

What is Post Traumatic Stress Disorder?

Brian Duff: You're listening to episode one hundred and twenty four of the Mind4Survival Podcast. Hey, everybody, I'm Brian Duff, and welcome back to another week of the Mind4Survival. And in today's episode, I have a topic that we're going to discuss that is very near and dear to my heart. It's a prepper topic. A preparedness topic. It's a survival topic that I advocate for. That I beat the drum to drive awareness for. Today's topic is about post-traumatic stress injuries, also called post-traumatic stress disorder, or PTSD. And we'll get into it this episode.

Brian Duff: In the episode, we'll get into why I disagree with the term disorder when it comes to post-traumatic stress. And it's super important. There's a couple of reasons why understanding what trauma, mental trauma, post-traumatic stress... how that impacts us as preppers. It's a super important topic for us as preppers for two reasons. First, because everybody, as part of being human, is exposed to traumatic situations. And as we discuss the statistics when we talk about post-traumatic stress in this episode, we all may have friends and family, loved ones who deal with post-traumatic stress. So it's important for us. And many of us may deal with post-traumatic stress. So it's important to understand how it all works, right? And that's what we're going to get into. We're going to get into some of the biology, some of the way the brain operates, to show you that post-traumatic stress is a completely normal reaction to extraordinary circumstances and that it impacts a lot of people.

Brian Duff: So we need to have that understanding, right? Maybe it impacts us. Maybe it impacts our friends and loved ones. But we need to have an understanding of how it works so we can better help those people - the people who are suffering from it, struggling with it – so that we can better help them out. Second, it's important for us as preppers, because what are we preparing for? We're preparing for really difficult situations. I mean, let's go out and ask every prepper what disaster in their mind are they preparing for? And if it's any of the cataclysmic stuff that shifts society, ends society, whatever... well, there's a whole bunch of traumatic experiences that will accompany that scenario... those scenarios. So we are preparing to go in, to wade in, to be neck deep in, traumatic experiences. And those traumatic experiences may affect ourselves, our friends and our loved ones differently. So again, understanding how it all works is super important. Now on that note, this episode with Dale Goodwin and I discussing post-traumatic stress was recorded as a YouTube video over on the Survival

Preppers YouTube channel. Therefore, if you want to see the video, please go over to the Survival Preppers YouTube channel and check it out. And as always, on my disclaimer, if you start poking around the videos over there, understand that I run unfiltered. This episode, we kept clean, so feel free to go look at it. But by and large, I run my mouth over on the Survival Preppers YouTube channel.

Brian Duff: And because this came out as a video initially, there were some graphics in it, very simple graphics, that explain the anatomy for purposes of post-traumatic stress that is important for post-traumatic stress. So I want to plant those visuals in your mind right now before you get into the episode so you know how it works. And real simply, if you imagine your brain... a picture of the brain. At the front of the brain up by your forehead, behind your forehead, is your prefrontal cortex. It's responsible for rational thought and all that good stuff. So at the front of your brain is your prefrontal cortex. Imagine that there. Imagine leading from the prefrontal cortex are neural pathways that carry the signals and the transmissions going on in your brain throughout the brain. They're just like little wires and nerves that run around the brain. And at the base of your brain, down by where your head meets your neck and all that area there, is your amygdala. It's your emotional center of your brain. It's your lizard brain, right? So front of the head, you have the prefrontal cortex. Down at the base of your head you have your lizard brain, your responsible for your fight or flight emotional centers. And they're connected, and the rest of the brain is connected, by neural pathways. So visualize that going into this. One other thing I want to say, to understand, is PTSD is often thought of in this sort of ethereal thing that goes on. Oh, you've just got this thing going on.

Brian Duff: No. What you have is a reaction to trauma that is happening within a system in your brain. And the cool thing about it being a system is any time that we are dealing with a system, there is a start, an end, there's a flow to it and how it all works. Once we understand how it all works, then we can start figuring out, how can we make it better? We do that as preppers all the time. What do you put in your bug out bag? You'll sit there and look, "I got all this stuff". And then you'll focus on one little thing like, you know what? I don't need that. I need more of that. Or let me tweak my bug out bag. Let me refine my bug out bag. It's the same with PTSD. It's a system. It operates within a system. We're going get into that in the show. But again, that's important because once you realize it's just not this thing that's happening, that it's systematic, then we can start working to fine-tune our relationship with post-traumatic stress if we have it. It's what I do. It's what

we're going to talk about in the show. Lastly, before we get in the show, please, if you know of anybody who you feel may benefit from this episode... again, this is my calling. This is the thing that is most near and dear to my heart.

Brian Duff: If you know anybody who may suffer from post-traumatic stress, that may benefit by understanding how it works because there's somebody in their lives who have post-traumatic stress. And some of the people who suffer the greatest from post-traumatic stress are the loved ones who are dealing with the person that has post-traumatic stress. So if you know of anybody who could benefit by this information, please share this information. Because simply understanding how post-traumatic stress works starts people down to the pathway of saving their lives. We hear about the people killing themselves, as the veterans killing themselves, all the time from post-traumatic stress. This can help. The understanding, the knowledge, can help. And I know that personally because it helped keep me alive. Understanding how it worked helped keep me alive when I was way down in the holes, dealing with PTSD, and trying to climb out of a really, really deep dark hole. So please, this is an important, important episode. Share it with people. Like. Subscribe. Do to all that good stuff to help get the word out because, again, as preppers we prepare for this stuff. As preppers, we are very involved with the veteran's community and these different communities where people struggle with post-traumatic stress. And they struggle needlessly because as a society, we do a really crummy job of explaining what it is. And that's exactly what we're going to do in this episode.

Announcer: Okay, people. Let's begin. Three, two, one. Welcome to Mind4Survival. A show designed for anyone actively wanting to improve their safety, security and ability to overcome difficult events.

Announcer: Acquire basic thought processes to help you in everyday life.

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Announcer: This is Mind4Survival with your host, Brian Duff.

Dale Goodwin: You've got a lot of information. We've talked about this the last couple of weeks... about your stuff with PTSD. You've got a great podcast on it.

