

An Iranian and American Veteran Exchange Stories and Discuss Inner Peace:

We Were Thirteen

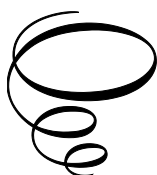
An Iranian and American Veteran Exchange Stories and Discuss Inner Peace:

We Were Thirteen

By

Mohammad Khodayarifard
and James McClenon

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FOREWORD

DR SAYYED MOHSEN FATEMI
AND DR GHOLAM ALI AFROOZ

In *An Iranian and American Veteran Exchange Stories and Discuss Inner Peace (We Were Thirteen)*, the authors discuss self-help ideas for treating anxiety, depression, and post-traumatic stress disorder (PTSD). They advocate mindfulness, meditation, cognitive behavioral therapy, and Pennebaker's (1997, 2004) *Writing to Heal* exercises. These methods have been proven effective through controlled studies.

There are features in this book that demonstrate why psychological phenomenology works better than mainstream psychology in normal life. The authors' war stories combine moment-to-moment focus on consciousness with cross-cultural awareness. Their narratives are replete with moments of awareness, perceptiveness, and awe. Evocative and striking threads in each story help to usher the reader toward reflective imagination and contemplation.

Mainstream psychological paradigms require expert observers. These orientations advocate precision, objectivity, universality, refutability, and verifiability. As a result, they can reduce empathy for the *Other* (those outside the accepted group). Psychological phenomenology, on the other hand, focuses on the subjective experience. It regards experience and consciousness as phenomena *in-relation-to* others' experience, characterized by directedness, embodiment, and worldliness. This orientation encourages empathy for the *Other*.

Mainstream psychology has failed to curb, to any significant degree, humankind's propensity for wars. Its theories rarely pertain to mental states and offer no dominant strategy for treating PTSD. Expert psychologists show limited interest in direct experience and consciousness (Fatemi, 2019). Psychological phenomenology offers an alternative perspective. Its theories coincide with therapies advocating close attention to sensation; methods proven useful for treating PTSD and other anxiety disorders.

The authors of *We Were Thirteen* practice a form of psychological phenomenology in attempting to understand each other. They seek complementary interconnectedness. They attempt to bridge cultural gaps. Their efforts are used to prompt self-help exercises that are designed to deal with the paradoxes inherent within their stories. These methods are conducive to a reduction of anxiety and the development of inner peace.

We Were Thirteen is different to most collections of war stories. Storytellers often portray war as “hell,” while simultaneously praising the warrior’s collectivity. They describe heroic deeds that reflect bravery and suffering. Non-experiencers are expected to feel gratitude for the warriors’ sacrifices. War is represented as a test of manhood and a rite of passage. It is a measure of the meaning of life and a special arena where young men test themselves, and sometimes give up their lives for the group. Although many authors express reservations, their stories covertly affirm the values of masculinity and collective identity. War entails opposition to the Other, fighting against a group labeled as inferior. PTSD is a hidden element, an unseen cost of the heroic feat. Even when storytellers express nihilistic sentiments, the heroes’ disillusionment only adds to the sense of sacrifice.

We Were Thirteen disrupts this convention by comparing stories from two very different cultures. These comparisons have therapeutic value. The reader, exposed to cross-cultural perspectives, must ponder alternative ways of thinking. Rather than celebrating their collectivity, psychologically wounded warriors are urged to use self-help strategies to reinterpret their memories.

Western readers can benefit from an increased awareness of the richness of Shi’ite Islamic traditions. These traditions provide a contrast to standard Western humanistic orientations. The celebration of Shi’ite martyrdom may seem strange to Christians, but *We Were Thirteen* opens a window for accepting the Other on an emotional level. It provides a foundation for mutual respect. This way of thinking contributes to international empathy and understanding.

The war stories themselves underline the urgency of this goal. Told in heartbreaking simplicity, they aim to reduce the probability of future wars by working through self-help ideas that could work on the international level. While expert psychologists offer limited solutions, phenomenological psychology advocates mindfulness as a pathway toward tolerance. Developing a compassionate awareness of one’s thoughts can help to develop a sense of inner peace. *We Were Thirteen* illustrates this method.

Many of this book’s self-help exercises make clear the significance of Harvard professor Ellen J. Langer’s concept of mindfulness. Langer

describes the psychotherapeutic implications of mindfulness and its capacity to contribute to our understanding of the subjective world (Fatemi, 2019). *We Were Thirteen* advocates mindfulness and empathy while questioning taken for granted assumptions. It offers multiple perspectives for thinking about a world where war is mindfully replaced by peace.

We Were Thirteen illustrates seemingly universal elements within trauma, but it also portrays glaring cultural differences. The authors' perceptions during the Iran–Iraq “Imposed War” (Iranians perceive their war as “imposed” on them by Iraq) and the Vietnam War were poles apart. The Imposed War was a defense against an Iraqi invasion while the Vietnam War was an aggressive war — it was not “imposed” on the USA. Associated beliefs were also dramatically different. Iranian combatants sought martyrdom: a pathway to salvation. Combat had a sacred quality, inspired by their religious leader. American soldiers, during the Vietnam War, lacked a unifying religious ideology, except for the notion that their religion and cultural heritage were superior to that of others. They fought against communism in favor of American economic and political values — an ideology advocated by their politicians.

The prayers recited by the Iranian martyr and revolutionary leader, Mostafa Chamran, reflect the transcendental message of the Imposed War. Chamran believed that military operations should be a form of spiritual exercise and his life reflected his faith. He was a Ph.D alumnus of Berkeley who put aside his earthly belongings in order to defend his country on the battlefield. Beliefs among American soldiers were not equivalent. They did not regard their war as sacred. Their unifying beliefs concerned “we-versus-them” and the concept that “we” were superior to “them.”

