually recognize that perhaps, it was the best I could do. However emotionally, there remains little to no recognition and I live my days with the constant feeling that I should not be here; that I am living someone else’s life. Perhaps I could have brought someone else a better life if it
had only been me. I should have been faster to the scene or more competent in treating the casualties. I rarely sleep through the night, often waking up multiple times to check my surroundings. Sometimes or even oftentimes, I have nightmares. I constantly search for life-threatening activities that make me feel alive. I prefer some type of threat in order to feel like I am in the right place. Otherwise, I feel out of place, like a tank parked next to a Prius. In truth, I constantly “speak” with my medic or the casualties who have passed, asking for forgiveness or just apologizing to them. I have some uncontrollable bouts of tears at odd times and for no real explanation. These different reactions seem to occur about every other day or even daily. I have some pretty wild mood swings, going from boisterous and happy, to very quiet and withdrawn almost instantly, as if being around something unidentified sends me into a combative or isolationist state. During these times, I usually just want to get away from everything. This makes completion of tasks or maintaining relationships very difficult. As for new relationships, I usually want nothing to do with any type of long-term familiarity. Normal people have no understanding and bitch about first world problems. For the most part, they completely piss me off with their boring concerns and sad, petty, little actual lives. It

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is wasted effort on the part of my brothers in order to let folks bitch about what God damned iPhone or shoes they have. It is sickening on a visceral level and makes me want to scream. So, I go through these constant cycles of “hey it’s all good, no one is gonna die from this” to a state of anger and frustration or outright sorrow and disinterest. This extends to my family quite often and I take steps to remove myself as often as possible from my mother and brother. I probably do the same with my daughter and my wife, but I am a horrible judge of that. In short, the only time I feel right is when I am in the middle of some catastrophe. I know what to do and how to handle an emergency, if shit hits the fan I feel in my element. Day to day to day life is bland without color or captivation and most days I feel like I am watching it all occur on a movie screen from the seats in an empty theater. Life and people are distant events happening, just past a barrier between the world and me and I just don’t give a shit. It’s hard to even care about anything. I hardly relate to anyone’s concerns about working or relationships and the mundane details people discuss seem completely boring. I usually struggle to remain interested or engaged. Most days I just want to be left alone. I hate discussing these events and for the most part, resent having to dredge up the feelings I have regarding what I have seen and done. I hate normal people for even asking what is was like or thanking me for my service. I saw most of my generation sit out a war that has lasted almost 2 decades. Then the feelings recede like the tide and I am happy that they don’t see the eyes of the dead staring at them from a turret or hear the sounds of a recently engaged young man as he dies slowly in my lap.

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**Questions of Homicidal and Suicidal Ideation**

**First and Foremost, Homicidal Ideation:**

I only think about it when asked about it by a medical tech or provider who doesn’t care to begin with, which is too often the case. The truth is that while I usually do not consider murder to be a proper solution to a problem, I have spent a long time in a profession that legitimizes violence as an answer. Debate to your heart’s content the veracity of that statement but Soldiers get paid to kill people if they don’t comply (surrender). So, do I think about killing people? Not really. I am more than aware of the consequences of those actions and find the idea of being locked in a cage to be anathema to my existence. I certainly do not see attacking unarmed civilians as a solution to anything. My answer is that unless I am placed in a situation in which any person would be expected to respond with lethal force, I do not consider murder at all.

On the other hand, I found martial arts to be extremely cathartic and constructive use of my anger. Fighting was something I enjoyed and was beginning to excel at. I was on the verge of earning my brown belt in American Kempo, when my back and sciatica made it difficult to continue and be able to function without consistent injury.

