

Lance Corporal T. was suffering from insomnia and unshakable feelings that his wife would be unfaithful to him during his absence or that something bad was going to happen to his 8-year-old son. He had no reasons to doubt his wife's fidelity. In fact, there were many reasons to believe in her loyalty. There was no real or present danger to his son. And yet his jealousy and fears left him no peace. He requested a Face2Face interview, both as a volunteer to help his comrades at arms who had PTSD, and in hopes it might help him find some relief from his symptoms.

He could think of no reason why he was having the problems he was. He had certainly seen some brutal combat; he had lost members of his unit with whom he had bonds as close as with family; but he had "managed all of that" while he was deployed to Afghanistan. Now he was in Romania, and he couldn't get more than two or three hours of sleep a night. He woke up from nightmares he couldn't remember drenched in sweat, and with an impending sense of doom pertaining to his loved ones.

Like many service members with PTSD, Lance Cpl T's first treatment was sleeping medication for his insomnia. He had received a typical short-term fix for his symptoms. The medical officer he saw had physically wounded patients to deal with and, without making any judgment about his professionalism, did what most medical officers would have done under those circumstances. Rather than taking precious time to try and figure out if, this particular patient's, insomnia was an early symptom of an emerging serious case of PTSD, he wrote the prescription and moved on, to follow up on cases still recovering from serious physical injuries.

There was no therapist to help Lance Cpl T do the in-depth work typically needed to get at the root cause(s) of his emotional wounds. However, Lance Cpl T had heard of the Face2Face project through his wife, who had a friend who was involved with a veteran support group, “Invisible Wounds”, which was a part of the Future Life company’s network. It was at his wife’s urging that he reached out to volunteer as a subject in our Face2Face research and development project. His participation changed the direction of his life.

Lance Cpl T. produced a Face2Face profile that matched the story of his current symptoms. He had been through harrowing experiences and would be forever changed by them, but they did not seem to be the direct source of his problems. His Aggregated FMEE profile (See Fig xx) appeared to reflect more remorse than unprocessed scenes of horror or near death:

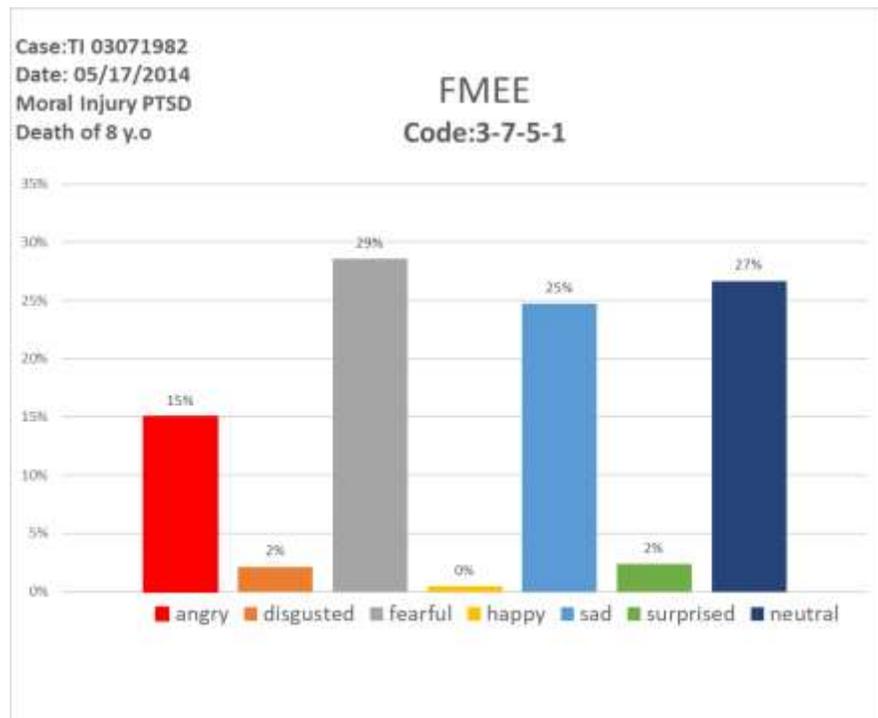


Fig. xx

Here we have the profile of a combat decorated warrior reflecting the most prominent emotions of fear, numbing, and sorrow. The fears he was reporting were fear of betrayal by his wife, or the loss of his child. We needed to review his FMEE Flow to identify a possible source for his reaction (See Fig. xx)