The two authors explore common human bonds, yet their memories are embedded within divergent social, cultural, religious, and political contexts. The Iranian idea of martyrdom and religious transcendence offer alternate psychological interpretations of PTSD, war, death, survival, and guilt, compared to American concepts. Iranians, seeking martyrdom, felt guilty when they failed to achieve this goal. American combatants describe “survivor's guilt,” but this PTSD symptom has a different meaning to the same description identified by Iranians.

Although *We Were Thirteen* details culturally specific constructions of distressing experiences, the authors note common therapeutic strategies. Cognitive behavioral therapy, mindfulness, family therapy, and *Writing to Heal* exercises transcend cultural divides. The physiological processes associated with recovery are universal.

We need to acknowledge both authors' efforts in depicting their experiences and appreciate their bravery in expressing their viewpoints and perspectives. We predict that readers will find this book a source of inspiration and insight.

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PREFACE: WHO WE ARE

Without adversity, we never find who we are.

—Lailah Gifty Akita, *Pearls of Wisdom: Great mind* (2020)

For as he thinks in his heart, so is he.

—Bible – Proverbs 23:7

Mohammad Khodayarifard and James McClenon met at an academic conference in Tehran, in May 2006. They quickly discovered deep mutual interests. Both are war veterans, and professors specializing in clinical mental health. They each take an interest in international relations. Soon, they engaged in joint research projects regarding childhood psychotherapy, and co-authored two academic articles about children's mental health and the impact of veterans' PTSD on their children. They became friends.

Mohammad was born in 1951 in Hamedan, Iran. He became a devout Shi'ite Muslim and joined the anti-Shah movement while in high school¹. After graduation, he joined the army, as is required in Iran. In 1973, he was arrested and sent to Evin Prison. The torture he underwent in prison, and associated religious experiences, changed his life. After his release, Mohammad earned a BA in Psychology and a MA in Counseling and Guidance. He continued to attend anti-Shah meetings and received commando and guerrilla warfare training from Dr. Mostafa Chamran. A famous revolutionary militant, Dr. Chamran had been active in Algeria, Egypt, and Syria. When Iraq invaded Iran, Dr. Chamran asked Mohammad to train his newspaper reporter colleagues in guerrilla warfare. Mohammad brought his thirteen-man team to fight against the Iraqis around Ahvaz and Sūsangerd (hence our subtitle, *We Were Thirteen*). He also saw action with the Islamic Shipping Line and in Iranian Kurdistan. During his service, each of his team members died in combat. Mohammad was the only survivor.

¹ Shi'ism is one of the two main branches of Islam. Shah is a title given to the emperors, kings, princes and lords of Iran. We explain more about both of these subjects later in this book.

After the war, he returned to graduate school and earned a Ph.D. in Clinical Child Psychology from the University of Wollongong, Australia. He became professor, chair, and later dean, of the Psychology Department at the University of Tehran. He has published more than forty scientific papers.

James McClenon (Jim) was born in 1947 in Washington, DC, USA. He graduated with a degree in Civil Engineering from Virginia Tech in 1969. He served as a US Army lieutenant in Vietnam in 1970 and 1971, and an advisor to South Vietnamese combat engineer units. After returning from Vietnam, he earned a Ph.D. in Sociology from the University of Maryland. He taught at Elizabeth City State University (North Carolina) for two decades. In 2004, he earned a master's degree in Social Work and became a licensed clinical social worker at Virginia Beach Psychiatric Center. He has written over thirty academic journal articles and is the author of four books about unusual experiences, spiritual healing, and mental health.

Jim became concerned about Americans' lack of understanding of Islam. He worried that conditions in America were parallel to those that led to the Vietnam War. Many Americans regard Muslims as their enemies. In 2002, President George W. Bush included Iran among three countries he regarded as fearful adversaries, labeling Iran as part of an *axis of evil*. Jim's memories of Vietnam compelled him to devise a strategy for increasing Western understanding of Islam and Iran. With this in mind, in 2006 Jim travelled to Tehran to attend the academic conference where he met Mohammad.

Mohammad and Jim shared war stories. Their storytelling evolved into a kind of mutual therapy, with methods chiefly derived from James Pennebaker's (2004) *Writing to Heal* exercises. Pennebaker argued that the simple act of expressing thoughts and feelings about emotionally challenging experiences could improve mental and physical health. Subsequent research has proven that completing these exercises have long-term effects, improving both psychological and physical health (Smyth and Lepore, 2002). *We Were Thirteen* takes readers through this process. It offers self-help exercises at the end of each chapter, allowing readers to practice the strategies that have most helped the authors achieve inner peace.

INTRODUCTION TO THERAPY

The Vietnam War was like a wound that would never heal.

—Ed Sanders, American poet, singer, social activist, author

But to you who are listening I say: Love your enemies, do good to those who hate you, bless those who curse you, pray for those who mistreat you.

—Jesus (Luke 6: 27–28)

Jim's Story

Mohammad and I will tell our stories and discuss strategies for inner peace. It is a process that we have learned, and it has brought us so many benefits that we want to share with you. We invite you to join us.

In the beginning, we did not talk that much about our wars. We worked on writing academic journal articles. Our paper was accepted by the *Journal of Loss and Trauma* (Khodayarifard and McClenon, 2010). We measured the degree that children of troubled veterans experience adjustment problems. Our second paper revealed therapy strategies unique to Iran (Khodayarifard and McClenon, 2011). The first editor, who learned that we were both veterans, asked us to compare our war experiences as part of the article. In 2011, we discussed the idea of writing a book about our wars.