Great article. We'll leave that in the show notes. And you've got a lot of really cool information on that as well today. So that'll be a cool segment, too. Because it is something that is not just a military thing. It's something we all need to think about. When we think about all these disasters, that has to be part of it, you know?

Brian Duff: Everybody thinks about the cool, sexy stuff, you know? And want to think about the guns and the bug out location and the bug out bag. But you're prepping for a really... If it's truly an SHTF event, you know? We talk about like, the EMP kind of level stuff that the government itself... I think it was a 2008 study on EMPs or whatever, said we could lose 90 percent of our society if our national grid goes down and can't be brought back up. 90 percent of society in the first six months would perish, possibly. So, if you're prepping for something like that or a major disaster, there's going to be impacts on your brain, man. You know? The bad experiences you have impact you. So understanding how that all works, because it's a system. Most people don't really understand it. So I think it'll be a good episode.

Dale Goodwin: Yeah, yeah. We practice learning about trauma kits and all that stuff for these big, major injuries and all that. But what events have happened that caused you to have to use that trauma kit? And how's that going to affect you? How's that going to affect your kids, your family?

Brian Duff: And that's the key, right? It might affect you. But if you know... if you understand how it all works and stuff, you could see that happening to other people. And if you understand some ways to deal with it, you can jump in there and maybe help them before it becomes too big of a problem.

Dale Goodwin: Yeah, yeah, absolutely. So I suppose since we're talking about that already, let's get into that. I don't know exactly how you want to start. You've got... you put together a bunch of slides and stuff. Do you want to start with that?

Brian Duff: You do your thing, start asking your questions and we'll just go down the road.

Dale Goodwin: All right. Well, before we get into what exactly the whole scientific process is... because you've got a lot of information on that stuff. We kind of touched on it already about how it could affect you and why it's important in an SHTF-type situation. I think it's... we tend to think of PTSD as people that come

back from the military and stuff, right? But we talked about how in any sort of SHTF situation it could be, you know, something that we have to think about. And think about that. Family members, children, I think is the big one that comes to mind with me because you've got to figure out how to address that stuff. And is it something that affects people differently? Or, is it basically kind of the same things? Do you know what I mean? Your brain chemistry? Does it affect people differently?

Brian Duff: It affects people differently just because I think everybody is a unique person. And you know, it depends. How much trauma do you have? How have you dealt with it? Have you processed any of it? You know, I'm looking at the stats over on the VA's website, right? And it says for Operation Iraqi Freedom and Enduring Freedom, 11 to 20 out of every hundred veterans who served in OIF or OEF have PTSD in a given year. You don't... not if you have PTSD... It's not like, "Oh, I had PTSD in a given year". It's all the time. It may manifest itself a lot more in a given year, you know? Like at a certain time or something like that. The Gulf War, they say, 12 out of every hundred and Vietnam was 15 out of every hundred. So somewhere in the 10 to 20 percent range. Now if we... If we look at it and we say, hey, you know what? PTSD just isn't for people in the military. It's for anybody that has an experience as trauma. It can affect everybody. All it takes is one time, right? So I think then if we, if we see that the numbers that the VA's putting out are 10 to 20 percent, I think it's fair to say 10 to 20 percent across our society suffers from some kind of trauma that they experience in their in their life. At least. I think it's more.

Dale Goodwin: Yeah, yeah. And you think about the support and all of that. A lot of it, you know... there's a lot of attention that gets to the military and you can debate how much support there actually is and how much there should be. But sexual assault and stuff like that, there's that support as well.

Brian Duff: Well, right there. 23 out of 100 women in this VA study reported sexual assault in the military. So I'd say there's 23 women that have a very high likelihood of having PTSD. Again, we're back at that 20 percent range, I think, for society. But I think also... what happens is we, as a society, are a trauma driven society as a world, right? If we can recognize that hey... having traumatic experiences causes you problems. Well, I think everybody can say we hear about the veterans, you know? You hear numbers of 18 to 22 a day killing themselves. I don't think it's that high, right? When you look at it. I think those are some talking

points people got a hold of. But it's still a lot of people every day that are killing... there are still veterans every day killing themselves. And we have people all across society that are going out there every day, killing themselves.

Brian Duff: So what's the problem? The problem is that we, as a society, don't treat it well. We never have treated it well. We're just now learning how to treat it well. And if you think... if you go back to the last century, right? We had... we ended up going to World War I. So all... we sent all these military guys overseas. Go fight in the trenches of World War I. I guarantee you a high percentage of those guys came back with PTSD. And at the same time, the entire nation got hit with three waves of Spanish flu. That killed tons of people. A lot of people died. Entire families or portions of families were wiped out.

Brian Duff: So that's a traumatic experience. You move forward into the 20s and you have all the people in the Dust Bowl moving out west. And when the Great Depression hit, right? Those were traumatic experiences. People losing their houses, not knowing what they're going to do, how they're going to feed their family. That's a traumatic experience. So we go forward. You go into World War II, Korea, Vietnam, and all these wars. They've never treated it. So all these guys, after World War II, what did you have? You had these peaceful 50s where everybody had cookie cutter houses and everybody joined the Moose Lodge, the Elks, the Masons, all these fraternal organizations. Why? Because they all went down there and boozed together. That's how they treated it. What did you have? You know, and so you had dad, all these PTSD doped up dads, coming back from World War II. And it's not their fault. We just didn't treat it. So what do they do? They went out and they started drinking at fraternal clubs, right? That's where you have, you know... remember Mrs. Cleaver, right? I mean, she's like, wearing a military uniform, right? What did they come out with in the 50s? There was a Beatles song, "Mother's... Mother's Little Helper". Valium. All these... a lot of women started taking Valium because their husbands were shot out with no treatment. Just your treatment is alcohol. And be a... be a PTSD...