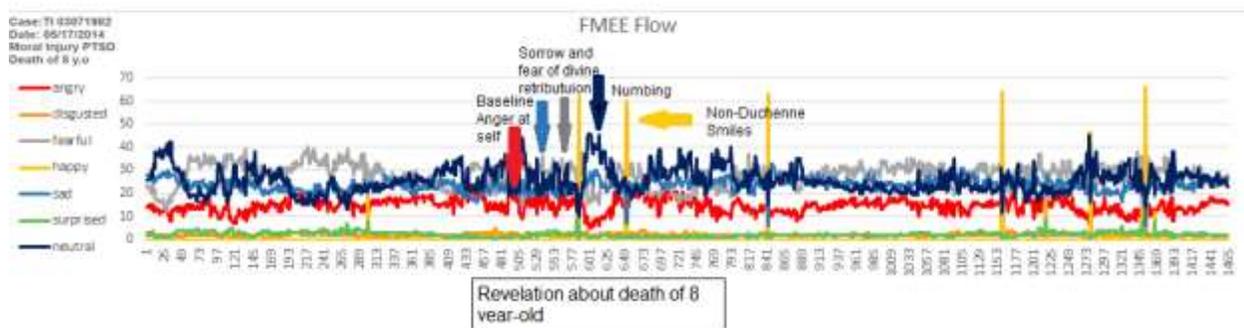


Fig. xx

His FMEEs tracked for everything except for his answer to one question: “Have you ever been in a situation in which you felt responsible for innocent civilian casualties?” He had answered that one question with a “Yes” but said it was “just part of what happens in war”. At that point his FMEE Flow showed a cluster of intense activity followed by a pair of Non-Duchenne smiles. We followed up with more detailed inquiries about what had happened. This is the story he told:

Lance Cpl T’s squad had been manning a checkpoint when a pickup truck approached full of men yelling and waving their arms in agitation and distress. There was an ongoing fire fight in progress behind them on the

same road. Lance Cpl T held them at bay with his weapon pointed at them. After several minutes he and his team came to understand there was a wounded eight year- old boy in the truck, and the men, the boy's relatives, were begging the marines to save him. By the time medical help arrived, the boy had died in Lance Cpl T's arms. Now Lance Cpl T was a battle-hardened soldier, but he had a son that same age.

This hardened warrior had suffered a moral injury by not being able to save the child. On a level deeper than language it seemed as though he felt he didn't deserve to have a loving wife or home. Possibly he felt if he returned to his family, his son would die in some form of divine retribution.

See Fig xx for a screen shot of his facial micro-expression of emotion immediately after he'd made his comment about what happens in war. Lance



Cpl T was a fierce warrior, decorated for his bravery under fire, but fighting in a guerrilla war in which protecting his comrades at arms from a potential car bomb attack made him (in his mind) responsible for an eight year old child bleeding out wasn't his kind of war. He wept as he told the story. He said "I did something that was against everything I learned was right growing up. It was against everything I believed in." He was the kind of man who

saved children, not watch them die while he did nothing.

Fig. xx

Because he could see his feelings plotted out as hard data Lance Cpl. T could begin to work on the inner conflict between his having done what he HAD to do, and what his gut told him was right. His first emotional breakthrough came when he realized the therapist reviewing the data with him not only accepted him, but felt deep compassion for his pain as together they looked at what the FMEE Flow data told them.

Once Lance Cpl. T recognized the source of his trauma, and been supported and accepted by someone else (the therapist) as he dealt with it, he began to heal. He grieved for the dead child, for what he lost in his sense of himself, and for his lost innocence, though it was hard for him to believe he had any innocence left given what he'd already been through before and after that day at the checkpoint. If Face2Face hadn't teased out the source of his torment he probably could have undergone months of psychotherapy before the emotional healing process began, if the true causes of his distress were ever uncovered.

LCpl T talked to his military Chaplain, got in touch with the minister from his church back home, and committed himself to helping serve and save children in his community when his tour ended in eight weeks. He called his wife, told her why he had been behaving as he had, wept with her, and told her how much he loved her. After the call, he slept.

The biggest problem in making psychotherapy successful is establishing *accurate* empathy. Face2Face helped that happen because both the therapist and patient felt the intensity of the story as it opened up. They were on the same side. The findings from Face2Face deepened the trust between the

Lance Cpl and the therapist almost instantaneously because both of them could see what his experience had done to him. When dealing with any change in a service member's career or assessing his or her ability to carry out the mission, Face2Face is useful for the same reasons. Both the service member and whomever is interacting with him or her are on the same side, looking at hard data that supports accurate empathy.