**Suicidal Ideation:**

A consistent reality I have faced is the continued feeling that I should not be alive. This usually manifests in the constant feeling that I am somehow living on time stolen from other lives…. that the world would be better if I were not here. This is by far the hardest thing to speak about. Truthfully, I have not sought a plan
of action for suicide, however I consistently ride a motorcycle without a helmet if that says anything. The reality is that some days I get up and I just feel off… not off like a bad day, but off like I am living a life that should not be. I have lately fallen off the wagon, a beer or two makes the distance much more bearable (same with people), however, that behavior walks hand and hand with attempting to self-punish (seeking a state where my guilt feels correct). Waking with a hangover may feel terrible, however, in some small way, the pain feels correct. I would say I do some of what constantly undermines my own success or seek out more destructive behaviors when I am bored or feeling invincible. When I am feeling low or despondent, I chose to barely move from the couch, I immerse myself in any long-term story (binge watch a series) or video game that will transport me away from life; just some type of escape. I also procrastinate in some of the weirdest possible chores: bill paying, simple cleaning that when I feel better or more normal, I tackle easily and feel good about. I don’t actively plan out a suicide, but as often as not, I do feel like I shouldn’t be here and that easily leads to feelings that it would be better not to be here. The feeling is not some strange and constant other worldly event. It’s a continuing distance that fades in and out like a window between me and the rest of the world. It changes how I interact with people, a barrier between them and me. To call it hell for me is a vast misunderstanding. It’s not like waking up in a constant hell scape. My world is significantly disconnected. Some days you get internet connectivity and other days it just won’t link up. I would call it living in the waste land. The emotional disconnection seems strongest and most pronounced when simply trying to understand what normal people consider important. The details of life seem strange, as I have previously said, the phone you use, the complete immersion in a reality beset by meetings and conversations of no significant weight. Where to place the TV or what hotel to stay at because of the view. It’s all just alien. Home is now a foreign land.

ABOUT THE AUTHOR

Staff Sergeant (RET) Matthew McIvor served in the U.S. Military for 20 years. His first enlistment was in the United States Coast Guard as crew member on the point class patrol boat, Point Wells and secondly, as a Motor Lifeboat Crewman and engineer at Coast Guard Station Point Judith, Rhode Island. SSG McIvor’s second enlistment was in the U.S. Army, where he served as Combat Medic for 3 tours of duty in Iraq with both an infantry company and tank company from the 2-69 Armor Battalion, in the 3rd Brigade of 3rd Infantry Division.

“I ask that the brave Soldiers of 2-69 AR, 3rd BDE, 3rd ID I had the honor to serve with be remembered and honored for their extraordinary sacrifices on the field of battle in defense of the people of the United States of America. Thank you.”
Dr. Raymond Scurfield’s magnificent book, Faith-Based and Secular Meditation: Everyday and Posttraumatic Applications (2019), is a must have on the shelf of anyone who meditates, teaches meditation, or is considering learning how to meditate. It is an extraordinary comparative professional and personal critical analysis and ultimate endorsement of meditation, a clinical handbook, and a personal reflection on the benefits of meditation in many of its forms across time, cultures, and secular/spiritual believers. There is no other publication available that addresses the depth and breadth of meditation in such a variety of practices and applications.

Dr. Scurfield’s professional mental health experiences, including as a Vietnam Veteran and as a civilian, (described at the end of this review), his clinical experiences in teaching meditation in its different forms to adult clients, and his willingness to share his own professional and personal journey in meditation, plunges the reader into a very personal, remarkable, persuasive and helpful guide to meditation.

The structure and personal perspective of Faith-Based and Secular Meditation: Everyday and Posttraumatic Applications make it very easy to read for beginners or advanced students of meditation. Part One introduces the benefits and potential side effects of meditation, its various forms (including breath-based, mantra, affirmations, and mindfulness) with descriptions, supporting research, and critiques, and discussion of the need for both faith-based and secular meditations to suit individual needs and beliefs. In the latter, he describes the important place that meditation holds in virtually every major faith in the world.

Part Two moves seamlessly into specific meditation strategies and, for clinician readers, how to integrate meditation into humanistic and Gestalt approaches and within trauma-focused treatments (including cognitive behavioral and systematic desensitization interventions). While this section describes specific instructions for therapists to use with clients, this reviewer sees this section as beneficial to non-therapist readers interested in applying these strategies on their own. In short, Dr. Scurfield provides the reader with instructions to practice strategies as one reads, and subsequently after reading. In fact, the reviewer recommends that the book be read in this way: savoring each one of the meditation strategies as it is introduced, taking time to rehearse the strategy and consider how effective it is, and applying preferred strategies. In addition, moving beyond traditional meditation, Dr. Scurfield introduces and recommends the practice of "spot meditation": short meditations to use in any circumstance, at the onset of anxiety or worry, alone or in the presence of others, to bring calm and return our focus always back to our individual experience of consciousness and to our
universal interconnectedness.

Part Three reviews several case studies, weaving various meditations into the treatment plan of several clients with histories of traumatic events and subsequent post-traumatic stress disorder (PTSD), anxiety, avoidance, and phobia (e.g., motor vehicle accident, legal system entanglement, and military service-related combat). Selective faith-based meditations or secular based meditations illustrate the choices and adjustments in meditation interventions to best fit the client. The beauty of these case studies lies in the integration of meditation into cognitive behavioral and Gestalt-based treatment interventions, demonstrating that meditation is a universal intervention that can be woven into virtually any treatment plan.

