Knowing the results of Dr. Katz’s work and the many lives that she has changed, I am delighted to endorse [her] Warrior Renew workbook for men and women seeking healing from MST. Although the high prevalence rates of MST are discouraging, I am confident that Warrior Renew can reach many, many MST survivors and provide the hope and healing that they need.”

—Lt. Col. Patricia Jackson-Kelley
Los Angeles County Military and Veterans Affairs Commissioner

Quotes from Past Participants of Warrior Renew Programs:

“Thank you for your efforts in turning my life around. I have faith now that my life will be as it should have been. I’ve gotten hope back. It truly does work.”

“I know now that I can conquer anything I put my heart and mind to. This [program] has saved my broken life.”

“You’ve helped me immensely, by healing from the inside out! Thank you!”

Hundreds of thousands of military personnel worldwide have been victims of sexual assault and harassment. This client workbook is an essential part of an integrative, evidence-based treatment developed over many years by Lori S. Katz, PhD, which has already helped hundreds of survivors of military sexual trauma (MST). The only workbook of its kind, it provides a wide range of therapeutic exercises and activities to help survivors restore their sense of safety and reclaim their lives. These include obtaining an in-depth understanding of MST, opportunities for self-discovery, and engaging the body with movement and relaxation exercises in a context of support, caring, and validation.

This workbook is designed to help survivors understand normal reactions to MST and how to manage them. Readers will learn how to release the grips of anger and resentment, injustice, betrayal, self-blame, shame, and grief. They will learn how to deal with such physical symptoms as sleep problems and stress and engage in assessment of their own interpersonal patterns. The book also explores the impact of MST on relationships and how to cultivate and sustain healthy relationships, intimacy, and sexuality. Additionally, the workbook can be used to help individuals who have experienced childhood and/or adult sexual abuse and trauma. Through Warrior Renew, survivors will be able to move forward in their lives by creating a new sense of identity, purpose, and self-worth.

Key Features:

• Provides an effective, easy-to-use treatment for MST
• Based on a proven program already in use at several VA centers and military bases in the United States
• Addresses a variety of issues specific to MST such as injustice, betrayal, self-blame, effect on intimacy and trust, and emotional isolation
• Includes therapeutic activities such as writing exercises, visualizations, relaxation and movement exercises, and group interactions
Warrior Renew
Lori S. Katz, PhD, is a clinical psychologist who has worked for the Department of Veterans Affairs for over 20 years specializing in the treatment of military sexual trauma. She was the founder/director of a women’s mental health center and developed a sexual trauma treatment program that included supportive housing for homeless women veterans. She has been recognized as a “subject matter expert” and as such she worked on a Department of Defense task force to develop new policies for the care of victims of sexual assault. Her work has been the topic of local, national, and international news reports. She is a researcher, clinician, and public speaker on the topic of military sexual trauma.
Warrior Renew: Healing From Military Sexual Trauma

Lori S. Katz, PhD
This workbook is dedicated to all of the courageous men and women who have incurred the wounds of sexual trauma while serving in the U.S. military: Army, Navy, Marines, Air Force, Coast Guard, National Guard, and Reserves. It is an honor to serve you.
Disclaimer
This book is designed as a self-help book to improve coping skills. The contents of this book are offered as general information to help you in your search for emotional well-being. If and how you want to use this information is your choice; however, the author and publisher assume no responsibility for your actions. Please seek professional services if this is needed or desired. This book is not a substitute for professional mental or physical health services.
It is a privilege to write the Foreword for this first-ever workbook to assist men and women who have been victimized by military sexual trauma (MST). To give a brief history, I met Dr. Lori S. Katz in 1993 during my employment at the Department of Veterans Affairs (VA), West Los Angeles, California. The VA Long Beach and the VA West Los Angeles women veterans programs worked together to establish a “one-stop shop” for our women veterans combining primary care, gynecology, and mental health in one women’s health clinic. These sites had two of the first funded full-time Women Veteran Program Managers, myself and Diane Guilano, RN (Long Beach), which allowed us the flexibility to coordinate our efforts. Dr. Katz was instrumental in guiding us through some very difficult treatment plans for our patients identified as having MST. Several of the women verbalized their feeling of safety once they entered treatment with Dr. Katz. She also provided us with educational classes that allowed us to more effectively treat our MST patients.

Knowing the results of Dr. Katz’s work and the many lives that she has changed, I am delighted to endorse Dr. Katz’s Warrior Renew workbook for men and women seeking healing from MST. Although the high prevalence rates of MST are discouraging, I am confident that Warrior Renew can reach many, many MST survivors and provide the hope and healing that they need, for all of those across the country and throughout the military.

Lt. Col. Patricia Jackson-Kelley
Veteran of the U.S. Air Force and Air Force, Army, and Navy Reserves,
Los Angeles County Military and Veterans Affairs Commissioner
Former Women Veteran Program Manager,
Department of Veterans Affairs, Greater Los Angeles Healthcare System
Preface

*Warrior Renew* is based on a treatment approach that the author has been developing for many years while treating those with military sexual trauma (MST). It is a combination of the best lessons and most effective exercises—refined, revised, and tested—and then packaged into a systematic and comprehensive approach for healing MST. This manual can also be used for those who have experienced childhood and/or adult sexual trauma and abuse. It is not limited for use with any particular diagnosis such as posttraumatic stress disorder or depression, but rather addresses common symptoms and reactions to sexual trauma across diagnoses.

There are several values underlying the *Warrior Renew* program. First of all, it is assumed that everyone “makes sense.” There is a good reason why people respond to trauma the way they do. This insight and connection to understanding the past can be a great relief in itself, but can also assist in releasing old patterns and building new, more positive ones. Second, healing is a process of resolving the past by rethinking or reprocessing it in the present—it is a process achieved by toggling among thinking, feeling, and moving. *Warrior Renew* is intended to be an interactive program designed to help readers by offering education on MST-related topics and opportunities for self-discovery in a context of support, caring, and validation. Third, healing is about releasing the emotional constriction that inevitably surrounds trauma. This means not only moving through painful material, but also reconnecting with positive factors such as optimism and self-esteem, and being able to connect with others and experience joy. Many participants find the program to be validating, engaging, and, as it is intended, *fun!* Although this may seem counterintuitive, it is equally important to learn to laugh as it is to learn to cry—and sometimes having fun is a great way to motivate learning, teach tolerance of negative emotions, build trust and community, and facilitate releasing old pains.
Ultimately, the intention of Warrior Renew is to help readers become free from the burdens of the past so they may welcome a productive and affirming future.