It wasn't easy for me. I had tried to forget those times. I had not told my stories to anyone. It hurt to bring up the memories. My recollections were fragmented. Some involved unspeakable fear. Many seemed meaningless, involving stupid, trivial things. Most of my memories are not worth talking about. The stupidity of it all was part of the problem.

Mohammad described the men he trained and brought to the front. "We were thirteen," he told me. "Allah allowed each of them to achieve martyrdom except me. I could not understand why Allah did not allowed me to be martyred."

"Our attitudes were very different," I told him. "We were troubled in very different ways."

In this book, we will describe therapies for dealing with the nightmare of war. We invite you to join us in seeking inner peace. It may not be easy for you. There is a cognitive dissonance involved in this: you, like us, are likely to find that you hold incongruous beliefs and attitudes that must be held up to the light. We had to struggle to do what we were trying to do. Yet there has been a process that we can help you to follow, one that has delivered to us both an immense and lasting relief. We now know that the effort has been worth it.

*

Mohammad and I gradually began to share our war stories. It was a relief to be able to talk to someone about these things, and interesting to learn about the war experiences of another culture. “I fired the M47 Dragon missile and felt its weight leave my shoulder,” Mohammad told me. “I kept the view locked on the Iraqi tank until I saw it explode. I wanted to fire another missile, but Mohsen would not give it to me. I saw the Iraqis go into their trenches. ‘Give me another missile,’ I said to him. ‘That was easy! Let’s get another tank!’”

“He was calm, like an ice cube,” Mohammad continued. “‘There is no time for that,’ Mohsen said to me. I’m leaving. If you want to live, come with me.’”

“I got down off the roof and we started running. Then the building exploded. We were thrown to the ground. I looked to my right. A tank had fired at the building where we had been and about fifty Iraqis were shooting their rifles. We got up and started running again. The mortar shells began landing all around us. I was sure we would be martyred but we reached the water and started swimming. That’s when the real trauma began. I can’t swim. I’ve never been able to swim. I began swallowing water. ‘I’m going to be martyred’ I thought. ‘That will be the last tank I ever hit. How can I survive? Eventually I made it to the other side. We went on to hit many more tanks.’”

“Did you see enemy tanks in Vietnam?” Mohammad asked me.

“I never saw North Vietnamese tanks, but I was in firefights,” I told him. “I was with the South Vietnamese combat engineers. It was a guerrilla war. Someone would shoot at us and our guys would fire back without seeing anything. They would shoot everything they had – rifles, machine guns, and mortars – without seeing a target. It was absurd. Sometimes they would shoot for ten minutes without anyone firing back at us.”

“You said your soldiers fired without seeing anything to shoot at,” Mohammad told me. “The Iraqis did that also. We would sneak up on them and shoot a few rounds. They would shoot back long after we had gotten away, sometimes for hours. It was hard to get away because we often had little concealment. I crawled on the ground while they fired at me, thinking that I would be martyred. I expected to die, and when I survived, I could not understand why Allah had not allowed me martyrdom.”

“That way of thinking seems strange to me,” I said. “It’s hard for me to relate to that. It’s also strange to think that you were a guerrilla – we fought against guerrillas.”

“Let’s hope we don’t have to do it again,” he said.

“Do you realize that my country may bomb your country?” I asked Mohammad.

“When foreigners invade, my country unites,” he replied. “If America attacks, I will give up my research and fight at the front.”

“I refuse to take part in another foreign war,” I told him. “I had enough of that in Vietnam. I hope America and Iran can figure out how to get along. I’m concerned that if I work with you, I’ll put you in danger in some way. You might be accused of cooperating with the enemy.”

“You don’t need to worry. I am not afraid,” Mohammad said. “I am willing to martyr myself. When it comes to defending my country, I will do my utmost, even if it costs my life.”

I was unsure how to respond to his comment. Like many older Iranians, he had expressed disappointment with how things had turned out after the Revolution.

“I can’t work with you if I am putting you in danger,” I told him. “We should agree to not discuss politics in any way. We can confine our work to writing about mental health and individual therapy. Americans and Iranians can agree about things in those areas.”

“That sounds good,” Mohammad said. “By sharing our war stories, we can help others realize that they too can feel better through completing self-help exercises. We’ll offer self-help ideas for dealing with post-traumatic stress disorder.”

“I’ve never talked with anyone about what happened to me in Vietnam,” I told him. “It was different for me than it was for you. You were a war hero. It wasn’t like that for me. There was a stigma associated with fighting in Vietnam. Many veterans never talked about it.”

“How did you deal with your memories?” Mohammad asked. “I know it’s not easy. It’s difficult to adjust when it’s over. I could not understand why Allah had not accepted me as a martyr.”

“For me, it was a wound that never healed,” I told him. “I thought it was best not to talk about it. Later, I practiced different types of meditation. I tried to forget. There were so many things that regular people could not understand. I felt isolated from other people because there was no way to explain to them what it was like, and also because no one wanted to hear about it. It was too far outside of normality.”

We began to discuss methods of easing and dealing with the symptoms of post-traumatic stress that so many war veterans, and people who have experienced trauma, struggle with.