Finally, Part Four moves into a reflection on the relationship between meditation and prayer, and the benefits and challenges of practicing meditation on a regular basis. The latter echoes the primary theme reinforced throughout the book: Optimally, meditation should be practiced on a regular basis in its traditional form (alone, approximately the same time and same length of time daily) in order to achieve oneness with the universe, awareness (in its many forms), gratitude, generosity, perspective, and a state of calm.

In addition to the comparative benefits and practical applications of meditation in Faith-Based and Secular Meditation: Everyday and Posttraumatic Applications, two additional elements push this book into outstanding integrative writing. The first is Dr. Scurfield’s inclusion and critical review of an extraordinary number of research articles on all variations of meditation. In this regard, it stands in a class if its own. Second, Dr. Scurfield has assembled many wise Eastern, African, Native Hawaiian, and Western proverbs and metaphors from across the centuries, ranging from The Buddha to the Dalai Lama, Pukui, Fritz Perls, and Yogi Berra, among others. These are interspersed to fit the text and, remarkably, are quoted from their original sources. The inclusion of these powerful original words invites the reader to reflect on each one in a contemplative fashion; to skip over any one is an error of omission. Individually and as a whole, these quotations add rich depth and breadth to the history and practice of meditation across cultures and centuries, and to the reader’s appreciation of the power of contemplative meditation.

Faith-Based and Secular Meditation: Everyday and Posttraumatic Applications strikes me as the culmination of Dr. Scurfield’s lifelong journey which is thriving in part through the practice and teaching of meditation. He has given each reader a bounty of gifts in this book: answering why meditate, how/when/where to meditate, and how meditation shapes and informs his own story. As a reviewer, I find it a masterpiece in writing. As a reader, I found myself engaged (and continuing to engage) in practicing meditation options with which I had not been familiar. As a clinician, I find myself practicing more than one meditation (including spot meditations, a variation new to the reviewer and for which I am very grateful) since finishing the book. And I find myself continuing to recommend, and recommend, and recommend, this book to colleagues, friends, clinicians, and to

Meditation is a way of nourishing and blossoming the divine within you.


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those reading this review.

To appreciate the perspective on the content, process, and style of this book, the reader would benefit from more information about its author. Dr. Ray Scurfield, DSW, LCSW, ACSW, has spent his adult lifetime meditating, and teaching meditation to his clients in his clinical practice. His military service as an Army Social Worker on the ground in Vietnam (1968/69), and 25 years with the VA, during which he served as the first National Director of Counseling for the VA Vet Center Program in Washington DC (1982/85), founding Director of the Post Traumatic Stress Treatment Program at the VA in in Tacoma Washington (1985-91), and founding Director of the VA National Center for PTSD in Honolulu (1992-97), have contributed to his expertise in and understanding of the benefits of meditation among the Veteran population- as well as to his understanding of Eastern and Hawaiian wisdom and meditation practices. His faculty position at the University of Southern Mississippi (1998-2011), and his personal experience of the effects of Hurricane Katrina (subsequently winning the 2006 Mississippi Social Worker of the Year award for his post-Katrina trauma counseling with students, faculty, and staff), have equipped him not only with academic experience but the value of meditation for civilians experiencing catastrophic and life-changing traumatic events. His authoring/co-editing of seven books on war trauma and 70+ publications have honed his skill sets in writing, capacity to differentiate "quality" research from questionable research findings, and integration of materials across a wide range of sources.