Note: This book is meant to be gender neutral, designed for both men and women. Thus, pronouns of both genders will be used throughout the workbook. Also, the words “victim” and “survivor” will be used in this text to refer to those who have been attacked or have endured events of sexual trauma and to those who have carried on, persevered, recovered, and/or are seeking recovery. Readers of this text are most likely both.
Acknowledgments

First of all, thank you to Seymour Epstein, a brilliant and proficient psychologist whose work on cognitive-experiential self-theory has been a guiding foundation for my work. Dr. Epstein is also a valued mentor and role model who has my utmost respect.

Next, thank you to Jane Hammerslough, LMFT, for her support and contributions to this book. Ms. Hammerslough is an accomplished writer, having authored over 30 books for adults and young readers, and is a frequent contributor to magazines and newspapers. She is also the winner of the Award for Excellence from Parenting Publications of America. Ms. Hammerslough is a cherished colleague and her input is much appreciated.

Thank you to Lt. Col. Kelley for her kind and encouraging words. Lt. Col. Kelley has had an impressive career in the military and serving veterans. It is an honor to know her.

Finally, thank you to Nancy S. Hale and Springer Publishing Company, who share the passion for addressing military sexual trauma and realize the importance of this topic by supporting the publication of this book.
Orientation

- Opening exercises: Group introductions (see Appendix A)

Note: All weeks after Orientation begin with an opening exercise and end with a closing exercise as described in Appendix A and Appendix B.

OVERVIEW OF WARRIOR RENEW

The Warrior Renew program was designed to address unique aspects of military sexual trauma (MST). It gives participants (1) skills to manage trauma symptoms, (2) tools to address unresolved issues such as injustice and self-blame, (3) guidance toward radical acceptance of the past, and (4) the inspiration to move forward in one’s life in a meaningful way. In addition, it delves into interpersonal issues, where MST may have disrupted the ability to form secure relationships with others. By definition, MST is an interpersonal type of trauma (it happened with another person), often characterized by betrayal, shame, and lack of support from others—leading to resentments, unrealistic self-blame, difficulties with sexuality, and avoidance of emotional and physical intimacy.

This workbook provides a variety of ways to understand, process, and ultimately overcome sexual trauma and abuse and its effects. It is divided into 12 chapters. The first chapter discusses “What is military sexual trauma?” This chapter explores this trauma and the many physical, mental, emotional, and social repercussions it may have on the lives of those who have experienced it. In the next chapter, feelings are discussed as helpful and adaptive responses from our thoughts where “feelings give us valuable information.” In Chapter 3, readers learn how to cope with nightmares and ways to develop good sleep habits to promote sound sleep. Chapter 4 discusses “triggers” or sudden feelings of anxiety or panic that are associated with trauma. In addition, skills are offered to help readers tolerate and release intense feelings. In Chapters 5
and 6, readers learn ways to deal with important feelings such as anger, resentment, guilt, self-blame, and shame. The focus in Chapters 7 and 8 is on memories of trauma, holograms, and defining relationship patterns. In Chapter 9, readers learn important skills for recognizing and dealing with feelings of loss and grief. Chapter 10 discusses a developmental model for romantic relationships, how to rekindle trust, and healthy sexuality, and it explores what each reader feels is an ideal relationship. In Chapter 11, readers learn skills for improving communication. Finally, Chapter 12 assists readers in developing ways for finding meaning, empowerment, and joy after experiencing trauma and beyond. Throughout each chapter, exercises guide, encourage, and help readers to explore their own feelings and thoughts about their experiences.

**COGNITIVE-EXPERIENTIAL SELF-THEORY**

Seymour Epstein is a well-known psychologist whose work on cognitive-experiential self-theory (CEST; Epstein, 1990, 1991, 2014) is a guiding theoretical foundation for *Warrior Renew*. In this model, Epstein demonstrates that we have two basic ways of processing information, the cognitive-rational system and the experiential system. The cognitive-rational system processes information in an intellectual way, while the experiential system processes information in an emotional way. Trauma is an emotional experience and, therefore, by activating the experiential system, information can be accessed about the trauma. Similarly, Epstein proposes that in order to affect deep and lasting change, that change needs to occur in the experiential system. This can be achieved through either new lived experiences or imaginal experiences (imagery). (More about this will be presented in the text.) Thus, *Warrior Renew* activates the experiential system in several ways: (1) opening exercises (interactive games) help participants feel better, increase safety, build a sense of community, and assist participants in feeling more present and “in their bodies” before learning the text; (2) class time itself is designed to be a healing experience including insights, discussions, imagery, and journaling; and (3) closing exercises (relaxation activities) allow participants to experience the neuro-emotional effects of “quieting the mind.”

**A HOLOGRAPHIC REPROCESSING APPROACH FOR HEALING TRAUMA**

Based on the theories of Epstein’s CEST, Lori S. Katz developed a psychotherapy model called Holographic Reprocessing (HR; see Basharpoor, Narimani, Gamari-give, Abolgasemi, & Molavi, 2011; Katz, 2001, 2005; Katz et al., 2008; Katz et al., 2014). A brief explanation is that HR works holistically—with the “whole person”—addressing recurrent patterns that can occur in people’s lives and relationships. The treatment includes identifying patterns consisting of thoughts, feelings, and behaviors, but it is people’s experience
(both past and present) that ultimately either reinforces (strengthens) or changes the pattern of thoughts, feelings, and behaviors. Positive new experiences weaken old patterns and set the stage to create new, more healthy ones.

In this model, participants are not required to relive or recount specific events of trauma. In fact, there is no sharing of trauma stories during group. Participants will not be required to write about specific events of trauma, but may do so if they feel it would be helpful. In the HR model, it is acknowledged that these events have already occurred. Instead of recalling what has happened, the focus is on how trauma has affected people’s lives. HR examines the total impact of having lived through trauma and all of its consequences. In other words, instead of focusing on a specific event of trauma, the focus is on the person who has experienced trauma and the resulting relational patterns, including perceptions about oneself, others, and the world. These perceptions are the focus of treatment. By taking an objective viewpoint, participants can think in new ways about themselves and others—considering context and other people’s motives and agendas. HR also helps people heal through self-compassion, encouragement, and awakening possibilities for a better future.