“There are ways of dealing with it,” Mohammad said. “In Iran, we use cognitive behavioral therapy, or CBT. It involves identifying dysfunctional thoughts, refuting them, and replacing them with more logical thoughts. First, you figure out which thoughts are causing the problem. A soldier might feel guilty because his friends died in combat. The therapist helps the soldier realize that he was not responsible for his friends’ deaths. The therapist then helps the soldier reframe his way of thinking. There are dysfunctional cognitive habits that the soldier can identify. For example, ‘all or nothing’ thinking: the idea that there is only right and wrong, with nothing in between. It’s dysfunctional to think like that; it stops us from living in peace. When the dysfunction thought arises, he can tell himself, ‘It wasn’t my fault. I was doing as best as I could.’ I use cognitive behavioral therapy within family therapy sessions. I find this useful for treating childhood mental disorders. I have the family members focus on the positive things they see in each other. This works for treating troubled children. I work with the whole family, rather than focusing on the child. This could work within many groups. Rather than focusing on the individual, the therapist treats the group, because the group is often the origin of the person’s problem. I’m curious about which methods have been found most effective in America for treating post-traumatic stress disorder.”

“Cognitive behavioral therapy is a common treatment method for PTSD in the USA, too,” Jim answered. “There have been a number of evaluative studies indicating that CBT works. Of course, it isn’t effective for everyone. Studies found that many people, sometimes 20 percent, drop out before completing the treatment program. The dropouts tend to be those with the most severe symptoms. Some people do not respond to treatment. Studies have found that CBT, by itself, is not as effective as CBT combined with other methods, such as desensitization therapy, eye movement desensitization and reprocessing (EMDR), and mindfulness therapy. Researchers have tried to determine which methods, and combinations of methods, were most effective, but their findings have not

been fully conclusive. They are not certain which elements within each method contribute to success. Strategies such as muscle relaxation, cognitive restructuring, breathing exercises, assertiveness skills, role playing, and guided self-dialogue seem to work, but the therapist-client relationship seems particularly important – perhaps most important. Other studies have tried to figure out which medications are best, or which combinations of medication and therapy work best. They found that CBT was as effective as medication, and that it was more effective for preventing relapse than medication. Some researchers argue that exposure to the trauma, in small doses, is the factor among therapy strategies bringing success. They refer to this as *Exposure Therapy* (Van der Kolk, 2014)."

"What do you mean by Exposure Therapy?" Mohammad asked. "We use *exposure* in Iran, but I wonder what you mean when you use that term."

"*Exposure therapy* offers exercises that allow clients to tolerate increasing levels of traumatic discomfort," Jim replied. "For example, a client, bitten by a snake, suffers from PTSD. Her therapist has her bring up a mental image of a snake while deeply relaxed. The therapist helps her process the emotions associated with this exercise. Later, the therapist shows her a photograph of a snake and asks her to discuss her reactions. Eventually, the client gains the capacity to touch, and handle, a real snake. Through repeated, controlled exposure to traumatic stimuli, the client becomes habituated, and, as a result, her symptoms decline. Some methods involve storytelling as a way of bringing up and dealing with traumatic memories. Other strategies include encountering places or objects related to the trauma. The various forms of exposure allow the client to become increasingly able to process traumatic memories."

"People don't like to confront their fears," Mohammad noted.

"Not everyone completes these types of programs," Jim replied. "There's a high dropout rate. A way to get around this problem is to use eye movement desensitization and reprocessing (EMDR). This method is less stressful, and more suitable, for some people. It involves a special form of exposure."

"What is eye movement desensitization and reprocessing?" Mohammad asked.

"EMDR requires the client to pay attention to back-and-forth movements while thinking about the trauma memory," Jim said. "Some therapists use other repetitive stimuli, such as a sound. Most typically, the therapist asks the client to think about the trauma while waving a finger back and forth in front of the client's eyes. This method has proven

effective for many people even though it is not certain that the finger movements produce the recovery. It might be that exposure to the memory (exposure therapy) causes the effect and that the finger movement is merely a distraction that facilitates processing emotions. EMDR has attracted a lot of attention because it's relatively simple and seems to work. The mechanism has elements similar to mindfulness therapy. Mindfulness meditators naturally bring up traumatic memories while sitting in silence and focusing on their breath. The focus on the breath is parallel to watching repetitive finger movements; it reduces direct focus on the negative memories. This dual awareness seems to facilitate processing the memories. Mindfulness therapy might be regarded as a form of EMDR."

"Some therapists teach mindfulness in Iran," Mohammad noted. "You practice it yourself, right?"

"I started to practice mindfulness meditation before the idea became popular," Jim answered. "When I got back from Vietnam, I knew I had to do something to deal with my memories. I smoked marijuana, but that didn't solve my old problems and it created new problems. Eventually, I began meditating. Mindfulness involves focusing on the breath as a way of being in the present moment. When thoughts, sensations, or memories come up, the meditator takes note of them and then returns awareness to the breath. I have tried all manner of meditation strategies. I went to India and Nepal to learn more about it. No method brought quick results, but each had impacts."

"Exposure therapy, EMDR, and mindfulness can be regarded as cousins of cognitive behavioral therapy (CBT)," Jim noted. "CBT involves talk therapies which focus on thoughts, images, beliefs and attitudes affecting behavior and the ways these thoughts, beliefs, attitudes, and behaviors can be changed in order to deal with emotional problems. Studies show that CBT is safe and effective. It has been validated in many cultures. Because there are disadvantages associated with CBT (drop-out rates, need for therapeutic guidance, costs, stigma), self-help strategies seem appropriate due to reduced cost and stigma."

"Have self help programs been proven effective through controlled clinical trials?" Mohammad asked.