Brian Duff: And we'll talk about how PTSD manifests itself, right? And so what did they... what did they... what did they do? They gave birth to all the kids and went batshit crazy in the 70s. So we're just one long line of a trauma driven society. And the problem is we don't want to address it. They could address it. The VA could address it. They're not addressing it, right? Now, because everybody's so... because of the opioid epidemic. You have an entire generation of doctors that

don't want to prescribe any meds. So what is the guy doing in crisis have? So it was... a lot of the new doctors out there, they're not going to get meds. They have nothing to go on other than to try to figure it out in their head, you know?

Brian Duff: And there's a cure for it. It's why I'm very pro-pot. Marijuana helps with PTSD. But what do we have? We have Big Pharma, the tobacco industry and the alcohol industry that all want to shoot it down. And we have the religious right that shoots it down. It's a plant that helps. It literally can help save people's lives. Federally illegal. So there's an option available. The biggest way to treat it is good therapy. Unfortunately, most people don't, most therapists don't understand how to truly deal with a really traumatized person. I've seen... I've been to a bunch of them, you know? And I see therapists that... they just have no idea how to deal with it. And the system isn't teaching them properly how to deal with it. There's a couple of places where... one where I went that I think it's the best PTSD treatment center in the United States, and I'm biased because it saved my life.

Brian Duff: And it's Deer Hall Recovery up in Draper, Utah. Amy Crawford was, is my main therapist there. Double Ph.D. Why does she have a double Ph.D.? Because she had PTSD and she was trying to constantly go, go bigger and do stuff right? And it fed her PTSD. But they're not treating it. Here's medications. And people think that it's just some magic thing that, you know... they really don't understand. Part of the problem that therapists have, too, is if you have somebody that's truly in crisis and you bring them into your office, you can't... they can't break it open, right? Like, you need to go in and deal with the memories and the traumas and scrub it out. They can't do that on an hour because now they turn you loose out into society and you're in some really bad, shitty place. So I suggest to everybody, if you have insurance and you're having issues and you want to... you want to treat your PTSD, go to Deer Hall Recovery out in Draper, Utah. See how much your insurance will cover. Or find a place that is legit. There's a bunch of places that aren't legit. There's insurance scams from a lot of these places out there. But that's what you need. You need good therapy. So what do you think PTSD is? Like, how would you describe it from what you know about it?

Dale Goodwin: Something that... that messes with your mental ability. Something that messes with your mental ability to do stuff. Something that there will be things that will trigger different emotions and all that stuff. But honestly, before talking to you, I didn't really understand the why of all the things, you know? You understand that certain noises, certain situations, certain things will affect people

differently and maybe bring up these emotions. But you really don't understand the why. And I think... to what you were talking about, too, it's the situations, kind of like with gun rights and all of that. We treat the stuff that we can see, you know? The problems that we can deal with. But these mental issues and stuff, it's not as cut and dry. So I think people tend to, especially in today's society, throw a pill at it. Or blame something else for those different things. And they don't look at the root cause. And I think luckily, we're kind of going more and more in that direction of the, you know, the mental side of everything. And getting down to the whole brass tacks of the issue, rather than the secondary issues that come because of something.

Brian Duff: I think the key to remember is it's, you know, it's post-traumatic stress. They call it... I don't call it a disorder, right? I'll still say PTSD just because it's programmed in my brain. It's not a disorder, man. It's a wound, right? You have people that come back from... You think about it. What are you talking about? Oh, you have trauma, right? What if we were to think of trauma outside of a mental way? What would we think about it as? We think about it as, oh, you got injured, right? You have trauma. That's what it is. It's an injury to the brain, basically. So I think people need to stop with the disorder crap. Because it's not a disorder. It's literally you... you were exposed to stuff that injured your brain. And I in a way... are you... It's not even an injury. Because what it really, when we get into this, what it really is, is your brain, your mind, your subconscious, is trying to protect you. And you lived through a really horrible experience. So any time you go down some pathway that might start feeling or getting towards that horrible experience, or it could even be that I don't want that experience to ever happen again. So I'm going to always be on total guard, right?

Brian Duff: And so... That's, you know, that's kind of what we're dealing with on this, you know? It's.. everybody can go down that path. And everybody can have, has PTSD in a way. Does it... does it crush people? Not necessarily. But you know, the first time... I didn't know I had it. The first time I should have realized I had PTSD was, I had just come back from overseas and I'm home about a week or two. And I end up going to the emergency room. I feel like I'm having a heart attack. They're like, "No, you're fine". And nowhere in my mind did I say, "Hey, what would cause a panic attack?" That... that would be, you know... that would feel as though... I'd never even registered it as a panic attack. I was just like, huh, that's weird. I had chest pain that wasn't a heart attack. So I'm thinking about what physical thing caused this pain. It wasn't physical. It was all in my head,

right? And so I should have seen that I had it then. But I didn't. And it goes on years and when it finally hit, it's like, it's debilitating. So let's go in and pull up that that first image. Let's go to one of those images and I'll talk you through what actually physically happens.

Dale Goodwin: Yeah, I was going to say, let's get to the... we've talked about why and all of that. So let's get into the whole definition. On your podcast you did a really good job of explaining the... why this stuff happens. And it kind of, you know, explains a whole lot. Like you were just asking me, "What do you think it is?" You explain it, and it makes the picture a lot clearer. But you've got this first picture here. I guess you just go through these, you've got a few of them.

Brian Duff: Yeah. So that is... that's the brain. And at the base of the brain is the limbic system, which has the amygdala. And the limbic system is our emotional center. And that's what kicks in our emotional response, which is freeze, flight or fight, right? So if we have something that scares us or we have something that traumatizes us, we have something that we're worried about... when we respond to it it's coming out of our limbic system. That's what's engaging our sympathetic nervous system. That's pure emotion down there. So here's our limbic system, right? So... our limbic system there. You'll see there's the basal ganglia, the thalamus, the hippocampus, the amygdala and the hypothalamus, right?