A TRANSFORMATIONAL APPROACH TO HEALING

There are many ways to help people who have experienced sexual trauma and abuse, all of which have their own merit and value. Some approaches seek to reduce symptoms such as lessening the severity of depression, improving sleep, or reducing avoidance or panic attacks. This is very helpful when people are suffering from such intense symptoms that they have difficulty functioning. However, in addition to providing coping skills and education, this book also aspires to help people address that which causes the symptoms, rather than simply to manage or reduce the symptoms. In other words, participants in this program learn to consider the core or root of the issues that cause pain and how to see it in an entirely new way. Thus, the term “transformational” is used because participants have permanent change when they heal that which remains unresolved, haunting, or unsettling deep inside of them.

A GUIDE FOR USING THIS TEXT

Note: A separate facilitator’s handbook (Katz, 2014) discusses program design (e.g., outpatient, residential, and accelerated), guidance for facilitators, and outcome research.

If you are using this manual in a group, then establishing certain agreements and rules will help the group run smoothly. The following section is a description of what group members can expect. It covers the basic structure and format, confidentiality, and the starting and ending processes. This way everyone is informed and can start with the same expectations.
Using This Text in a Group

Groups seem to run best when kept small (no fewer than 4 and no larger than 15), with the optimum number between 8 and 12 group members. Groups also seem to run best if everyone is committed to attending all sessions, participating in the discussions, and doing the suggested opening and closing exercises. There will always be differences in a group. These differences can add to the richness of the discussion by highlighting new points of view. However, if the differences are too great, they could be disruptive to the flow of the group. It is recommended that a group have a strong leader/facilitator who can keep the group on task, facilitate discussion, handle upsets and disagreements, and balance the level of work with humor and fun (for details, please see facilitator’s handbook, Katz, 2014).

The leader can also prescreen group participants to make sure everyone is a good match with each other as well as determine if they are safe, ready, and able to participate in group. For example, if someone has been feeling suicidal within the past 90 days, has less than 90 days of sobriety, has multiple medical or legal appointments interfering with attendance, is in the process of changing medications, or is taking medications that cause drowsiness to the extent that it could impair one’s ability to participate, then it may not be the right time for that person to participate in this group. It is up to the group facilitator to determine admission to the group with the intention of supporting participants so they can be successful and benefit from the program.

Setting Expectations

It is important for group members to know what is expected of them and what they can expect from the group. This is also called informed consent. Informed consent covers content, group rules, confidentiality, and the time and place of meeting. The group should decide on their agreed-upon policies for food, being late, cancellations, breaking privacy, and providing peer support between group sessions.

It is suggested that participants follow these four expectations:

1. **Show up** (even when you don’t feel like it)
2. **Focus on your own healing** (do not try to help others and avoid helping yourself)
3. **Respect yourself** (take care of yourself; shower, eat well, drink water, and rest)
4. **Respect others** (listen when they talk; speak with kindness and patience; and respect other people’s boundaries, confidentiality/privacy, and personal space)
Starting and Ending on Time

Starting and ending the group on time sets an expectation that everyone is serious about the group. James Lang, MD, discussed beginning and ending times as part of the “brass tacks” of psychotherapy. This term was derived from building furniture, where the brass tacks kept upholstery in place on top of a frame. Brass tacks in therapy keep the therapy in place—keeping the group intact and cohesive and providing containment, boundaries, and safety for the group. Besides starting and ending on time, brass tacks also include meeting at a consistent place and at the same time and day of the week. It is important to maintain a structure for the group so participants will want to continue to attend. Changes in these brass tacks usually lead to dropouts, no-shows, confusion, and forgotten appointments.

If one person is missing, still start the group on time. If someone comes in late, politely invite him or her to join the group but continue the group (although you can briefly summarize what has already transpired if it flows with the group). If one person is chronically late, then this can be disruptive to the rest of the group. This may come up in a group discussion or the leader may want to have a private discussion with that individual to find out what he or she may need in order to get to the group on time.

Confidentiality

There are certain laws regarding confidentiality for licensed professionals. That means professionals cannot disclose anything about group participants. If this applies to your group leaders, they will discuss the limits of confidentiality that they must uphold, such as if they are mandated reporters of child or elder abuse. They may also discuss how they will handle participants who threaten to harm themselves or others, and if group participation will be documented in a medical record. All of these issues regarding confidentiality should be discussed with the group to make sure that everyone is informed and agrees to participate in the group knowing the rules.

Although there is no confidentiality among group members, there is an assumed level of trust and privacy among all participants in a group. In order for people to feel safe to share their feelings, the group needs to be a safe place both in group and outside of group. This means having a shared agreement that nobody will discuss what is shared in group outside of group. Of course this cannot be enforced and there are no laws governing group confidentiality, but for the sake of the group, participants are asked to honor the privacy of others. If friendships are formed, it is especially important to continue to honor the rule of not discussing other group members outside of group. In addition, participants are asked not to discuss their past traumas, suicidal behaviors, or other personal details related to trauma with other group members. This can be shared with an individual therapist.
Can you think of why it would not be a good idea to share this information with other group members?

Eating/Drinking During Group

It is common in our society to equate gathering a group of people with offering food and drinks. However, when running a group food can be a distraction, disruption, and avoidance strategy to not deal with emotional topics. Since this is a course on dealing with trauma, it would be counterproductive to provide such a distraction. A group member can also be perceived as disengaged or even rude if he or she is eating when someone else is sharing. Besides, food can be messy (e.g., spilling on workbooks) and loud (e.g., crunching and slurping). Therefore, it is suggested to leave food out of group. If everyone wants to have food this should be limited to either before or after the group. Drinks can also be used as an avoidance strategy, especially if the drink contains caffeine or other stimulant (e.g., power drinks). However, people do get thirsty. It is recommended that drinking water be allowed in groups. Again, refreshments such as coffee/tea and cookies/fruit can be served before or after group if that is what everyone wants, but it is recommended that participants focus on group during group time. (This also includes no chewing gum, eating candy, sucking on lollipops, cracking sunflower seeds, and so on!)

Storing Books Between Sessions

Although the group may have mixed feelings about this issue, it is suggested that all books are stored in a locked cabinet between sessions in a secure location (such as in a therapist’s office). This way, the books are ready and available for each group and nobody forgets or loses his or her book, spills coffee on it, or has the dog chew it up! At the end of the course, participants can keep their books. However, if participants want to keep their books, then they are responsible for bringing the books to class and keeping their books safe between classes.

