

If you believe you have, or been told you have...

PTSD (Post-Traumatic Stress Disorder)

but you are reluctant to admit it...

*I Don't Blame You!*

**And Why Don't I Blame You?**

By Edward "Thumper" Thornton

**Because the "D" in PTSD stands for disorder**

**...like a mental disorder.**

A mental disorder is not something I wanted to be tagged unnecessarily with and you probably don't either. It's a stigma and a stigma is defined as a sign of disgrace or discredit, which *sets a person apart from others.*

**Seriously...**

I, and all of you, have spent our careers proudly becoming a part of a team and now we want to admit to a disorder that would potentially set us apart from others?

**Get effin real! No thank you!**

Think about this for a second.

Labeling post-traumatic stress as a “disorder” leads a first responder to believe that their actions were wrong and they won’t get better. This has lead me and many others to NOT admit it, NOT seek help and to “just deal with it”.

And let’s face it. Our superiors and society in general don’t want First Responders out there with “mental disorders”.

There are estimates that upwards of 25%<sup>1</sup> of First Responders are suffering from PTSD. That’s a large number of people trying to deal with this disorder in an environment where it’s not even a good idea to admit you have PTSD or need help.

But to make matters worse, even if you do seek help, the typical “help” is not helping enough.

**Now permit me to ask you the following question...**

**What Makes the First Responder PTSD Different?**

**Here is the answer:**

Consider for a moment the frequency with which numerous events involving violence occur in our society. Then consider what we do when those events occur.

The public calls 911 and people in uniforms rush in to help while others run for safety. First responders are human first and everything else second. Too often they see the uniform and forget

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<sup>1</sup> 25% is an estimate. No one can qualify a number as to how many police officers, fire fighters, and others in EMS occupations suffer from the stress of what they witness and what they participate in. First Responders don’t come forward and often suffer in silence.

the person who must not only bear witness, but be responsible for and engage with the trauma.

For one, most First Responders live in the same place they are deployed.

Most First Responders are deployed continuously for many years.

As such, being a first responder involves a perpetual state of potential threat and uncertainty, which facilitates vulnerability to mental health problems, particularly PTSD.

It's pretty much a given that most—if not everybody—will be exposed to a traumatic event during their lives. The other given is that when a first responder walks out the door to go to their occupation, a traumatic event will occur—almost every shift, almost every day.

There is this old adage that says...“You don't have to have had brain surgery to become a brain surgeon.”

This is quite true, obviously.

**However, do you think that anyone that's not been a first responder could possibly understand what we have experienced and feel?**

**Personally, I don't and I seriously doubt if you do!**

**Now, I will make it official. I will no longer refer to post-traumatic stress as a disorder for the purpose of this report or any other communication from me—verbal or printed.**

## **You are not mentally ill—you are mentally injured!**

Someone far smarter than I am once said: “No one comes away from war unwounded.”

This is the absolute truth and you notice they said “wounded”, which signifies an “injury”, not a mental disorder!

Our war is on the streets of our wonderful nation and every single day and night we suffer an “invisible injury” that we carry inside.

Consequently, First Responders can be the last people to seek out qualified help because of the stigma; post-traumatic stress is a “disorder”... a mental illness!

As a retired police officer, I know there are forces out there that – over time -- can and do erode first responder’s defenses and our sense of invulnerability.

However, we First Responders will avoid seeking help or even discussion about job-related stress. Why?

Here are a few reasons and I’m sure you could add others:

We believe it should not be bothering us and bury it deep inside

Trust! We stop short of telling anyone about our concerns because of fear that we may be viewed as “mentally ill” or “unfit” which could cost us our job and even our “life after cop.”

We don’t want to burden our family with our trauma experiences because, again, we want to protect.

We shy away from telling peers because the reason is obvious; we do not want to create any doubt about our ability and our strength.

PTSI, like other injuries, must be treated to begin and continue the healing. However, what convinces us—the injured person—that the treatment can be TRUSTED, it will be CONFIDENTIAL, it is GENUINE, and we will be RESPECTED?

Presently, what is the standard care for post-traumatic stress?

Bet you can guess number one?

Yep!

Drugs!

It didn't take long for pharmacology to revolutionize how post-traumatic stress and other “mental disorders” were treated. Drugs such as Zoloft, Celexa, and Paxil are a first line of defense in treating psychological disorders – including PTSD.