ABOUT THE AUTHOR

Christiane O’Hara, PhD, FAIS, FABMP served as a Red Cross Psychologist at the Functional Recovery Program, TBI Clinic, Dwight David Eisenhower Army Medical Center for 9 years. She serves as an Advisor and Retreats Coordinator for Women Veteran Social Justice Network, and has served as a Retreat Leader for warrior, couple, and family retreats through Fort Gordon Warrior Transition Battalion and for Gratitude America with COL Cliff Vicars. She is co-author of Rehabilitation with Brain Injury Survivors: An Empowerment Approach (1991); “ArtReach Project America and other Innovative Civilian-Military Partnering” chapter in War Trauma and its Wake: Expanding the Circle of Healing (2012); “Veterans and the Arts as Healing Interventions” (2014), “Sleep Assessment and Interventions for Service Members and Veterans” (2017); and edited double issues on Women Veterans (2016) and Veteran Retreats (2017) in Combat Stress. She and COL Vicars co-authored an article on the assessment and treatment of Military Moral Injury (2018) in Combat Stress. Dr. O’Hara completed her PhD in Clinical Psychology at the University of Georgia and post-doctoral training in neuropsychology at the Atlanta VAMC and Emory Rehabilitation Center. She is a Fellow of the American Institute of Stress and of the American Board of Medical Psychotherapy, and a Life Member of the American Psychological Association. She is a military daughter, served as an Army spouse, and is the mother of a Soldier.
A documentary film to revolutionize the way we think about health and the human body

The American Institute of Stress is an executive producer of Body Electric: Electroceuticals and the Future of Medicine, a documentary film aimed to revolutionize the way we think about health and the human body. This 68 minute movie, by British producer/director/writer Justin Smith, is available online and on DVD for purchase through AIS.

Click here to buy the DVD for $19.95 or the digital streaming for $9.95

Members stream for free at stress.org
This is your First aid kit.

Consider this book as your pocket-sized, first aid kit, allowing you to travel lightly... “In God we trust, everyone else needs references.” So, with that in mind, a bedrock of evidence-based research is contained in the original book “How the Best Handle stress, by using your head and heart.” housed at Columbia University library. The book is also available online (amazon.com).

Since work and school have surfaced as potential sources of stress, this book is devoted to work, and school. The author has worked in Cardiac Rehab, designing first-aid kits, to help cardiac patients benefit from stress management. He has also spent decades taking and giving tests and coordinated wellness programs.

The Fort Knox of Stress-Science – The American Institute of Stress (est. 1978)

The virtual “Fort Knox” of stress-science information on stress is the - American Institute of Stress-. The American Institute of Stress was founded under the direction of the world-renowned Han Seyle, who, in 1936, coined the word STRESS (American Institute of Stress 2017). From its establishment in 1978, the American Institute of Stress has provided the “Best practices advice” carefully monitored by medical and other highly qualified professionals. As there as many cures for stress as causes, go to the American Institute of Stress (stress.org) as your library of Congress for scientific information on stress science.

The Invisible Disability for 40,000,000 Americans - Now being addressed.

A barometer of concern is “key word” searches. And the survey says, almost 2,000,000 individuals are searching for a stress solution. (wordstream 2018). Anxiety disorders affect 40,000,000 American (NIMH 2018) and are the leading mental-health issue, affecting about one in five. The need for stress-education has reached such a tipping point that it is now a mandated part of the public-school core curriculum, at all grade levels, in New York State, beginning 2018.

A 2018 study by the American Psychiatric Association revealed that Americans are even more anxious than just the previous year (2017). Women still tend to be more anxious than men (https://www.linkedin.com/company/american-psychiatric-association/).
CHAPTER ONE

How DO The Best Handle Stress?
Tips from the top: using stress for success.

You can learn how to have success without distress.

Life in the fast lane may be the only way to stay ahead. Deadlines, lack of time, competition, difficult people, and criticism are roadblocks that are common to everyone. While these may be obstacles for some, the “best” actually use these stressors as stepping-stones rather than stumbling blocks to get where they want. What separates the whiners from the winners? Each of the following fourteen “top guns” has developed individual coping techniques to thrive on stress, rather than just survive.

Those best at handling stress included: an Emmy award-winning writer, a top Nielsonrated TV personality with an earned doctorate, an Olympic pretrial competitor, a world leader in stress management, a federal judge, a top radio personality, the Executive Director of the North Carolina Writers’ Network, a Yale educational consultant/retired interim superintendent of a 77,000-student school system, and a private-school teacher from Australia. One of their personal formulas, listed below, could just work for you.

Their winning tips are summarized below and detailed later in the “rest” of their stories.

- Enjoy all aspects of your life.
- “Stress management is thought management.”
- Meditate, exercise, enjoy and achieve.
- Have fun in all you do and leave a legacy.
- Forget yourself by serving others.
- Keeping calm to help others under adversity.
- Using a proven technique.
- “Get physical” and focus on family.
- Making the right decision.
- Tips from our Australian neighbors: Meditate, exercise and diners.
- Providing the most good for the “cause.”
- Walking, massages and movies.