Opening and Closing Group Sessions

It is suggested that groups begin with a few exercises to help participants feel present, grounded in their bodies, and connected to the group. This will also help participants retain and process information during the group. Although unconventional for a class, these opening exercises help participants explore themes such as safety, trust, power, balance, self-expression, sound, imagination, play, and laughter using nonverbal holistic approaches. In the process, these experiences strengthen the bonds among group members and facilitate a deepening of the group process. One former participant said she had not laughed so much since before the trauma. Another participant said that at
first she thought the exercises were kind of silly and uncomfortable, but by the end she felt they really helped her access her feelings and become more comfortable with herself (within her own body) and with other people.

For example, at the beginning of group everyone can stand in a circle. The facilitator leads the exercise of slowly raising her arms with an inhalation, holding the breath at the top for 5 seconds, and then slowly exhaling and releasing her arms. Participants are instructed to feel the connection between the breath and the movements of the arms. They are also instructed to extend the arms all the way through the fingertips, feeling the energy through the arms and hands. This breathing sequence is repeated three times.

The group can also engage in a quick “new game” or an interactive exercise. One such exercise is to instruct everyone to move around the room in a random fashion, filling all the spaces in the room. They are told that they are a giant water molecule moving about. Then the instructor says the water molecule is put in the freezer and everyone begins to move in slow motion—still moving, but slower and slower until they are practically frozen. Then the water molecule comes back to room temperature. Next the water molecule is put on the stove and begins to heat up. Accordingly participants begin to move faster around the room. Then the water molecule comes back to room temperature. At the end of the exercise participants clap for their efforts. A list of interactive games is included in Appendix A of this text.

Closure is also important for the group. At the end of the session, it is suggested that the group take a few minutes to do a relaxation exercise. This could be guided imagery, quietly listening to soothing music, chanting a sound, or simply sitting quietly. Afterward, end with two to three cleansing breaths (deep breaths through the nose and out of the mouth with a sigh). A list of closing exercises are included in Appendix B of this text.

**Group Format**

It is suggested that two sessions are devoted to each chapter. The first two classes are for orientation, covering participant introductions, reviewing group rules and confidentiality, and discussing what to expect. All subsequent chapters would also have two class sessions devoted to them, allowing time for some flexibility, writing assignments, and discussion. The last two sessions would include a class for review of the material and the final class for graduation (see Appendix C). The following format is suggested for an outpatient group that meets twice a week. See Katz (2014) for other program designs.
Benefits of Covering a Single Chapter Over Two Sessions

Although the content of the chapters can be quickly read within one session, fully absorbing the information and participating in the exercises and discussion requires time. Some concepts may be easy to understand intellectually but require some work to fully understand or “get it” emotionally. Thus, it is suggested that groups not rush through the material but rather use the time as part of the healing process. A concept that is discussed on Day 1 may at first be confusing, but, after thinking about it outside of group, participants may find that it makes better sense by the second session of the chapter. Participants may want a quick review before proceeding with the second session.

After the opening exercises, the suggested format of a session is for the participants to take turns reading a paragraph or two, continuing around the circle. The facilitator can stop the reading for discussion, ask and answer questions, or allow time to complete exercises. The facilitator maintains the timing, flow, and group discussion, and establishes a good stopping point midway through the chapter.

Did You Know . . .

It is normal to have mixed feelings about starting a program like Warrior Renew. It may be both exciting and terrifying, and you may be filled with many hopes as well as fears. It is typical to have concerns when you embark on a new adventure. And Warrior Renew is a new adventure, an adventure into yourself. But you are not alone: You have an expert guidebook that has taken hundreds of MST survivors on this road before, you have a skilled facilitator to lead you, and you have a community of fellow travelers going through this adventure with you. Right now when you look out on the road ahead, it may seem long and difficult, and maybe the bags you are carrying are just a little too heavy. All we ask is that you show up and participate. There may be times when you want to sit on the side of the road or even give up. And still all we ask is that you show up and participate. Then without even being aware of it, all of a sudden you might notice that your bag got a little lighter. You might notice that you are stronger, have more energy, and can make it with a lot less effort than you thought. This is the beauty of transformation. So just show up and participate even when you are tired or don’t feel like it. Maybe one particular class is the class that gives you a special insight or breakthrough. Maybe the person you find most annoying in the class is the one who helps you see a hidden part of yourself. Welcome the challenges! You might be surprised at what happens for you!
GROUP AGREEMENTS

Please read these agreements out loud with the group and discuss any points of concern. If everyone agrees, sign that you agree to abide by the rules.

Agreements for the Participants of the Group

1. I agree to show up on time, stay for the entire class, and turn off my cell phone.

2. I agree that all personal information shared in the group stays in the group. If I am friends with a group member outside of the group, I agree to not discuss information about other people. I agree to respect the privacy of others.

3. If I ask another participant for help, then I must be willing to accept help from that person. It is not fair to demand confidentiality from a participant and then not be willing to accept help.

4. I will not discuss past suicidal behaviors or the details of my traumas with other participants outside of sessions. This information can be shared with an individual therapist.

5. If I feel overwhelmed, feel at risk for using drugs or alcohol, or feel at risk for self-harm, then I am expected to ask for help.

6. I agree to respect the purpose of this group. This is a structured group designed to teach new skills. This is not a group to process life difficulties or other emotional issues that are not directly related to the class.

7. I agree that if I feel overwhelmed or upset about the group, I will communicate directly to the leader (not just complain to other people in the group).

8. I agree to let the leader know if I need to miss a class for any reason.

9. I agree to speak to members of the group with respect. In other words, nobody is allowed to attack, blame, or curse at other members of the group or the group leader.

10. I agree to allow the leader to lead the group. If the leader has to interrupt, change a topic, or move the group along, I agree to allow the group to move forward.

11. I agree to not eat food/snacks/candy, chew gum, drink caffeinated beverages, or engage in distracting behaviors such as texting, tapping on the table, or knitting during the group.

12. I agree to keep the rules of the group and participate in class discussions.

13. I agree that the group leader can determine if someone needs to be asked to leave the group.

I have read the above agreements and I agree to abide by these rules.

__________________________  ____________
Signed                                      Date
As in any course geared for change, you will always get out of it what you put into it. The following are suggested guidelines to maximize your results.

1. **Attend all classes and read all chapters.** This may sound obvious, but in fact it is an essential factor in order to get results. Skipping a chapter means skipping vital lessons and skills. If you are using this book in a class, then class time is valuable to get new information, engage in discussions, provide and receive support, and to keep you motivated and involved in the change process.