Brian Duff: They control... the hypothalamus controls body temperature, hunger, fatigue, and sleep. The basal ganglia controls movements, learning habit, cognition and emotion. The thalamus regulates some sleep,, consciousness and alertness, right? Like you know, if you're really activated, something has you going... what are you? Really hyper alert, right? So the hippocampus runs memory and navigation. The amygdala is memory, decision making and emotional responses. And that's important down the road because what PTSD is (and we'll work into it) is it's an emotional response to something that's happening in your body. Your mind is worried because something's happened in the past that reminds it of the here and now. And so it's letting you know. And so, what do we do? We come with this uncomfortable feeling is how it lets us know. So we come out of it with an emotional response, right? We're like, oh, that car cut me off and we lose our shit kind of stuff. So go to the next one.

Dale Goodwin: So when that happens, those just kind of fire off different responses and all that?

Brian Duff: Yeah, and we'll get into how it happens, but that's where it comes from. It's the limbic system. It's the amygdala. It's our lizard brain. It's the brain that when, you know, when T-Rex was coming over the hill, it didn't want you to stop and think, wow, is that T-Rex, you know, twenty-two feet tall with ten thousand teeth? Or is it twenty-three feet tall with thirteen thousand teeth? It wanted you to go, oh shit. A T-Rex! Let me run. You know? Or whatever... It did it... In order to survive it does not want you to think about it. So the emotional part of our brain can always override the rational part of our brain. Because the emotional part of our brain is our survival mechanism. You don't want to think about T-Rex. You want to just run.

Dale Goodwin: Yeah, get the hell out of here, OK?

Brian Duff: So yeah, right. So go to that next one.

Dale Goodwin: You've got that prefrontal...

Brian Duff: Now you see the limbic system. And you have the prefrontal cortex. The prefrontal cortex is at the front of the brain, right? So limbic system is the emotional center. The prefrontal cortex is the rational part of our brain. Again, the limbic system can shut down the prefrontal cortex. And one of the crazy things that happens is the more trauma you experience over time, kind of... not calcifies it... But it makes it more difficult for the prefrontal cortex. It reduces the ability of the prefrontal cortex to shut off the limbic system. So the one thing that gets you fired up controls the ability of the one thing that can save you - your rational brain going, hey, chill out, right? And so it can shut that down. It makes it... the more trauma you have, the harder that becomes. There's literally a physical thing that's going on.

Dale Goodwin: Gotcha. So your brain's kind of arguing with itself. [Laughing]

Brian Duff: So now what you have is, going around the brain, and it fires off... It transmits the nerve impulses that happen and that make our memories and do everything up in our brain. You have the neural pathways, right? So you have the prefrontal cortex and the limbic system, which are both connected by neural pathways. So that's kind of how again, PTSD or the limbic system, is all emotional. The prefrontal cortex, that's where our rational thought comes.

Dale Goodwin: Ok, so, so just to sum up real quick before we move on to the next one. So when you... when you've dealt with trauma or something like that, that affects what signals your limbic system is putting out basically? That the...

Brian Duff: Well, I'll cover right now. So I mean, I was going to cover it in a second, but we can do it now. So what happens is, when you get exposed to trauma, we're meant to process the trauma, right? Like... hey, that was a horrible thing I just experienced. And you go through either the stages of grief or whatever the case may be. And you process the trauma. Once it's processed, you store it away in your brain. And it's... and it's kind of just... it's filed away. You don't need to go back there. So what happens is sometimes you'll have a trauma for whatever reason that doesn't get processed. Just... it's... you haven't had a bunch of traumas. But something's sticking and it didn't get processed.

Brian Duff: So what it does is, instead of getting filed away somewhere else in your brain, it stays up in your prefrontal cortex and other parts of your brain, where it's kind of like an active memory. And so the other thing that causes it not to get processed is, if you have so many... a bunch of traumas happen right after each other or in constant succession, that you never get the chance to process them, right? You're just... it's one trauma after the next. This is where you kind of get into some of the stuff with the military, right? You know, they go off for... you know... if you're out... if they're out.

Brian Duff: Like, you look at the Restrepo guys that were up in Restrepo or they... I think one of the guys that died ended up getting the Medal of Honor. But they're literally attacked and fighting every day up there, right? For the entire time they're out there, pretty much. So they never get a chance, they never get a chance to process any of that, you know... hey, I just had a bullet almost take my head off two inches... you know, an inch away. They never get a chance to process that. So you have all those thoughts, those memories of those incidents, they're not... They haven't been processed. They're not filed away. They're just, kind of, floating around as sort of active memories in your brain. And so they're right there. Your amygdala, right? If... The amygdala doesn't understand time or place. It understands your senses. So the amygdala goes, hey, on this hot day in the desert this bad event happened, you know? And we were driving, you know? And there was a red car. So if you go out one day and it's hot, your amygdala will start going, "You know, it's hot out". It starts, kind of, getting a little emotional, you know? It gets you... It's like with me. I can feel... like... electricity going through my body.

Brian Duff: And so it's like, oh, it's hot out. And you're like, hey, man, we're not overseas right now. We're cool. Then what happens is you're going down the street and you see a red car and it's like, oh, hey, hey. There's that red... the red car. It was hot, right? And so the more things that line up that can - and it could be very small things. A smell in the air. Just the way things, you know, the way things feel. The heat, the dryness, the cold. Whatever it is. It starts you down that path towards... there's all these like touch points that happened in that event. And so the more touchpoints we have, the closer we are to obviously having that event happen. So the amygdala starts going, hey! It starts buzzing. It's trying to warn you. Trying to warn people that, like, the last time this happened, this bad thing happened. We don't want that to happen. So we don't do well on getting signals that feel good.

Dale Goodwin: Yeah.

Brian Duff: Like if... I mean... That's like some, you know, I don't know. Like... Maybe. I mean, there's people that feed off that. But like with me, it's literally trying to tell me, don't do this because something bad happens. So in a way, what PTSD is at its core, it's your mind trying to protect you from getting hurt again.

Dale Goodwin: Yeah, yeah.