The “Rest” of Their Stories

It may be of interest to match the above stress-management techniques with the names and jobs of those who were deemed to be best at handling stress. Their most interesting stories of success over stress follow.

1. Enjoy all aspects of your life.

“I don’t practice any specific stress-reduction technique. I find that good social support from friends and family and enjoying and being able to derive pride of accomplishment from what I do are powerful stress busters. I derive a lot of fun from my work, which I consider to be more like play… I also have fun playing golf.

I can’t wait to get up in the morning, including weekends and holidays, to continue with any one of a number of exciting projects and assignments at work. I believe much of the satisfaction derives from the fascinating people I meet, and the opportunity to keep learning.”

Dr. Paul J. Rosch, M.D., President of the American Institute of Stress in Yonkers, New York and Clinical Professor of Medicine and Psychiatry at New York Medical College. He is also an author and frequent contributor to publications such as Reader’s Digest, which is read by more than twenty-two-million people.
2. “Stress management is thought management.”
“Stress management is thought management… Control is ultimately the answer to stress; the more control you have over your life the less stress you should experience. Regardless of whom we work for we should all consider ourselves “self-employed” and act and manage our lives accordingly. Move away from the stressful orbit. So, you need multiple strategies.”

   Winner of the 2000-2001 Toastmaster International Award for Leadership and Communication and top Nielson-rated local TV News anchor, Dr. Lee Kinard, developed the nation’s most successful, longest-lasting local TV show in the nation. For forty years he has hosted the early dawn, “Good Morning Show.” Remarkably, he has carved time out of his busy schedule to earn a doctorate and write a book entitled, Good Morning, that details the development of this top-rated TV show.

3. Meditate, exercise, enjoy and achieve.
“I have learned… through [daily] meditation how to better manage all the things one must manage day in and day out.” This multiple Emmy-winning writer also jogs daily. For fun he reads, goes to the movies, and visits with friends as much as possible. His major job satisfaction is “the completion of a well-written scene or script.”

   Two-time Emmy award-winner, Rex Best, writes weekly TV scripts for a top-rated show. The Nielson ratings are used to assess his performance. This former teacher is under great pressure to coordinate the TV scripts with other writers under tight deadlines.

4. Have fun in all you do and leave a legacy.
“… I make it my job to find fun in whatever I do. Clearly there are some limitations. Funerals, visiting the IRS, excessive dental work would all be beyond stress relief. But playfulness within the daily routines of life can be a life saver. Be on guard not to become too professional. Outright silliness can be very healthy and helpful to the bottom line.

   Jobs allow the opportunity to positively touch the lives of co-workers, customers and others. To leave a human being progressed by an encounter with your company is the best of personal satisfaction.”

   This is the stress-management advice of Bill Flynn, host of a long-running and highly successful daily morning radio show on WMAG, High Point, North Carolina. Bill also writes a weekly newspaper column and recently wrote a book.

5. Forget yourself by serving others.
“I forget myself by serving others. I like to read and play with my three-year-old. My major job satisfaction is service to others. Provide service to others without concern for outcome and your stress will evaporate.”

   Dr. Sanford Danziger, M.D., and Director of TRP: Training for the Totally Responsible Person as a way of eliminating “victim mentality” in the workplace. Danziger is recipient of the highest award for training, innovation and creativity from the American Society for Training and Development. Co-author of the successful book, Better than Money Can Buy. Danziger practices in Winston- Salem, North Carolina.

6. Keeping calm to help others under adversity.
“I keep me calm in order to control any adversity. I read and watch soccer on TV My
job satisfaction is helping members of the San Marino community in New York. (San Marino, Italy, holds the world record for countries with the highest life expectancy for men [77.2] and women [85.3].)

This is the stress-management advice of Jose Riba, K.M., Honorary Consulate General of the Republic of San Marino, Italy, assigned to New York.

7. Using a proven technique.
“I use Freeze-Framer™, a five-step, scientifically proven, one-minute technique to clear thinking and calm down. I play, hike in nature, dance, ‘explore the heart’ daily. My major job satisfactions are finding new ways to share Heartmath relaxation techniques with people/seeing their lives improve, seeing my staff’s lives improve and having fun staff meetings.”

Thus advises Dr. Deborah Rozman, Executive Vice-President, Heartmath, Boulder Creek, California. Heartmath programs focus on business-stress training to improve productivity, and have been featured on national TV programs and

I also spend time with family. What I look forward to at work is satisfactory completion of projects such as negotiation of a new contract or meeting a deadline.”