2. **Practice the techniques you learn between class sessions.** Practicing the suggested weekly exercises helps build new and healthy habits.

3. **Focus on your own program.** Do your best to make this treatment a priority in your life—the time goes quickly and this is your time. That doesn’t make you a selfish person, but rather allows you to be a better you, which ultimately helps everyone around you. Also, be careful about getting caught up in other people’s issues—their issues are not your responsibility. Remind yourself to focus on your own healing without getting distracted.

Name three things you hope to gain by taking this course.

1. 

2. 

3. 

Name two ways in which you might feel differently after taking this course.

1. 

2. 

Agreements for the Leader of the Group

1. The leader of this group agrees to start and end the group on time.

2. The leader agrees to provide leadership, lessons, and compassion.

3. The leader agrees to manage the group so it stays on track.

4. The leader agrees to keep the information discussed in this group confidential within the limits of the law. If the leader is a mandated reporter of the state in which this group is being held, then the leader agrees to review the laws of confidentiality.

5. The leader agrees to encourage learning in a safe and fair environment.
JOINING THE MILITARY

Name at least one reason why you joined the military.

____________________________________________________________________

Name one positive thing you gained by joining the military.

____________________________________________________________________

Why do people join the military? Perhaps it’s a family tradition or an opportunity to gain new opportunities, participate in something meaningful, or help others . . . why did you join? For whatever reason, you joined for the right reasons—with hope, determination, and excitement. You may have had some amazing experiences beyond what you could have imagined. You may have pushed yourself and accomplished more than you thought was possible. Whatever you experienced, you took a stand to serve. How has the military changed you for the better? Even if your experience did not turn out the way you expected it, and, needless to say, nobody expects to have sexual trauma, you still joined. We will discuss in detail the issues related to sexual trauma, but for now, it is important to acknowledge that you did something pretty incredible: You raised your hand to serve. And for that alone, you should be proud! Thank you for your service, on behalf of all of the citizens in your country.

Nothing can diminish the honor of volunteering to serve one’s country.

Now, it is your time . . . time for you to heal.
Share

Warrior Renew: Healing From Military Sexual Trauma
What Is Military Sexual Trauma?

Although the world is full of suffering, it is also full of the overcoming of it.
—Helen Keller

- Opening exercises: Names and building safety
  (Day 1: Adjective name memory game, Day 2: Concentration name game)
- Closing exercises: Signal and cleansing breaths
  (Day 1: Signal breath, Day 2: Cleansing breath and relaxation sandwich)

SEXYUAL TRAUMA

In this course, we define sexual trauma as anything that happened or was threatened to happen that was experienced as a violation of a sexual nature. This definition covers a broad range of events that ultimately is defined by the person who experienced the event. More specifically, this may include experiencing or witnessing verbal and nonverbal sexual harassment such as demeaning, inappropriate, and sexualized comments leading to feelings of fear, distrust, and/or being disrespected. It also includes any type of physical touching or other activity of a sexual nature that is against your will or done without your consent. For example, if you are passed out from using alcohol or drugs (legal or illegal), or if you are asleep or otherwise unconscious, by definition your ability to consent to a sexual act is compromised. Sexual trauma also includes unwanted pressure for dates or sex with or without subtle or overt threats. Sexual trauma may include an attempted or completed physical sexual assault, or it may include an ongoing series of events, threats, or unwanted sexual interactions. It may also include a power difference where the abuser is using power to intimidate or control
another person, or using trickery, lies, and manipulation. Part of the sexual trauma may be getting the victim to participate, cooperate, or unknowingly walk into a trap. Sexual trauma happens to both men and women, of all ages, ethnicities, and socioeconomic classes.

Some people believe that if they were violated in some way but not actually raped, then their experiences “do not count.” Others feel that they may be responsible for the event because they agreed to go on a date, got into someone’s car, had a drink, helped a friend, and so forth . . . therefore, whatever happened was “their fault, so it doesn’t count.” Some may feel that because their bodies responded to the activity it doesn’t count as trauma. Others worry that if they didn’t fight, scream, or protest it doesn’t count. So then why do they have recurring symptoms of distress? Why do they have nightmares and feel embarrassed, guilty, ashamed, weak, terrified to go outside, and/or afraid to trust others? People may feel frustrated and ashamed for having symptoms and wonder why they can’t just “snap out of it.” Others may also discount or ignore their feelings and wonder why they just “can’t get over it.”

The reality is all of these events “count” and the fact that people have these types of normal distressing reactions is actually part of the sexual trauma! All of the above incidents describe unwanted sexual encounters or threats that occurred against your will, regardless of whether you fought, screamed, or had a physical sexual response. Sexual trauma occurs in many different forms and any sexual trauma can be deeply wounding, requiring new skills for healing.

YOU ARE NOT ALONE

If you have experienced sexual trauma, you are not alone. In fact, studies show that the numbers are disturbingly high. It is impossible to get an accurate number of exactly how many men, women, and children are sexually abused every year. Most events are never reported, and even if someone musters the courage to report, many cases are dismissed as having insufficient evidence. However, there have been numerous studies surveying thousands of people to estimate the prevalence of sexual trauma. But even with all of this data it is difficult to have a true estimate since people use different definitions of sexual trauma and many people don’t feel safe to disclose what has happened to them.

Nonetheless, we can look at these studies and see if there is a trend across them. Even if these estimates are low, it gives us a range of numbers to begin to determine the extent of the issue. Among civilian women, it is estimated that approximately 30% experience some type of sexual trauma in their lifetime. The number for men is about 10% (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993); this is extremely concerning and far beyond what would be considered an epidemic. Even more concerning is that these numbers are significantly higher for men and women serving in the military.
Military sexual trauma, often called “MST,” refers to experiences of sexual trauma that occur while a person is serving on active duty military service. The Department of Veterans Affairs defines MST as “sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of the victim, or the relationship to the perpetrator.” This can include offensive remarks; unwanted sexual touching, grabbing, or threatening; and harassing or unwelcome sexual advances.

A review of 21 studies found MST rates of sexual harassment from 55% to 70% and rates of sexual assault from 11% to 48% among women veterans (Goldzweig, Balekian, Rolon, Yano, & Shekelle, 2006). A review of 25 studies found MST rates of sexual assault ranging from 20% to 43% among women veterans (Suris & Lind, 2008). One of the 25 studies reported a lower rate (0.4%) and another study reported a higher rate (71%). In the Suris and Lind (2008) review, eight studies included men. Seven reported MST rates between 1% and 4% and one study reported 12%. None of the studies reviewed by Suris and Lind (2008) included verbal sexual harassment or unwanted sexual advances, which have been associated with higher rates of MST (Goldzweig et al., 2006). A Department of Defense study (2006) found 16% of men reported MST.