"An internet-based self-help for PTSD has been proven effective using random sample trials (Lewis., Farewell, Groves, et al. 2017)," Jim noted. "Many of the strategies advocated by self-help books and the Department of Veterans Affairs have been found effective through controlled trials. Self-help books include Block's *Mind-Body Workbook for PTSD*, Williams and Poijula's *PTSD Workbook*, and McKay, Wood,

and Brantley's *The Dialectical Behavior Therapy Skills Workbook*. These books combine CBT with other methods that have been found effective."

"Pennebaker's *Writing to Heal* exercises have also been proven effective through controlled studies (Pennebaker and Evans, 2014; Smyth and Lepore, 2002; Frattoroli, 2006). Regular people were assigned the task of writing about troublesome memories and later given questionnaires measuring their mental wellbeing. The researchers compared writing groups to control groups and found that the writing groups were significantly better off, both psychologically and physically, even many years later. Analysis of 146 randomized control studies revealed that those completing writing therapy exercises experienced improved psychological and physiological health, improved immune system functioning, and fewer days off due to illness. The overall effect size was almost identical that that of the statins used to prevent heart attacks (Frattoroli, 2006; Leucht, Hierl, Kissling, et al., 2012). We advocate *Writing to Heal* in this book. This method has the same rate of effectiveness as cholesterol lowering statins drugs, the bestselling medication of all time. Users should not expect all their problems to go away, but the evidence indicates that they should expect their symptoms to decline with the degree of improvement correlated to the degree of effort expended. Evaluative studies show that a major element within *Writing to Heal* is its use of exposure strategies. Writing exercises combine the rationality of CBT (proven effective through controlled experiments) with exposure processes (considered by many to be at the heart of most successful treatments of PTSD)."

"Have there been physiological studies regarding PTSD recovery programs?" Mohammad asked.

"Researchers found that specific areas of the brain affect pleasure, rationality, engagement, memory, and emotion," Jim replied (Van Der Kolk, 2014). "The electroencephalographic images of people exposed to trauma differ from those of other people. The differences imply that trauma disrupts the cognitive 'wiring' connecting rational, emotional, and memory brain areas (the brain does not have actual 'wiring,' but synapses connected by electro-chemical processes). Dysfunctional connections prevent rational areas of the brain from processing memories and emotions related to emotional trauma. Memories of abuse, rape, combat, relationship failures, severe grief, major accidents, and illnesses sometimes disrupt brain connections. Witnessing someone else experience trauma can also cause disruptions. As a result, people with PTSD have symptoms such as nightmares, flashbacks, anxieties, special fears, dissociations, feeling dead inside, and inability to get close to others.

Electroencephalographic results also show the effects of therapy. People who have completed successful therapy programs show images that indicate that defective cognitive “wiring” has been restored. Rational areas of the brain are properly connected to emotional and memory areas, as indicated by normal images.

“I think therapy could benefit everyone, not just clinical patients,” Mohammad said. “Changes in one family-member often brings about changes in the rest of the family. When someone moves in a psychologically-healthy direction, others adjust in a healthy direction. The process involves psychologically healthy people changing in ways that result in the person though to have a psychiatric disorder becoming okay. The entire family benefits. Is there evidence regarding psychological healthy people increasing their level of wellbeing?”

“Pennebaker’s *Writing to Heal* exercises demonstrate the capacity to improve psychological and physical health in both regular college students and community members,” Jim replied. “Everyone could benefit from self-help strategies and those around them would also be helped since there is a propensity for people to change when perceiving changes in others. This could occur merely through one person completing a self-help program. Self-help programs include cognitive behavioral therapy, mindfulness therapy, and journaling exercises. Results appear to be permanent. Those completing *Writing to Heal* exercises were found to be healthier, both psychologically and physically, than control groups, even years afterward.”

“I wrote down my memories long ago,” Mohammad noted. “I suppose that I was doing a kind of *Writing-to-Heal* exercise. Writing forced me to organize my memories, connecting rationality, emotions, and memory. When we tell our stories to each other, I think we are also doing a form of Pennebaker’s exercise.”

“James Pennebaker provides specific guidelines,” Jim noted. “Writing down a traumatic memory requires *simplification*. The writer or storyteller must edit, reframe, and simplify fragmented, emotion-laden memories. By reframing and simplifying the story, the storyteller shapes the memory so that it fits into a linear format – a story with beginning, middle, and end. To create a narrative worth telling, some elements, thought to be less important, are deleted while meaningful elements are simplified and emphasized. The resulting story reflects the storyteller’s improved cognitive structure, a brain configuration with rational, emotional, and memory brain areas efficiently connected. Memories that previously were so complex and emotion-laden that they could not be processed are simplified and reframed, resulting in rational connections

between emotion and memories. Good storytelling requires this; the result is improved mental health. Although storytelling involves multiple therapeutic processes, for the sake of clarity, we shall refer to this element as *simplicity*.”

“The value of *mindfulness* for treating PTSD can also be explained within a physiological paradigm,” Jim explained. “Mindfulness requires mental focus, time, and patience. It is a form of meditation — attention to the present moment through focusing on the breath. When a thought arises, meditators take note of the thought and return their awareness to the breath. The thought is like a “mini-story.” It is a piece of a story. The mindfulness process allows the meditator to identify dysfunctional memories, cognitive habits, or mental schema. Over time, the meditator perceives that certain memory fragments are linked to negative emotions and that these connections are dysfunctional. Fear, hatred, or anger prevent memories from being processed. Through practice, the meditator can replace dysfunctional cognitive habits with healthier strategies, increasing the role of rationality. This requires *patience*, since, at the beginning, inner focus brings up uncomfortable thoughts and emotions. The meditator takes a series of small steps: a memory arises, the memory is slightly processed, and the experiencer returns to the breath. The experiencer fails, again and again, to fully process negative memories. The process seems slow but, with *patience*, results occur. Memories are eventually processed, and the mediator becomes habituated to traumatic stressors through exposure. Although there are many ways to describe this process, for convenience, we will call this *patience*. Mindfulness brings *patience* and, ultimately, better psychological health. The memories are still there but the person becomes able to deal with them.”