So says Roy Bixby, M.B.A., Human Resources manager, R. J. Reynolds Corporation, Milwaukee, Wisconsin.

9. Making the right decision.
“My major job satisfaction is simply getting the right decision made (as often as possible) and doing so expeditiously,” advises Judge Charles Biscoe, Administrative law judge, Southeast Region, Greensboro, North Carolina.

10. Tips from our Australian neighbors: Meditate, exercise and dine.
This Olympic pretrial gymnast states, “To manage stress, I practice yoga once per week, use meditation daily, and exercise three to four times per week. For fun, I have dinner with friends once a week.”

This advice is from the dynamic Rowena J. Robinson, B. Sc.Ed . PDHPE, Dip. HM, Olympic pretrial Competitor, Health and Fitness Consultant, Monte Sant’Angelo Mercy College

presented at the 1997 International Congress on Stress, Montreux, Switzerland.
11. Providing the most good for the “cause.”
“For stress management, in addition to other exercise, I walk three times per week. On Saturdays, I unwind by cooking and baking and listening to the Metropolitan Opera on the radio. My major source of job satisfaction is advising writers on their work and the completion of a newsletter for the North Carolina Writers’ Network [NCWN] six times yearly. I also enjoy helping to organize two state conferences for NCWN,” says Dr. Linda Hobson, professional writer and Executive Director of the North Carolina Writers’ Network. She is the author of two scholarly books.

Yale consultant, and retired interim superintendent of a large (77,000 students, 5,000 employees) school system, Dr. Lillie M. Jones recalls that after more than thirty years of service as a teacher, she was promoted “from within” to the “top” in a North Carolina school system, which is a distinct honor. She was a very highly regarded, unusually effective top-level administrator, who led her staff and students through positive leadership and no-fault administration.

We look forward to featuring other chapters from Dr. Rubenzer’s book in future issues of Combat Stress.

ABOUT THE AUTHOR

Ron Rubenzer, EdD, MA, MPH, MSE, FAIS is a Contributing Editor with The American Institute of Stress. He holds a doctorate and two master’s degrees from Columbia University in New York City. He won a doctoral fellowship to attend the Columbia University’s Leadership Education Program. While serving as a school psychologist at Columbia, he won a national student research prize of the year for an article written on the brain. Dr. Rubenzer worked at the Washington DC Office of Education. Also, while at Columbia University, he wrote an article for New York Magazine on enhancing children’s development of their full potential. He has devoted his career to specializing in “reducing stressing-during testing” for better outcomes. He has worked as a stress manager for a hospital based cardiac/stroke rehabilitation facility and their Employee Assistance Program. He also coordinated a wellness program for a large school system. He is a fellow with The American Institute of Stress and writes focus articles on “using stress to do one’s best” at home, work and school.

He has also conducted speaking engagements for conferences and presented for a number of television shows.

His latest book is How the Best Handle Stress – Your First Aid Kit
https://www.amazon.com/How-Best-Handle-Stress-First/dp/1731056508
When we design for all types of employees, we also must consider the unknown.

PTSD is the result of a traumatic experience. Our prototype case is taken from an armed combat environment, which represents approximately 8 million people. Taking a look at the larger picture, you’ll see that trauma comes in many forms: abusive relationships, mass shootings, physical assaults, deadly accidents, civil strife and political upheaval. Other events can also lead to a PTSD diagnosis like natural disasters, wildfires, terrorist attacks and even a life-threatening event, which represents approximately 72 million people, and varies by gender and age. In fact, the overall prevalence of PTSD is almost three times higher among women than men. We hope that the information we present here can be elevated to a larger conversation.
around the workforce. Technically, our approach falls into the neurodiversity paradigm that is used in the workplace design community to account for psychological functioning and value diversity in neurobiological development. In a contemporary setting, this usually refers to a person’s placement along a spectrum of autism.

But people with PTSD usually do not exhibit any type of early symptoms – there are no warning signs that a person is suffering from PTSD. Although through research, we have determined that there are certain behavioral indicators that suggest a person maybe be suffering. Many people with PTSD have no prior history of mental illness nor do they fit the current definition of someone who falls into the neurodiversity paradigm.

This creates an issue when considering that design should be inclusive and accessible for everyone. When we design for all, we also must consider the unknown. From a practicality perspective, this may not be feasible for some clients unless they are embracing the theory of universal design principals that incorporate aesthetics as part of the design approach. This means that they take into consideration all of the aspects of color, light and form and evaluate these principals from multiple perspectives.