MST has also occurred in the recent conflicts in Iraq and Afghanistan. Kimmerling et al. (2010) and Haskell et al. (2010) examined MST rates among veterans who served in these wars, utilizing the centralized medical records of the Veterans Health Administration. They found approximately 14% to 15.1% of women and 0.7% to 1% of men reported MST when they were screened by health care professionals at their respective VA medical centers. However, Katz, Cojucar, Beheshti, Nakamura, and Murray (2012) examined a diverse sample of these veterans using completely anonymous self-report questionnaires and found rates of MST of 42% for women and 12.5% for men. MST was related to symptoms of posttraumatic stress disorder (PTSD), and in the Katz et al. (2012) study MST was also associated with readjustment difficulties, most strongly with intimacy problems.

These studies suggest that MST occurs at a much higher rate than sexual trauma does among civilian populations. It also suggests that when given anonymous questionnaires reports of MST could be even higher than what some studies have found. However, on an encouraging note, in April 2012, Secretary of Defense Panetta made an official public statement that the issue of MST will be addressed throughout the US military. The intention is to launch a series of new policies to improve the investigation and prosecution of the perpetrators of MST. As of today, this is still a work in progress. However, with increased public awareness, the hope is that MST will be recognized, addressed, stopped, and prevented.

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What do you think of these numbers? Do these reports seem low, high, or accurate to you and why?

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WHY IS SEXUAL TRAUMA HIGHER IN THE MILITARY?

The exact reason why MST is so high is not known and most likely is due to several factors. For one, it may be related to the fact that people in the military are trained in aggression, yet have few outlets for discharging these feelings. It is readily acknowledged that serving in the military may involve managing high pressure and increased stress and frustrations, handling life-threatening situations, dealing with losses without time to grieve, and functioning in a strict and rigid hierarchy that may or may not be perceived as fair or safe. In addition, there is a high use of alcohol in the military, which may impair people’s judgment. However, these factors may not explain the high rates in themselves and are certainly not excuses for perpetrating sexual trauma against a fellow service member.

While the military is about serving one’s country with honor, and the majority of service men and women are highly respectable and brave, the few who perpetrate on others disgrace the rest of the military. However, certain subcultural factors also exist that may enable behaviors leading to increased MST. For example, because of the strict hierarchy, some people may feel a sense of entitlement over lower-ranking people. Forced sex may be viewed as a form of hazing or an act of domination to inflate one’s sense of self-importance or power. Finally, sexual trauma may be seen as a relatively minor issue compared to war or other emergency situations.

Additionally, the military draws upon a diverse population consisting of men and women from a broad range of backgrounds. People enter the military in many different states of mind, and may have had a premilitary trauma history—or possibly a premilitary history of perpetrating sexual trauma.

COMPLICATIONS OF MST

One significant complication of MST is that, unlike civilian trauma, when trauma occurs in the military, people must continue to live and work on base, often with their perpetrator, friends of the perpetrator, or the chain of command of the perpetrator. This creates a hostile environment where there may be a threat of it happening again—undermining people’s trust, safety, and ability to function in an optimal way.

Another complication is that when people volunteer to serve in the military, they expect to be challenged, they expect that they could participate in
a war, and they train for battle and emergencies . . . but they do not volunteer to be sexually traumatized. One study found that service members are four times more likely to get PTSD from sexual trauma than from combat (Fontana & Ronsenheck, 1998). There may be several reasons for this finding. First, combat trauma is impersonal, whereas MST is a very personal experience. Combat is acknowledged by others, while MST is minimized and silenced. In addition, service members train for and expect to be confronted with bombings and killings associated with combat. However, nobody expects to be attacked by a fellow service member, especially not by someone who is known, trusted, or part of one’s military family.

REPORTING SEXUAL TRAUMA

Another complication of MST is the issue of reporting what happened. Did you report MST? Unfortunately, only a small minority of people report and fewer yet feel that swift, satisfying action was taken. Most people do not report MST at all, and others that do report maybe wished they hadn’t. And yet, years later, survivors may harbor guilt for not reporting, thinking that maybe their report could have saved someone else, or maybe they would feel less frustrated and powerless if they “did something.” However, if you did or didn’t report it, there were probably many good reasons why. How do you think the report would have been received? With support, empathy, and concern? Or would you have been mocked, blamed, and punished? What do you think would have been the outcome?

Many people fear that reporting would have made things a lot worse. For example, people may be hesitant to report MST or seek treatment for fear of having it affect their career, or they may need to rely on others who may like or support the perpetrator, including in battle, for promotions, or for other services. They may fear being blamed, ostracized, seen as weak, not being believed, or becoming the topic of vicious gossip. They also may fear retaliation or further abuse from others such as being seen as an “easy target” or as someone who is disrupting unit cohesion. In other words, victims may be afraid to “rock the boat” and tend not to say anything. They already feel vulnerable and afraid. So instead of taking the risk of reporting or seeking treatment, they end up “suffering in silence.” This intensifies the feelings of embarrassment and shame. Some MST survivors choose not to tell anyone and keep this secret inside of them for many years.

SEXUAL TRAUMA AND MEN

Sexual trauma that happens to men is often minimized. It is embarrassing for men and may call into question their manhood and their ability to fend for themselves. They have to fight against a male sexual stereotype that “men always want to have sex”—so how could they have unwanted sex, sexual
attention, or be traumatized? This, of course, is not the case and sexual trauma for men is equally as violating as it is for women. As with women, most perpetrators (but not all) are heterosexual (straight) men. If the trauma is perpetrated from a man to another man, it has no bearing on the perpetrator’s or recipient’s sexual orientation. Acts of sexual trauma are not about sex, but rather are about domination, control, and violence. Similar as with women, the arousal is from power and not sexual attraction. Men can be the recipient of unwanted verbal comments, physical advances, or acts of rape from a man or woman, gay or straight.