Brian Duff: And the way it gets your attention... Because good feelings you know, like, hey, this felt great... It's that... That's not how it's going to get, can get your attention. Because we won't pay attention to that, really. We take feeling good, for example or... for granted a lot. So what does it do? It gooses you, right? It's like when somebody cuts you off in traffic. So, you know, with me, and with my peer group, we all did diplomatic protections, driving around Iraq and places in Suburbans. So we're in traffic. It put me in a big traffic jam and my amygdala... And what it does is it feels like... It's like it's electricity. It's an uncomfortable feeling. So, you know, if you think about it and you get drilled down. When you get those like nervous feelings and your stomach. Drill into that, sit down there and think about that. Think about the sensation that that is. And at the bottom, you'll start noticing it's sort of the base layer of all different sensations. I get, like, all kinds of little pokes and prods. It's my subconscious telling me it's not happy about something. It's worried and concerned. So in a weird way, PTSD as terrible as it is, is literally your brain trying to do the best thing it can for you.

Dale Goodwin: Yeah, yeah. And that goes into the whole coping with PTSD and stuff is understanding... And that's why I think a podcast like this is so important because understanding that stuff is essential when you think about, you know? In a SHTF situation or traumatic situation or something, understanding why things are happening in the way they are is going to help. It's going to go a long way as far as you, kind of, getting through that. I didn't mean to take you completely off track of your slides...

Brian Duff: No, no, no. It was... It was a good point because I think people sometimes feel that PTSD is like... this like sort of nebulous thing. I used to think and believe... even when I had it, that PTSD was a crutch. That it's not that bad. You know, I used to... and when it hit me... and looking back on it now, I'm like, wow. I was working a corporate job back in D.C. When it finally crushed me I was working a corporate job back in D.C., doing the... working for a company called Triple Canopy. I was running one of their diplomatic protection contracts overseas. And it was just... man. The contract was going to hell on us. Our CEO made a bunch of promises and did a bunch of stuff with pay. And it was just... it was a nightmare. And so this whole thing was raining down on my head. Well, part of trauma is unprocessed traumas, right? And your amygdala is like, hey, I think you're going to get attacked again. Or, I think this bad thing is going to happen again. Well, when you start getting the stress all going, it starts feeding off that. See? Look, we're all nervous. We're all worked up. We had...

Brian Duff: I had a really bad day on like, a Wednesday or whatever it is. I wake up Thursday morning and I feel like I'm dying. I'm pale. I'm shaking. I'm, like, a nervous breakdown. And about two hours into the day... chest pain. I can't breathe. I'm red. And I go to the hospital a second time for feeling like I'm having a heart attack. I'm like... I'm having a heart attack. I was thinking it was a stress heart attack. I get to the E.R. and the doc... They do all their tests and she's like, "No". She goes, "Have you ever seen someone about your head?" Like.. why would I do that? And then she did... she had a little come-to-Jesus meeting with me. That's where I started going down the path. But you know, that's kind of how it when it hit me, the full-blown stuff. Now up. I still had it before that. I was, you know, always shot out. Always nervous, worried, anxious. And when you get nervous, worried and anxious... If you're nervous and worried your kid's running down the street and you don't want him or her running down the street because you're worried that something's going to happen to him. How do you call them

back after the third... the second time you've called them? They haven't turned around.

Dale Goodwin: Yeah, I get pretty frustrated and angry. [Laughing]

Brian Duff: Yeah, and what is that coming out? That's not, like... The frustration and anger is literally because you, you care so much about your kid that you're like, I can't I can't control this. There's something... Maybe something's going to happen down there. So you yell, it's out of fear. That's what a lot of PTSD... it comes out as anger and anxiousness and all this stuff, but a lot of it is and I say all of it is a reaction to fear.

Dale Goodwin: Yeah, good point.

Brian Duff: So hey, hit up the next slide.

Dale Goodwin: Yeah, I was going to say, did I take you totally off track? I don't know which one to go to.

Brian Duff: No, no, no. It's all part of the conversation. It's all part of the conversation.

Dale Goodwin: So this one is on rational thought and emotion.

Brian Duff: Again, this gets back to the prefrontal cortex and the and the amygdala, the limbic system. Rational thought happens in the prefrontal cortex, up in the other part of the brain. And emotional thought happens, and reaction happens in the amygdala like we're talking about. And the problem... Because the... the prefrontal cortex... It struggles to shut off the limbic system because the limbic system is meant to override rational thought, like we talked about with the T-Rex. Once you get into the cycle where your PTSD or these traumas are coming out and your amygdala is taking it as like you're under constant bombardment. You get to the point where it's really hard to have a rational thought. And what that manifests itself, like in me, I couldn't think. It literally felt like cement was in my head, you know? And so this stuff manifests in different ways. But all everybody needs to know is when they're going down that road or when someone's worked up, it's because they're in there in the amygdala. And they're not able to get their rational brain to shut it off, to shut off the emotional response. That rational thought, the prefrontal cortex, is what comes in to shut off

the amygdala. And we're going to talk about some of that and why it's important. Okay. The next one.

Dale Goodwin: Okay. So the next slide?

Brian Duff: Yep. The physical way this happen, what I was just talking about with the amygdala and the prefrontal cortex, the rational brain and the emotional brain, the emotional brain controls the sympathetic nervous system. And the rational brain controls the parasympathetic nervous system. There are two different systems, right? You can think of the... and we'll go into a chart here in a second... But you can think of the emotional brain, the sympathetic nervous system, as your freeze, flight, or fight, right? That's, you know. Your pupils constrict. You focus. That's what turns on... You start going down this rabbit hole of I'm focusing on this thing or I'm running or you're in that total sympathetic nervous system stuff. The parasympathetic is like, hey, all the danger is gone. I'm going to sit down and go have a meal now and relax. And think about that. The parasympathetic engages your gut, right? When you get a sympathetic nervous system response, it's why you get cotton mouth. It shuts down... your salivary glands and stuff, right? It turns that stuff off. It's focused on we need everything to stay alive. I don't need to have to have spit coming out my mouth right now, right? I need all my energy, everything, to stay alive. That's the sympathetic nervous system.

Brian Duff: Once everything goes away, literally your stomach is like, hey, I need to fuel the machine so I can fight again. Now your stomach kicks in. That's your parasympathetic nervous system. Parasympathetic, where the sympathetic nervous system increases your heart rate, parasympathetic drops it. So it ends up working... If you can understand that it's literally two nervous system responses. The one that gets PTSD, where it gets the bad label of people being crazy or people angry, or whatever, comes out of the amygdala, the sympathetic nervous system.