We want to apply this thinking to a wider range challenges that can effect a person’s work style and differential reaction to environments. We are focused here on just one incidence of a psychological syndrome and that focus has been informed through personal experience, not just academic theory. It is our belief that the physical design of work environment can ameliorate some of the more common negative symptoms.

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**Design Challenges**

What got us started down this pathway was a challenge presented by a client about how to design home/workspaces to accommodate people along the neurodiversity spectrum.

To better understand the underlying psychology of trauma and stress we spoke with Dr. Robin Pratt of Enhanced Performance Systems. Dr. Pratt has more than 40 years in the research and development of high performance experimental psychometric cognitive and behavioral assessment techniques. He explained that under high-stress conditions, signals from the environment are overcome by ‘noise’, people become highly distracted, lose their train of thought, and have reduced flexibility.

Based on these hypotheses, we have picked five key psychological characteristics of people with moderate to severe PTSD.

1. **Hyper-vigilance:** Always on alert scanning the environment for real and perceived threats. In severe cases this can turn to paranoia.

2. **Easily startled:** The slightest unusual noise, close presence of someone in their ‘personal space’, getting sneaked up on.

3. **Difficulty concentrating:** Closely related to hyper-vigilance. So much intentional energy is devoted to environmental scanning, little is left for the task at hand.

4. **Emotional triggers:** Usually seen as overreactions to other people’s expression. Triggers the flight/flight/freeze behavior.

5. **Easily distracted:** The ‘look another shiny object’ behavior. Affects all five sensory modalities – sight, sound, smell, touch and taste.
Here are some practical design guidelines to improve the adverse effects of each of these PTSD symptoms. These guidelines should be used for general purposes. Those who are suffering from severe trauma or have multiple PTSD symptoms will need more of a personalized approach to their workspace environment that focuses on their specific needs.

In summary, we can link symptoms and design implications.

### Implications Expansion

**To limit distractions** and encourage focus, provide employees with optional spaces to do their best work. Include areas that are easily reached from their personal work areas if the work environment has an open plan. An example could be a small conference room that has doors. The views outside should be of landscaping and not parking lots or back alleys. The lighting should be controllable, and the furniture should be modular and movable. The size of the space should be bigger than a typical workstation cubical (6 x 8) where two to four people can work together but no more than what is necessary. 

**Worksurfaces** and desks should be easily movable or mobile depending on the traffic flow or door location where it can be moved within the area allocated for that particular employee. This allows them to create their own space and meets their comfort level. Chairs should be ergonomically designed. Not all furnishings will pose a problem, but those that do, should be removed or relocated to another part of the facility.

**Harmful artifacts** should be removed from the work area. Suicidal thoughts are a severe reaction to PTSD. However, self-harm is seen as the next workplace safety crisis. Design guidelines should include the use of anti-ligature furnishings similar to those found in residential behavioral health treatment facilities.

**Control of light** both natural and artificial needs to be in the hands of the employee. If the lighting in the workplace is typical florescent or LED ceiling grid lighting that covers the entire space, the best way to address this is to have closed areas where the lighting can be dimmed or limited. Lighting that is too harsh or bright can be particularly harmful to anyone who is light sensitive or suffers from migraine headaches. 

Natural light from a window or a skylight also

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<table>
<thead>
<tr>
<th>Psychological Symptom</th>
<th>Design Implication</th>
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<tbody>
<tr>
<td>Hyper-vigilance</td>
<td>Optional spaces, Lighting, Acoustics, Workplace artifacts</td>
</tr>
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<td>Optional spaces, Movable worksurfaces, Acoustics</td>
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Each of the above designs represent a typical office layout that can be modified to accommodate someone who is experiencing symptoms of PTSD.
needs to have some shades or blinds not just to control glare or temperature, but because of the harshness of the light coming into the space can be overwhelming.

**Acoustics** are especially important. Working in loud environments for any length of time has negative effects on everyone. Controlling noise in an open work environment can be challenging especially if the ceiling is exposed or if there isn’t enough carpeting or other sound absorbing finishes around to lower the sound decibels. Acoustic wall boards and dividers are an easy way to address this issue. White noise or sound masking equipment may not work because of the sensitivity of those who are in the space. They make “hear” the noise masking or have other sensations that are not related to the actual noise like ringing in their ears.