And, why not? If you don't know how to “treat” a problem, call it a disorder and call in a prescription! **The fact that we can actually change our own physiology by means other than drugs is rarely considered!**

**But, is it Pharmacology or “Harmacology?”**

Number two is psychotherapy - treating mental health problems by talking with a psychiatrist, psychologist, or other mental health provider.

Psychotherapy can be hugely beneficial. But again, getting the injured person to that point—as pointed out—can be an enormous struggle.

But it can also be just a waste of time if it's not a safe, confidential environment loaded with trust and mutual respect. To quickly establish trust and mutual respect, it can be helpful to have a therapist that's been there or at least has worked with other First Responders.

## **My Story**

In the process of arresting a homicide suspect, I suffered a neck injury that ultimately ended my career in law enforcement. I was fortunate, with the help of God and the hands of a gifted surgeon, to regain full mobility and use of my limbs. The surgeries gave me full use of my body but the suffering continued. I was hurting—physically and mentally. I refused pain medications and my allotted physical therapy sessions came to an end.

**Whether I was in a room full of people or by myself...**

**I felt alone.**

Many of my friends (some gradually, some not so gradually) distanced themselves from me as if my discomfort was contagious.

This hurt. Emotionally I was so low I felt I could parachute off of a Kleenex.

I sat in the dark and drank non-prescription Bud Light. The over-the-counter beer seemed like a more reasonable solution. But, like the line in an old Eagles song: "*Every form of refuge has its price.*"

I was given back a life but I was a stranger in my own skin. It was like I had landed in Germany after studying Spanish. I didn't have any idea where I was nor could I communicate. Metaphor aside, I was lost.

My pain was real but I felt my life wasn't. I was a big, strong cop before I became injured. Now I was living a life with "ex" preceding everything.

**I was an ex-cop, with an ex-wife, ex-friends, ex-income, and ex-confidence.**

**I truly felt like ExLax.**

But what happened next truly was the turning point in my life. As Benjamin Franklin said, "Things that hurt, instruct."

I discovered that post-traumatic stress can be just as painful as physical pain, it certainly seemed to last longer.

And more importantly I discovered that PTSD needed to be renamed. Instead of PTSD, we need to move to PTSI.

### **PTSI – The "I" stands for Injury**

Merriam Webster defines *disorder* as; *an abnormal physical or mental condition.*

This implies that the occupation I chose, I believe in, and I'm successful at, could leave me with a mental illness!

On the other hand, Merriam Webster defines *injury* as; *hurt, damage, or loss sustained; an act that damages or hurts.*

**This seemed more consistent with my reality. I had an injury!  
Not a mental disorder from doing the job I loved.**

Everyone gets hurt. We break bones, pull and strain muscles, tear ligaments and tendons, bruise, scrape, and rip our skin open.

We, more often than not, seek out professional medical help, talk about it freely to family, friends, peers, administration, and anyone

else in our circle. The majority of the time we heal and, of course, every injury is unique and not everyone heals at the same rate, and quite often we bear the scars of our physical injuries as a tribute to our effort.

We have almost no issues with trust dealing with physical injuries because it is occupationally and socially accepted.

On the flip side, if we suffer an “invisible” injury caused by post-traumatic stress, it is labeled as a *disorder*, thus, implying a mental illness. And along with that, comes a stigma—a stigma that keeps most First Responders from seeking healing treatment.

**Once I embraced the mindset of an *INJURY* instead of a *DISORDER*, I discovered the solution – the path – to heal my post-traumatic stress injury.**

I’ve created a roadmap to PTSI healing. The things you need to do and the order you need to do them to heal the injury.

Realistically, I don’t have any magic that would counteract tragedy ... however, I do know the way to heal. With the help of other resources, I’ve healed myself and I may be able to help you.

Everyone is different. Every injury is different. The severity of injury differs. For these reasons there is no one prescription, no one pill or on one size fits all. It has to be individualized.

If you’d like to discuss your situation, one on one, in a completely safe environment with someone who’s been there, just send me an email and we’ll schedule a time to talk.



During our talk we'll go deep to understand your situation. I need to determine if my solution will work in your case. If it won't, I tell you and give you my best advice.

If you are a good fit, I'll explain how we can work together to heal your injury.

The call is free, but I have limited openings. Let's talk.

To Your Healing,

Thumper

P.S. Email me at [Thumpologist@gmail.com](mailto:Thumpologist@gmail.com) to schedule a time to talk. The session is free but I only have limited time for these calls.