Brian Duff: If you can engage the parasympathetic nervous system, you've got a fighting chance of shutting that off. So if we literally think about it as a reaction to something, right? Like... this is an interaction between two nervous systems. Well, if you're worked up, there's an old, you know, the old urban legend or whatever, if you've got, you know, if you've got blue nuts, go take a cold shower. Well, when you engage cold onto your body, your body recognizes like, hey, we need...

Because if you think about, like, a kid falling under the ice, right? They sometimes find these kids and pull them out 30 or 40 minutes later and they're still reviving them. Because when you go under the ice, when you get cold, your body slows its heart rate down. It dilates its blood vessels. It's a parasympathetic response.

Brian Duff: So if you go take a cold shower... The physiology behind it or whatever. The results behind it and what really is happening, is that cold shower is engaging your parasympathetic nervous system. And you're trying to get that to engage hard enough to shut off your sympathetic nervous system. So one of the things I do if I have a night where I can't sleep well, I go take a cold shower. It doesn't work all the time, and it's not fun. You get in there and you're going to blast yourself with the coldest water you can get. It sucks. And half the time I go back and I go lights out within five minutes.

Dale Goodwin: Yeah. So before we move on to the next slide... Thinking from an SHTF-type situation perspective or traumatic situation, do you have, other than, you know, like that doing something like that with the cold shower... is it mainly just a... paying attention to the problem and understanding that there is something going on? Or do you have other things that you do? Different tips?

Brian Duff: So they're all called coping mechanisms for things to actually do when you're in the moment, right? I walk around all day long knowing that my PTSD, like these sensations I get because it bombard... like right now. It's happening in my chest. It doesn't want me talking about this, right? It's because... what are you doing when, when I'm talking about this? I'm being one of the things that, they work in your, in your recovery. They teach you to talk... they talk to you about being vulnerable, right? And you know, it gets all this heady stuff that people go, oh, we don't want to talk about that.

Brian Duff: Well why not? Literally, that's what makes my PTSD, why it gives me, it goes me about it. It makes it so much easier to operate because I'm always operating as much as possible, off an even-keel. Like I don't have... I try to eliminate any of these fluctuations about - It's like when we get on the show here, you know, by the end of the day, it's just, I'm going to... I just go with what feels good. Like doing this right now. I have to think about not cussing. Because we're trying to keep the cuss words out of this one and all that, and it causes me anxiety. So when we get going, that's when I feel my best, right? So it's when you go

through the day, when you work on it enough... And this is not easy stuff. I'm not saying that what I did was anybody else can't do. They can.

Brian Duff: And I literally spent the last four years going down the rabbit hole of taking what I learned up at Deer Hollow and trying to figure out the physiology. Because what I'm getting, what all this means is, when it comes to PTSD and trauma, it's a system. You have a nervous system, your brain, two different nervous systems that are connected. You need... one tries to make you live. The other one is the thing that needs to go in there and shut it off. In that nervous system, you have memories from unprocessed traumatic events that cause the emotional one to start getting activated. So you need something to come in and inactivate it. So if you think of it like, hey, I'm getting emotionally activated over something that's a past memory. Like, it's not really happening right now, I'm just getting activated because it's doing its thing.

Dale Goodwin: Yeah.

Brian Duff: I tell myself that. And like, right as soon as... like right now when I said that, I can feel a sigh of relief like, oh, it's not as bad. It may not go away 100 percent. But understanding that I'm emotionally activated because it's an output of a nervous system thing that I have going on, and there are ways to change that output.

Dale Goodwin: So in essence, it's kind of like your brain protecting or attempting to protect yourself. But in the process, jacking things up.

Brian Duff: So look at it this way. It's how can... And this is when we say brain... This is when I do my mindset stuff and my situational awareness stuff. Where I talk about how it's our subconscious, right? This is our subconscious. This is our primal brain. Our subconscious is on 24/7. When you go to bed at night, what happens? You wake. I woke up. Why did I wake up? I heard something. Did I hear something? You don't know if you heard something, but you're pretty sure. Because why? Your subconscious monitoring, it's always trying to protect you. And so that's exactly what this is. It's not a bad thing. It's only a bad thing when we when we let it control us and we don't work to with it. It's not... Not every me it tells me that something is wrong, it's not. There's not always something. Well, sometimes there's something, though, that I can think about and do something better with, you know? And it tells...

Brian Duff: Like when I go to make decisions now, a lot of times, I'm big on the values thing. Because as long as I'm within, I have found in my case, as long as I remain in alignment with my values, it doesn't go as crazy. Because it's like, oh, yeah, we're good with those. That's what makes it tick. So there's a lot of times when we go to do stuff, if I start feeling like energy going, I check myself and think, what is it? Does it think I'm... Is there some past event that makes it think that we're going to die? No, it doesn't like the decision I'm making right now. How about if I back off and let me think about it a while, maybe? And what will usually happen is a day, maybe two days later, if I have that luxury to make the decision then, something will just pop and it goes, oh, that feels good. And I go with that one, and it usually works out pretty well.

Dale Goodwin: Yeah, interesting.

Brian Duff: Yeah.

Dale Goodwin: All right. You have two more here that have a lot of stuff on them. And what I'll do is, I've got a full screen image of both of these and then you can kind of explain what these are.

Brian Duff: Yeah. So this is a sympathetic nervous system that I was talking about. And the other slide we'll talk about the parasympathetic. You have on the slide for people watching the video, on your right is the sympathetic nervous system and on the left is the parasympathetic nervous system. So some of the things to know... and where you can physically tell which one's activated, right? Like I get, I still get chest pain once in a while. I have a little EKG machine, I have a pulse ox, I have a blood pressure cuff. I check myself and I go, hey, none of these things apply. I'm not having a heart attack. Because I know it's probably anxiety. And what happens is, you can tell what system is kicked in just by some of the physical features. So sympathetic nervous system dilates pupils, whereas the parasympathetic nervous system constricts pupils, right? The sympathetic nervous system inhibits salivation like we were talking about, and the parasympathetic nervous system increases it. Remember, the parasympathetic is about taking care of all the stuff that needs to be taken care of in between fighting the Mongolian hordes and all that. So you've got to sit down and eat, right? The sympathetic nervous system opens up your airways, the parasympathetic constricts it.