“Therapists find that that mindfulness can lead to improved relationships,” Jim continued. “Problematic relationships are common in clients suffering from severe trauma since they often feel alienated from others. They use dissociative strategies to cope with difficult memories and this reduces their awareness of their own emotions and body states. They are often so wrapped up in their inner states, that they fail to perceive others’ needs. This damages their relationships. Successful therapy restores brain connections, reducing PTSD symptoms. As a result, cognitive boundaries among people are reduced and restored connections bring empathy and compassion. People have better relationships with others when their fears and inner discomforts decline. Conversely, when a person focuses on compassion, fears and inner discomfort decline, and mental health improves.”

“I think spirituality is involved with this,” Mohammad said. “In Iran, we often use religion and spirituality within our patients’ treatment plans. Your American National Alliance on Mental Illness acknowledges the value of this. Spirituality has positive impacts on mental health. Religion and spirituality help people by generating compassion, inner peace, purpose, forgiveness, and gratitude. Belief even provides physical benefits. Scientists label these effects as placebos. They find that placebo processes are often powerful. If a person believes that a treatment, ritual, or home remedy will be effective this creates a self-fulfilling prophecy and the believer benefits. We don’t need to change other’s beliefs. We encourage people to use their own beliefs to improve inner states. Muslims perceive this as a natural process. Over the millennia, there has been a progression toward the understanding that God is One. Believing this helps the believer. Humanity has progressed toward the realization that God is compassionate and that, if we are also compassionate, we attain a deeper understanding of the Oneness of God. That is the heart of our Islamic faith.”

“I think most Christians agree with what you said,” Jim replied. “There are many ways of thinking about compassion. Spirituality, belief, empathy, and compassion are intertwined. For the sake of convenience, we can refer to all these elements as *compassion*. In Christianity, we say that God is Love. The idea of compassion is central to this.”

“Our advice is often general in nature,” Mohammad noted. “We should include special instructions for people suffering from PTSD. Although each case is different and no method works for everyone, certain strategies are often effective.”

“We can draw from Babette Rothschild’s (2010) *8 Keys to Safe Trauma Recovery*,” Jim responded. “These keys can be adapted to individual needs. They help you to identify the symptoms in your body that arise when your mind is in conflict. You can learn to recalibrate your responses in accordance with your own ranges of comfort, and this leads you to better distinguish traumatic situations from safe ones. Gradually, you can learn to trust yourself and others again and navigate the world in a way that is not hindered by your traumatic experiences.”

Rothschild’s Eight Keys to Safe Trauma Recovery

1. Use mindfulness to identify which strategies will prove useful in your own recovery.
2. Acknowledge that the traumatic event is over and you have survived.

3. Determine whether you need or want to remember your traumatic memories.
4. Recognize that flashbacks are merely memories.
5. Forgive yourself and others and process your shame by sharing it.
6. Take small steps to find your own pace of recovery.
7. Use movement and exercise to enhance your healing.
8. Harness your struggle as a means to help others.

“We need to explain these more fully,” Mohammad said. “These keys are central to our *Writing to Heal* strategy.”

“We’ll discuss Rothschild’s keys within our self-help exercises,” Jim said. “The ideas she advocates are in accordance with what researchers have discovered about the physiology of PTSD. Certain regions of the brain are affected by trauma and stress (Rothschild, 2010, 79–80). The brain’s temporal lobe has two *amygdalae* (plural of *amygdala*). When exposed to trauma, the amygdalae release hormones that immediately activate flight, fight, or freeze reactions. These hormones affect the hippocampus, the center that consolidates information and keeps track of the temporal sequence. When exposed to extreme levels of stress hormones, the hippocampus shuts down and important information fails to reach rational thinking areas in the cortex. As a result, trauma memories are not fully processed. They are fragmented, sometimes repressed, and lack a marker indicating ending. This leads to flashbacks, the sudden re-experiencing of the traumatic event. It is as if the trauma never ended and, as a result, it re-emerges when the person is exposed to *triggers*. Successful therapy restores connections between amygdalae, hippocampus, and cortex. Therapists help people process their memories, a strategy that restores brain connections. Electroencephalogram (EEG) data reveal disrupted brain connections in PTSD sufferers and normal connections after successful therapy.”

“*Writing to Heal* exercises have proven useful for restoring brain connections, resulting in long-term improvements in mental and physical health. These results are in harmony with Rothschild’s (2010) keys. Writing and revision works best through mindfulness (key #1), taken in small steps (key #6) when processing memories (keys 2, 3, 4, 6). Those who seek healing achieve it.”

“Allah loves those who seek to purify themselves (Qur’an, 9:108),” Mohammad replied. “Rothschild’s orientation provides an academic framework for using spirituality within therapy. We will need to

discuss this more fully. People seeking psychological health can achieve it.”