**Artwork.** Be careful of the wall colors and the art. Images especially have been shown to be triggers for people who have neurological spectrum disorders. This is also true if someone has been diagnosed with schizophrenia, depression or is bi-polar. Harsh colors that are used for accent walls such as brilliant orange, yellow or red can be triggers reminiscent of explosions for example. Images that are blurred or abstract can trigger memories or emotions that are painful. Look for artwork that clearly represents a nonthreatening subject or scene. Stay away from black and white images and graphic modern designs that are considered street art or graffiti. These images although popular in current design trends can be
unsettling to a large group of people regardless of their mental state.

**Common office smells** from burnt popcorn, old coffee, and even toner ink could be triggers for some who suffer from PTSD. Keeping break rooms and print rooms confined or away from work areas may not be the best use of space, but it does a few things: 1) it gets people moving and 2) keeps these odors from offending anyone who is in the office. Do not use deodorizers or other scented accessories. There is no telling who might be affected by the scent or to what degree the person affected suffers.

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**Action Suggestions**

Although PTSD is covered under the Americans with Disabilities Act (ADA), it can be hard to make a specific
determination as to which employees would require an accommodation. PTSD does not necessarily manifest with visible symptoms. It’s psychological state which can lie dormant until triggered.

We suggest an open-ended approach by letting employees know certain accommodations can be made if they do have this disability. Their voluntary disclosure should help avoid any legal action for discrimination. We strongly encourage you to have a senior human resources person as a member of your workplace design team.

Perhaps the most important action you can take is to practice what we call ‘responsible design’. Although interior designers and architects are by no means considered board certified therapists, they are responsible for creating environments that need to be safe. Mental health has been left behind on a number of fronts, including by designers who are responsible for the welfare and safety of those who enter the environments they create. Responsible design is when workplace designers take up the responsibility of conscious consideration of the psychological range of mental health symptoms which may or may not be present among members of the work team. The psychological comfort of employees is just as important, regardless of the costs.

In closing, we must openly acknowledge the elephant in the room. As we alluded to in our introduction this is an issue larger than one symptom (PTSD) and it is more prevalent than the newly discovered ‘neurodiversity’ design approach.

It is the larger context of overall mental health that is important. The built environment does affect our lives and people with various mental health disorders seem to be especially sensitive to these factors. Wellbeing is more than physical comfort – set your design intent to make your work to encompass the whole idea of wellness that includes mental health.

Resources
• Mayo Clinic -Post-traumatic stress disorder
ABOUT THE AUTHORS

Reverend Charles Grantham, PhD is the Founder of the Awakeningtowholeness.net where he pursues his priorities of teaching, writing, speaking and mentoring. Focused now on wellness, wellbeing and wholeness.

He received his PhD in Sociology from the University of Maryland in 1980. He has published eleven books and several dozen technical papers. He is a frequent speaker at international events and a “go to” resource for the media on a wide range of workplace issues—ranging from psychology to public policy.

He also is a certified Master of Healing Arts is a credentialed Reiki Master/Teacher.

He is a Viet Nam combat Veteran having served 8 years in the U.S. Army as a Chief Warrant Officer in the Intelligence Corps. That time was followed by successful careers in academia as a Professor and in multi-national technology companies as an Executive Director of Research and Development. He has now retired and moved to Baja - oh, I mean Tucson, AZ.

Susan Mulholland studied interior design at Northern Arizona University and is an NCIDQ certificate holder. She has more than 25 years of interior design experience in commercial design. Her design philosophy includes universally accessible design practices with an emphasis on wellbeing for all of her projects. Her experience in the industry covers a large variety of projects that focus on workplace, healthcare and hospitality. Her design studio Mulholland Art & Design Commercial Interiors is in Tucson, Arizona, where she has been helping her clients take a holistic approach to interior design for the past 20 years.


• Web MD - What Are PTSD Triggers? (https://www.webmd.com/mental-health/what-are-ptsd-triggers#2)

• Does the color of your office walls promote neurodiversity? (https://qz.com/work/1741745/how-to-design-an-office-that-champions-neurodiversity/)

• Behavioral & Mental Health Toolbox (https://www.healthdesign.org/behavioral-mental-health-toolbox)

• The Design of a Psychiatric Clinic in Borås Sweden Strives to Create a “Healing” Environment, an interview with Stefan Lundin and Cristiana Caira (https://www.healthdesign.org/insights-solutions/design-psychiatric-clinic-boras-sweden-strives-create-healing-environment)
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