In addition, an act of sexual trauma between people of the same gender does not change someone’s sexual orientation. Your orientation before the trauma is still your orientation after the trauma. This can be very confusing, especially if you are a man who had a sexual response to the event. But just because the body responds to stimulation does not negate or minimize the trauma. Sexual trauma is demeaning, humiliating, and terrifying for anyone, either male or female, who experiences it, regardless of whether the perpetrator was a man or woman. However, men are less likely to admit, disclose, or report sexual trauma, and are less likely to seek help than women. Men are also more likely to worry about their sexual identity. Although both men and women can have difficulties engaging in or desiring sex following sexual trauma, men tend to feel more pressure and distress because of this.

UNDERSTANDING SEXUAL ASSAULTS

How does sexual assault happen and who are the perpetrators? The stereotype of a perpetrator of sexual assault is some sort of creepy, scary “boogeyman” lurking in a dark alley, wearing a ski mask, and holding a gun or knife. This image is consistent with what our society thinks of as a “perpetrator” and it is what is typically portrayed in movies and television shows. In addition, much of the early research found that perpetrators fit this image. The problem with that research is that they only surveyed those who were caught and put in prison. It is estimated that this stereotype only represents about 5% of perpetrators. Since the majority of cases are never reported, the majority of perpetrators are never adjudicated, never convicted by juries, and 95% are never sent to prison. One thing we have been able to find in subsequent research studies is that the majority of perpetrators of sexual assault are not scary strangers but rather are people who know their victims and whom other people respect and trust. They may seem like “nice” people, be successful in their careers, have families, and otherwise be upstanding trustworthy citizens!

If this seems inconsistent and confusing, then you are right. Because most perpetrators do not fit the stereotype of a man in a ski mask lurking in a dark alley, others have difficulty understanding or believing what happened. Perpetrators of sexual assault often use trickery to perform their acts and rely on being sneaky to get away with it. They may work hard to gain the
trust of others. But, of course, they are anything but nice and are certainly not trustworthy. Perpetrators know what they are doing. Whether the assault is opportunist or premeditated, perpetrators have to consciously work to set up their victims, acting in a calculating way.

People who hear about sexual assault can’t make sense of it and may end up blaming the one reporting the event because they think of the perpetrator as “such a nice guy.” This confusion between who the perpetrator is to other people (in public, at work, in the military, or to other family members) and who the perpetrator is behind closed doors is one of the reasons why experiences of sexual trauma do not get reported, do not get prosecuted, and why other people may not believe what happened. This is incredibly frustrating and hurtful to victims of sexual trauma—and also one reason memories do not get processed well and remain stuck as painful and unresolved.

Remembering sexual trauma and its perpetrators can provoke strong, mixed feelings. On the one hand, it is common to feel duped and tricked. On the other hand, it is natural to feel fury, even years later—thinking, “How DARE they!” It is equally aggravating to think the perpetrator got away with it or, worse yet, that others actually blame the victim for it! And, of course, worst of all, the victim (or survivor) may even blame him- or herself for it.

In this course, you will examine what happened to you as an objective observer like a newspaper reporter (looking at the facts) or a scientist (examining the evidence in an objective manner) to help you understand the truth or multiple layers of the truth. The goal is to process your thoughts about the trauma so that you can see the whole picture, feel validated, make sense of it, put blame where blame is due, and then finally move past the past and into a more hopeful future.

NORMAL REACTIONS TO SEXUAL TRAUMA

What is “normal” when it comes to responding to sexual trauma? Everyone experiences sexual trauma differently, and there is a wide range of responses and symptoms in response to trauma. Biological predisposition, the nature of the trauma, supportive aftercare, and other factors all play a role in a person’s reaction to trauma and the extent of resulting symptoms.

In addition, an event of trauma may not be the extent of distress, as trauma is rarely, if ever, really a single event. Even a single act of sexual trauma has many aftereffects such as the struggle of whether or not to report it, how the report is handled, to whom the trauma is disclosed, how it is received, and the potential multitude of symptoms that may have occurred. Some aftereffects—for example, being blamed, not believed, and minimized; feeling betrayed by family or friends; or having to deal with life-altering changes such as contracting a disease, having a debilitating injury, losing a career, losing a significant relationship, or contending with an unwanted pregnancy—may be even more devastating than the initial event of trauma. These are called “secondary traumas” and may need treatment just as much as primary traumas.
Common Symptoms After MST

MST can manifest in a multitude of symptoms affecting every aspect of one’s life—from emotional, psychological, behavioral, and physical issues to finances, relationships, legal issues, and homelessness.

Emotional issues may include feeling depressed, sad, hurt, grief-stricken, empty, and lost; anxious, terrified, nervous, insecure, vulnerable, and overwhelmed; angry, resentful, bitter, and furious; ashamed, embarrassed, guilty, and self-hating; or numb, flat, disengaged, and withdrawn. Emotional issues may also include feeling “triggered” or having sudden experiences of anxiety due to a recall of an aspect of the trauma. You might have experienced all of these symptoms and many more not on this list.

Psychological symptoms include negative thought patterns such as negative thinking about “all men” or “all women”; negative thoughts around trust, safety, and self-blame; and recurrent worries such as “I should have . . . ,” “I could have . . . ,” and “I would have . . . .” These may all be part of a sexual trauma survivor’s thoughts years after the event.

Some behavioral problems associated with sexual trauma include substance abuse (e.g., alcohol and drug use) and other addictions as a way of escaping from the thoughts and feelings of the trauma, eating disorders, difficulty in relationships, difficulty keeping a job, self-injury, isolation from others, and not complying with treatment. Other behavioral issues may be nightmares, poor sleep, and insomnia.

Physical problems associated with sexual trauma may include immune system dysfunctions, gynecological problems, HIV or other sexually transmitted diseases, sexual dysfunction, and issues with reproductive health. Some survivors may experience memory loss, an inability to retrieve memories, or an inability to concentrate. Many survivors of MST have multiple health problems, chronic illnesses, and chronic pain.

This is not an exhaustive list but is presented to show the broad array of symptoms following sexual trauma. Can you see how the accumulation of symptoms leads to more problems that lead to more symptoms?

Homelessness and MST

Homelessness among veterans is a growing concern, particularly for women veterans who are three to four times more likely to become homeless than nonveteran women (Gamache, Rosenheck, & Tessler, 2003). The link between MST and homelessness is a perfect example of accumulated symptoms. What if a survivor is having so many symptoms that it is too difficult to keep a job? Then the bills start piling up, leading to increased negative thinking and feelings of being overwhelmed. What if the survivor doesn’t have supportive friends and doesn’t have the energy or self-esteem to make friends? What if the survivor doesn’t have a supportive family?
Unfortunately, people can feel completely isolated and alone, overwhelmed by external and internal stress, and unable to sleep or stop the racing thoughts that can lead to an increased desire for substance abuse or escape (e.g., through addictions, self-injury, and even suicide). What if the only solution is to get into a relationship, or stay on a friend’s couch, but then that turns into an abusive situation? Unfortunately, it is not surprising that, with compounding difficulties and without resources, female veterans with MST, unemployment, poor health, and PTSD are at high risk for homelessness (Washington et al., 2010).