In summary, we offer a self-help program designed to achieve inner peace. It involves simplicity, patience, and compassion. Our program is not just for religious people. It will work for both believers and non-believers. The ancient Taoist sage Lao Tsu (1988) offers a poetic version of this idea:

*Simplicity, patience, compassion.
These three are your greatest treasures.
Simple in actions and thoughts, you return to the source of being.
Patient with friends and enemies,
you accord with the way things are.
Compassionate toward yourself,
you reconcile all beings in the world.*

CHAPTER ONE

BEFORE THE REVOLUTION

*Every day is Ashura and every land is Karbala.*²

—Ali Shariati (1933–1977); Iranian revolutionary and sociologist

If you know the enemy and know yourself, you need not fear the results of a hundred battles.

—Sun Tzu (c. fifth century BCE) ancient Chinese general, author of *The Art of War*

Jim's Story

My wife, Karen, took this photograph of us in front of St. Stephan's Cathedral in Vienna (photo 1-1). Mohammad and I are college professors. We became friends through working together on journal articles about children's therapy and mental health. We found that we were both veterans and devised a plan for this book. We shared our memories about the days we struggled to stay alive.

We were retelling our stories as a form of therapy. As we talked, we watched children run after soap bubbles beside the cathedral.

St. Stephan's Cathedral (Stephansdom) is an amazing structure. It has a Gothic edifice, a 137-meter (450-feet) north tower, twenty-three bells, an astonishing altarpiece, a stone pulpit, and the tombs of Emperor Frederick III and Prince Eugene of Savoy. We took the tour and viewed eighteen main altars, incredible paintings, and many sacred icons. We went into the catacombs and saw crypts of bishops, provosts, and dukes, as well as the bones of 11,000 common people. The bones, sorted and stacked, filled room after room. It was strange to see so many human bones. The tour guide said that, during the bubonic plague in 1735, they

² Mohammad explains the significance of this quotation later in the chapter [page 10].



Photo 1-1: Mohammad Khodayarifard and James McClenon in front of St. Stephan's Cathedral (Stephansdom), Vienna, Austria

had no better place to put the bodies. Eleven thousand bodies made a lot of bones. Looking at them gave me a chill.

I thought about the bodies in Vietnam. The bodies by the hospital were on the ground, shoulder to shoulder. Each body had a life. The Austrian bones were dried out and stacked, a monument to past suffering.

I wondered what Mohammad thought about the bones. His country's war with Iraq killed about a million men. That's a lot of bones. My war killed about 3 million Vietnamese. I think Mohammad's war was different from the war experienced by most Iranians. He was a commando fighter, but most Iranians saw trench warfare. For them, it was like World War I. For me, Vietnam was a guerrilla war. Other Americans saw actual battles. For me, people died one at a time. It fucks you up to be involved. Wars produce post-traumatic stress disorder (PTSD). Killing people and seeing people killed causes psychological damage. Many Iranian and American soldiers came home with psychological problems. Studies indicate that about 32 percent of Iran–Iraq War veterans (Khaledian, Bodaghi, Khanjari, Fatemi, et al., 2014) and 30 percent of Vietnam War veterans (National Center for PTSD, 2020) suffer from PTSD. Family members of these veterans may experience “secondary” PTSD. Vietnamese civilians exhibit special problems; they are troubled by the

ancestral spirits of relatives who were not buried properly. These spirits are believed to cause physical and psychological infirmities among the living (Gustafsson, 2009). America's more recent wars generated similar psychological effects. PTSD rates among Americans returning from Iraq (15.6–17.1 percent) and Afghanistan (11.2 percent) vary (Hoge, Auchterlonie, and Milliken, 2006; Hoge, Castro, Messen, Cotting, et al., 2004). I see them in the psychiatric hospital where I work.

There were physiological features within the Iran–Iraq and Vietnam Wars that generated psychological trauma. Iraqi poison gas resulted in about 50,000 Iranian casualties with 80,000 handicapped survivors. One day, 20,000 died from nerve gas (Iraqi Chemical Attacks Against Iran, 2020). America applied Agent Orange in Vietnam, harming vegetation and humans. Exposure to Agent Orange killed or maimed approximately 400,000 US soldiers and affected 4 million Vietnamese. Children of those exposed to it reveal high birth defect rates.

The Austrian bones bring flashbacks, memories of dead bodies, and a feeling of despair. I wish I did not have those memories. I really wish it had not happened the way it did. I struggle to keep from crying.

*

We climbed the stairs and walked toward the cathedral altar. We saw the Maria Pötsch Icon, a painting of the Virgin Mary holding the infant Jesus. Jesus grasps a three-stemmed rose, symbolizing the Father, Son, and Holy Spirit. I wondered what Mohammad thought of it. He does not accept the three-stem idea. That's the main difference between Christianity and Islam. Mohammad advocates one stem – one God. Muslims can't understand why Christians make the distinction.

“Why do Christians think that God is three?” Mohammad asked.

“What's going on?” I say to myself. “Does he know about the symbolism of the three stems?”

“It is like 3-in-one oil,” I tell him. “3-in-one oil has three components. It is one, but it is made of three things, each one is useful for a different function. They use it for bicycles. It cleans, lubricates and protects. We believe that God is like that. God has components.”

Mohammad pondered this metaphor. “What about regular oil?” he asks. “Oil is one. God is One.”

“I'm not a theologian,” I answered, “It's a fourth-century doctrine. I don't know who thought it up. God is one but has three parts.

The idea was useful a long time ago, I guess. It can't be understood completely by regular people."

We looked at the three roses in the Maria Pötsch icon: God the father, God the Son, and God the Holy Spirit. There have been fights over this issue – centuries of warfare between Muslims and Christians. In the late 1600s, Hungarians fought the Muslim Ottoman army. This was Mohammad's and my heritage, something seen from different vantage points. In 1683, during the Ottoman siege of Vienna, Hungarian Christians launched the largest calvary charge in history, repelling the Islamic assault. It must have been quite a sight, all those horses with armed riders charging! The Ottoman army was turned back but the conflict continued. The first coffee house in Vienna opened soon afterwards, using coffee beans captured from the Turks.