Brian Duff: So what I'm getting at is if you understand the features (you can cut back off this) is if you understand what physically happens with the sympathetic and parasympathetic nervous system, you can check yourself. Like, oh... I'm really fired up right now. Are my eyes constricted? Yes. Is this going on? Is my pulse rate elevated? Yes. Am I scared of something? No. Well, why is my stuff all elevated? Because I'm having a sympathetic nervous system response to something. You're not scared of something that's happened. You don't feel, really feel, in danger, but your brain's making you feel it. So you can learn to go down your check system and go, oh... I am in a sympathetic nervous system response. As soon as you know that and you admit it to yourself... now you can work on engaging the parasympathetic. How about if I start taking some breaths? Let me breathe and calm myself down. Just like, you know, when you get fired up with your kids. What do you do afterwards? [Sigh] What is it that? It's engaging... You're engaging your parasympathetic nervous system or parasympathetic nervous system.

Dale Goodwin: Sometimes you have to do that in the middle of a conversation. And just... I'm out of here. [Laughing] I don't even want to talk to you. So I kind of to an SHTF, to a prepper perspective... You're in an event, in a traumatic situation like that. It's a good idea to just at least acknowledge that, you know which part of my brain is causing this problem. Because if you're in a tough situation, you... if you understand how you're going to react to something, whether it's justified or whether reacting to something is overreacting, you can help yourself in that type of situation and help the people around you. Or if it is your family members, you can understand why, maybe, they're having that response, rather than just going, what the hell is your problem?

Brian Duff: Another way to check what you have going on, too, is when you're in that moment and you're really pissed... Someone cuts you off in traffic and you're yelling. And it's okay to be like, damn man, I wish... You know? Be a little bit upset. You just got cut off, right? It's totally cool. But if you find that you're going and going and going and seething about it and really going over the top, you know? You're beating on stuff in the cab of your truck kind of thing. Personal experience.

Dale Goodwin: I think we all have. [Laughing]

Brian Duff: Yeah, exactly. Well, is it really rational? Because what the question you ask yourself is... Why am I getting... Why am I letting myself go so crazy? My

response that I used to give myself was because they could have killed me. So what is “they could have killed me?” It's coming out as anger, but what is it... If someone tries to kill you, what do you think the emotion that you're going through at the time probably is? What's one guaranteed emotion?

Dale Goodwin: Yeah, that fear.

Brian Duff: Yeah, fear. So the anger is the reaction because fear doesn't feel good. If you think about fear... Think about watching a horror movie that might have scared you, the suspenseful scenes. Yeah, you get scared. But what does that fear come across as? It's something in your body, isn't it? Like, you're like, ahhhh, and you know, people do this. [Screaming] Why are we doing that? We have a sensation going on.

Dale Goodwin: Yeah.

Brian Duff: So if you think about that sensation, you have... That sensation is the physical manifestation of the fear. So now you have this physical “eek”. What happens? [Screaming] Anger. Anxiety. Nervousness...

Dale Goodwin: Road rage.

Brian Duff: ... comes as a result of that..

Dale Goodwin: Yeah, yeah, yeah.

Brian Duff: You're in and you go, oh, I'm really I'm tearing apart part the cab of my truck right now. I'm throwing shit in my truck. Because that person could have killed me. Go, oh, I'm in the total fear response right now. Are you always going to do it? No. Is it easy? No. But the more you catch it, even if you catch yourself an hour afterwards, right? If you catch yourself an hour afterwards, the next time you catch yourself 49 minutes afterwards. Over time, you can dial it in. So with me now, what's happened after four years of this... Like I said, this has been my focus because my other focus, had I not done this focus, was not going to work out well for us continuing to do a show back in the day, right?

Dale Goodwin: [Laughing]

Brian Duff: So what I do now is, I tie those sensations when I get “ugh”, right? Or whatever, I think about those sensations enough that now when the sensations first start coming on, it's like a dial that your amygdala.. that your... that your limbic system turns up, that you're sympathetic, nervous system gets going.

Brian Duff: I can now, instead of catching it when it's at a ten, a lot of times I can catch it like a two and go, oh, wait, I have something going on. What's... what's going on? And I go, is there anything I should be afraid of right now? Nope. No one's trying to kill me. It's not Iraq. There's no bombs, mortars falling out of the sky, you know? It's none of that. So what's going on? Ah, it's getting upset because it thinks that it might be. And once I say there's nothing going on, we're good guy, it tends to chill out. Now, if it's for something that I'm having a difficult time making a decision with, like, you know, you're trying to make that it just doesn't feel good. You don't like it. You're like, ugh. If you don't have to make a decision back off. And eventually I usually come up with another way of making the decision. It doesn't make me feel that cringe worthy stuff.

Dale Goodwin: Yeah, yeah. And again, in the SHTF-type scenario I was talking about, it's those... the decisions you make can have a huge impact on how everything unfolds. So understanding this stuff and knowing that something in those large scale events and stuff like that, something's bound to affect the way you think about things and affect your family members and all that. So I think it's super important. We talk about all this dangerous bad stuff all the time...

Brian Duff: Right. Well, and I think, too... When you have your amygdala firing out these emotional sensations, I look at it as unmonitored, those sensations, if you just let them go, lead to unprepared responses, right? That's what gets you. It's like, think about it as bugging out, right? If you don't, if you aren't monitoring what's going on and have a plan and going with everything and kind of understand how it's going and you go to bug out... you know it's probably going to be a shit show.

Dale Goodwin: Yeah.

Brian Duff: Well, the same thing holds true if we don't monitor the sensations we have, especially when you have traumatic stuff that regularly gets you going. If you don't monitor those sensations, you're going to get that unprepared response to those. That's where you're going to get that more emotional response. It's already

an emotional thing going on, a sensation happening. But then your reaction to that's what you project out around you. And, you know, tear-up-the-cab-of-your-truck kind of thing.