There are half hours that dilate to the importance of centuries.
—Mary Catherwood

**POSTTRAUMATIC STRESS DISORDER**

About 30% of people who experience sexual trauma develop PTSD at some point during their lifetime. Sexual trauma and torture are the two types of events most likely to lead to PTSD. Why do you think that is? ________________

PTSD occurs when a person has been exposed to an event that involved possible injury or death, and which resulted in feelings of intense fear, helplessness, or horror. Years after the event, the person may continue to experience a variety of responses and feelings that he or she didn’t have before the event. These include nightmares; avoiding people, places, and things; a sense of panic; irritability; anxiety; and an intense feeling of being unsafe resulting in hyper-awareness of anything that could possibly be dangerous. People who have PTSD may have flashbacks to the traumatic episode, feeling as if it is happening all over again. This feeling can occur unexpectedly or in response to something that might remind the person of the event.

People who have experienced trauma may feel overwhelmed by the experience and want to avoid thoughts, feelings, places, people, or anything else that might remind them of the trauma. They might also choose to avoid crowds or social situations, withdrawing from other people, and lose interest in doing the things that were once sources of pleasure. Many people with PTSD are unable to recall some important elements of the experience while also having recurrent thoughts of other parts of the
experience. They may also have negative thinking about themselves or others.

Even people who don’t meet the full criteria for PTSD are not necessarily free of symptoms. Sexual trauma can affect many aspects of a person’s life and all of these responses are normal and typical responses. Not only are they normal, typical, and common reactions, but they are also treatable. It is very important to know that you CAN heal from MST. Many people do . . . and so can you! You are using this workbook because you want to and deserve to heal. Stay with the course (show up even when you don’t feel like it!) and let the experience help you resolve the past and move forward in your life in a positive way.

FOUR THINGS TO CONSIDER WHEN HEALING FROM MST

1. It is normal to feel upset when you read about MST and consider how it has affected your life. These feelings make sense, are justified . . . and will change. As you heal, the intense feelings of distress may become less frequent, less intense, and may not last as long. Instead of judging your experience, consider telling yourself, “It’s okay, I’m healing,” every time you have an episode of intense feelings during the program. They will pass.

2. Each traumatic experience is different, but many people have similar responses to experiencing sexual trauma. In other words, YOU ARE NOT ALONE. Breaking the silence about your trauma can help in the healing process. An important part of this course is recognizing that others share similarities to your experience—and may share important insights to support you in your healing.

3. It’s also reassuring to know that you have had and are having a normal reaction to trauma. Even if other people in the room react differently, it is all normal and makes sense. Some people shut down and cannot express themselves, while others become bold and are quick to defend themselves from any abuser or form of danger. Both responses are coping strategies in order to be safe. Whatever your response to trauma, it developed for a good reason.

4. Finally, when embarking on this journey it is important to remember to have compassion for yourself and for others in the room. Everyone, including you, is trying to cope.
Writing exercise: How has past trauma affected your life? Consider your health, family, career, finances, emotional well-being, and lifestyle.
Writing exercise: What would you like to change or be different as you move forward into the future? Consider your health, family, career, finances, emotional well-being, and lifestyle.
CHAPTER 1 SUMMARY POINTS

- This book defines sexual trauma as anything that occurred or was threatened to occur that was experienced as a violation of a sexual nature. The Department of Veterans Affairs defines MST as “sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of the victim, or the relationship to the perpetrator.”

- You are not alone: It is estimated that 30% of women and 10% of men experience sexual trauma, and in the military rates of MST are as high as 55% for women and 12% for men!

- MST may include further complications for sexual trauma survivors since they are “captive” by the military, requiring them to continue to live and work with their perpetrator and friends of the perpetrator.

- Sexual assaults are typically enacted by perpetrators who premeditate and plan their attacks using trickery, lies, and manipulation.

- Normal reactions to sexual trauma include anger, anxiety, panic attacks (or a sense of feeling overwhelmed), shame, guilt, self-blame, substance abuse and other addictions, running away, depression, and even self-harm.

MST happens. It is not your fault. Your symptoms are normal . . . AND you can heal!

THIS WEEK’S CLOSING EXERCISES (SEE APPENDIX B)

At the end of class on the first day, review and practice the signal breath. At the end of class on the second day, review and practice the cleansing breath. Then practice them together using the relaxation sandwich.

Signal Breath

The signal breath is one of the most versatile relaxation skills. It is quick and easy to do. It literally takes 5 seconds! It can be used when you feel angry, frustrated, or afraid. It is called a signal breath because, like a traffic signal, it helps you slow down, stop . . . and then move forward in a more relaxed frame of mind. It is based on two principles: (1) you can’t be relaxed and tense at the same time (e.g., your hand is either open or in a fist), and (2) everything is connected . . . so if you relax your mind, then you also relax your body, and if you relax your body, then you relax your mind. So in this exercise, the idea is to hold the breath, building up tension, and then when you release the breath, you experience relaxation.
It goes like this: Take in a deep breath, inhaling through your nose. Hold it at the top for several seconds (up to 5 seconds if that’s comfortable for you). Then, let it out slowly through your mouth. As you exhale, imagine all of the tension leaving your body.

**Cleansing Breath**

The *cleansing breath* is probably the simplest technique in this book but yields impressive results. Imagine the breath is like taking a shower or standing under a cleansing waterfall—washing all the tension away. Do not hold the breath during this exercise. It is designed to be a quick “cleanse.” It can be used anywhere or any time when you want a quick release of tension.

It goes like this: Take a deep breath in through the nose and let it out with a heavy sigh. Try this without the sigh and then with the sigh—feel the difference?

**Relaxation Sandwich**

The *relaxation sandwich* starts with the *signal breath* and ends with the *cleansing breath*. The two breaths are the “bread” and any other closing exercise is the filing. This sandwich technique will be used throughout *Warrior Renew* as a way to begin and end a relaxation session. Start with two to three *signal breaths*, then a single or series of closing exercises, and end with two to three *cleansing breaths*. 

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