The Máriapócs Madonna icon was painted in 1696. It was installed in the local shrine, in eastern Hungary. That was when the miracles began. The Madonna image shed tears. People marveled! How was this possible? Tears came from her eyes. Was it real?

It got so cold that the wine in the priest's chalice froze but the icon's tears still came. A priest lifted a dying child to touch the tears and the child recovered. That was the first healing. Hundreds of other miracles followed, mostly healings. Some authorities dismantled and examined the icon in front of three hundred people. They found no normal explanation for the tears. It was so powerful! Their faith had power!

"Don't focus on that type of thing," my wife, Karen, said. "It's superstition."

"I'm telling the story of what people saw," I told her. "Maybe Mohammad is curious. His Islamic culture was on the other side of this."

Emperor Leopold I had the icon brought to Stephansdom, in Vienna, to protect it from the Ottoman army. It continued to do miracles and healings. In 1696, an invincible Muslim army approached Vienna. Again, the situation was bleak. Muslim armies had previously conquered Constantinople and Eastern Europe. Now they threatened Western Europe again.

Prince Eugene of Savoy prayed before the icon. Would Europe be saved? His prayers were answered. He ambushed the Ottomans while they crossed a river near Zenta. More than 30,000 Ottomans were killed. That's more bones than we saw in the rooms below us. A copy of the icon was sent to Máriapócs. The copy also wept and performed miracles.

There's a metaphor here: you don't need the original. Faith works, no matter what! Faith is contagious. It can spread from one icon to another. The Vienna miracles continued, and some people say that it helped bring down the Berlin Wall in 1989.

"You can't say that," Karen argued. "I don't believe in those things."

"Some people believe," I replied. "The icon has been working miracles for more years than the USA has existed. It works for some people. Their belief has power. Even scientists recognize the power of placebos. Belief heals people. Even if you don't believe completely, it can work. People experience healing."

Mohammad listened attentively. We knew each other well. I knew that his faith was unshakable. He didn't need miracles to believe. For him, the logic of one God is more important than anything else. Our friendship is similarly unshakeable. We focus on mental health. It unites us. We care for people.

I prayed before the icon's flickering candles. "Don't let bombs fall on Mohammad," I asked. "If this icon can do miracles, then let it bring peace between Muslims and Christians. Let our hearts change from asking for killing to asking for peace."

We walked through the cathedral doorway, into the sunshine. "If you're praying for peace, you're asking for a miracle," Karen remarked. "I don't think that miracles happen. If they do, they are very rare. People don't give up hating each other after doing it for century after century."

"It's a matter of faith," I said. "Every little bit helps. I've had experiences with this. These icons are powerful. You would be surprised at what is possible."

"What did you think about when you were inside this cathedral?" I asked Mohammad.

"I was glad to be in a holy place," he said. "It is like a mosque. There is a good feeling inside. These places facilitate a good relationship with God. We pray and God accepts our prayers. We know that God listens."

I wanted Mohammad to tell Karen about his religious beliefs so she could understand his war stories better. For Mohammad, war was a religious experience.

Mohammad Begins his Story and We Discuss Religion

"I'm sixty-one years old," Mohammad told us (we were talking in 2011). "I was born in 1951 in Hamedan, Iran. Hamedan is about 360 km (224 miles) southwest of Tehran, which is our capital city. My father worked for the Ministry of Economics under our ruler, the Shah. He retired while the Shah was in power. I was the youngest in my family. I have three sisters and two brothers. My wife is fifty-nine years old. I have two daughters, aged thirty-three and thirty-five. One daughter and grandson live here in Vienna. The stories that I want to tell you now happened during the 1960s and 1970s, when the Shah of Iran was in power."

"How did you become so religious?" I asked.

"One of my schoolteachers was very devout, and he organized a group so that we could discuss religion. He talked about why we believe in Allah and why the Prophet Mohammad was Allah's messenger. I was very interested in this. We discussed why Allah gave us the Qur'an, and what happens after you die."

"What happens after you die?" Karen asked.

"There is another life and a day of judgment," Mohammad replied. "No one knows exactly what happens, but the Qur'an says that we are responsible for our behavior and that we will be judged by God."

I could see that Mohammad was not used to describing his beliefs to someone who knew little about Islam. I tried to get him to go over Islam's basic tenets, but he seemed uncertain about where to begin.

"How about I tell Karen what I know about Islam and you can correct me if I'm wrong?" I suggested.

"Okay," Mohammad answered. "Our religion is based on the Qur'an. How much do you know about the Prophet Mohammad?"

"Starting in 610 C.E. (by the Christian calendar), the Prophet Mohammad received messages from God," I told Karen. "That was the beginning of his mission. The people around him were amazed at the things he told them. The messages were very poetic and profound. They wrote down what he said, and that became the Qur'an. The Qur'an affirms that there is one God, Allah, who will judge each human after death. *Allah* is the Arabic word for God. The Qur'an, when recited in Arabic, has a beautiful lyrical sound, and the messages clarified and extended Jewish and Christian doctrines. Over time, this new way of thinking was labeled *Islam*, a word meaning 'surrender, becoming peaceful, or submission.' It is related to the Arabic word *salam*, meaning 'peace.'"

"If it means peace, why do Muslim terrorists blow up people?" Karen asked.