Dale Goodwin: Yeah, yeah. So we kind of talked about this last one, but do you want to go over this before we wrap everything up? Basically, it's talking about the kind of the stuff that we had already talked about. How one side is, it calms you down. The other side is basically putting you on red alert, right?

Brian Duff: Yeah, one thing I want to cover real quick man is, it's one of the things that we have... (and you can get off that slide there). But it's one of the things that... Where I think one of the problems that comes with PTSD is and where people have a tough time dealing with it, right? Like, we talk about... I mention it, you know, fairly frequently, I spent over a decade in war zones, right? All my friends, I look at it now, pretty much everybody has PTSD. That I had worked with and stuff like that. And where... and a lot of them killed themselves. I lost track in the 30s of, you know, friends that have killed themselves or people I know that have killed themselves. So one of the things that happens is, there's two responses when someone goes, hey, do I have PTSD? First, your brain doesn't even want to think about it. But once you do think about, until you really admit it and you kind of go down the rabbit hole and you're totally like, yes, I have it. Where you admit it, where you feel it, you're like, yeah, I have it. And you're OK with it. You have... you've come to terms with it. You have a brain wound from all this shit.

Brian Duff: Well, what happens is there's two responses that I usually hear from people. One is the response that, yeah, I don't have it. And so my response to somebody on that... And well, the second response is that my trauma isn't as bad as those peoples', right? So the one that says, no, I don't have it. Why? If you've been through traumatic experiences, even one experience. Why are you so strong? Please tell. Tell me. Tell yourself. I am so strong, there is no way I could have PTSD. I'm so strong. You're lying to yourself. Because again, we know 10 to 20 percent of the people get PTSD, you know, it's... Like I thought, that it was like, it was a crutch. I was in such denial like, no, you can't... PTSD. You know, people are full of it. They're just they're kind of milking it. It's just a new way of thinking. I was ignorant, right? And so the people that say my trauma isn't as bad... Why not? Trauma's trauma man. A life and death, a fearful experience, a great disappointment, you know? Look, would you tell your... If you're in a situation

and you're like, my trauma isn't bad. It's like, I'm not worth it, right? Like, it's not as bad as their trauma. You're downplaying, you're downgrading yourself.

Brian Duff: You're kind of... you're kind of shitting on yourself. Ask yourself if that was my daughter, my mother, my sister, whoever, my brother, whatever. And they'd been through these things. Would I tell them that, no you don't have... Your PTSD is not as bad as somebody else's?

Dale Goodwin: Yeah, you wouldn't.

Brian Duff: Would you tell them that? If you won't tell them that, don't tell yourself that. And remember, nobody is so strong. There's no rhyme or reason to who it impacts. So if you got it, you got it. It's not... It's a wound. It's, you know, and like... I learned... Like I said, I do all this stuff where I monitor my stuff. To me, it's like a person that lost a leg. They have a new reality. They've got... they get by without their leg. They figure it out. There's different ways. The brain wound is no different, man. And so understand that anybody can have it. Everybody in our society has experienced trauma. So therefore, 10 to 20 percent of people are going to have it. It only make sense. And if you've been through a bunch of stuff... If you did a bunch... You did one tour... You did a bunch of tours overseas. You spent a decade overseas. Why wouldn't you have it?

Dale Goodwin: Yeah.

Brian Duff: You know?

Dale Goodwin: And just to close this out, even if you don't have full-fledged PTSD, just understanding this stuff... And even if they're just small situations, understanding how your brain's functioning, even just a little bit, you know, the little bit that I know, it makes you stop and think about what you're doing at the very least. And you can make more rational thought or rational decisions and stuff like that when you understand how your brain is working. So just a really interesting topic to me. And it's something, like you said, we all have for forever, have just taken for granted because you can't see it. It's not a broken bone. It's not a gaping flesh wound or anything.

Brian Duff: And remember that the drugs again, you know? I make no bones about it on the weed for PTSD. But the drugs, the alcohol, any of that stuff. You mask when you take it. You're masking. If you're taking it to kill the pain, you're

masking the pain. The pain is still there. And the only way you get that pain out is to go in there and do the work. And that means go to somebody who can help you. And that's the only way you're going to get it out. I mean, hey, if you have to take meds and do your thing to cope and get by, then do what you got to do. But the way to truly get it under control as best as possible, so you can kind of stay off the meds and that kind of stuff, is to do the work.

Brian Duff: And it's hard. It's hard to go up and talk about. And the way you do that is you have to talk about it with people. And you go in there and you figure it out. And that's hard to do. It's like the most horrible stuff you've ever dealt with... you've got to go talk and deal with. It's horrible. Totally fear. When I drove up to Deer Hollow, I turned around five times going up there. It was so terrifying. And that's what you need. That's what it is. And there's nothing terrifying. You'll come out of it on the other end, just a whole... Your life will be so much better.

Brian Duff: All right. And there you have the episode on post-traumatic stress. I hope you found it interesting. I hope you found it helpful. I hope that it gives some perspective to you about the traumatic experiences that either you have faced in life or that you may face in life and the repercussions for those traumatic experiences. And some ways to hopefully, help rein in those repercussions, right? To help rein in the problems that come with, or as a result of, having a post-traumatic stress injury. As I said before the show, please, if you found this show helpful, please share it with people that you think may benefit by it. If someone doesn't listen to podcasts, remember, they can go over to The Mind4Survival.com. Click on the survival school. If they don't understand podcasts, I have a whole course, "Survival Podcast Made Easy", on how podcasts work, how to download them, how to listen to them, and all that. And if somebody just doesn't like listening to audio only, they can go over the Survival Preppers YouTube channel and look this video up over on Survival Preppers and watch it over there. So with that, everybody, thank you for letting me share this information with you today. I appreciate and am so grateful that you all come and listen and subscribe to the channel and do all that. So, with that, and as always, stay safe, secure and prepared and never forget, you are just one prep away from being better prepared. Bye for now.

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