



"Had I another five hundred years, I could not have created a more perfect public and organizational management psychopathology than Evidenced-Base's application to individual, systemic and, particularly, combat-caused psychological trauma."

Jesse W. Collins II

**The Great Evidenced-Based,
Cognitive Behavioral Therapy, Self Help
and Government Merger: Monopolistic
Cultural Infusions of
Pharmacological and Behavioral
Whack-a-Mole¹**

and

**Combat Psychological Trauma
Cope or Cure?!**

Multiple Essays from 1979-2012

by

Jesse W. Collins II

1

Definitions, Meanings and Notions regarding “Whack-O-Mole”

- 1) As soon as one element of a problem has been fixed, another arising from the same problem source quickly appears;
- 2) Vacillating intellectual but hysterical output attending a rumor mill subsequent to an event affecting a group of people;
- 3) A pinball-like game hallmarked by recurring and humorous chaos brought about by targets popping up and down as they are “whacked” by gaming controls — knock target one down and target two pops up, which when also knocked down brings one back or a new target up, and so on;
- 4) Collective unconscious agreement between medical and psychological practitioners, professional and otherwise, to conform within a mass template, the trauma affected individual human *ontology*, in many venues still called “spirit.”

Opinion Editorial

This publication consolidates all parts of the titled OPED essays reprinted from the Etiotropic TMT advocacy blog dedicated to best veterans' care for those affected by combat related psychological trauma. Where summaries from other ETM TRT books and courses addressing the relationship of Etiotropic Trauma Management (ETM), Trauma Resolution Therapy (TRT), and Strategic Human Ontological Management (SHOM) theory and implementation to these essays' perspectives support this exposition, this work does not provide detailed theory, instruction and authority for implementing those three interrelated professional clinical and management models nor conveying the authority for such implementation. *But most importantly, this book does provide what the other efforts do not: description of the pathological clinical and managerial forces emanating and conveyed out of and based on the true life innards of the related professions and attendant organizational and leadership processes attempting to serve the public.*

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Author's Message

Author's Thesis and Goals Underpinning ETM Publications

Having done this work for the past three decades-plus, I'm leaving the next generation of dedicated ETM TRT professionals with this missive. Naming it the "Author's Message,"

it is the most important statement to be made about ETM TRT by its author, showing its meaning for and importance to humanity and concluding with clarification of the model's goals set for it to achieve by the end of the twenty-first century.

Restating for emphasis, ETM TRT has durably, completely and Etiotropically resolved the psychological trauma affecting every case to which it was administered in accordance with its application criteria. As ETM TRT's author celebrating this 30th (plus) anniversary of its initial development (1979-1981), I am stating what I have learned starting with the years just following its inception and continuing thereafter to be true: "Resolution" as I've employed it here means that

ETM TRT has cured, stills cures, and will continue to cure immemorially

people affected by psychological trauma and its more recognizable outcome Post-Traumatic Stress Disorder (PTSD). Moreover and in case you have not understood the full meaning of this statement, no other secular-based body of psychological research and study has ever provided the world since the beginning of humankind's existence a view or experience of this phenomenon's equal. Imagine the final removal of the deepest, darkest vacuum of devastation that heretofore has hollowed our hearts and minds of their ontological essence, vacating ordinary existence, joy and pleasure from our lives as they have been taken inexorably over the millennia to their endings, never having known without abuse their life's wonderments. Albeit not intended as an ideological creation for a utopian person, society or world civilization, due to ETM TRT's applications so far to some members of our generations, for them there'll be no more sequestered haunting trauma attended by seemingly perdurable loss-causing shock, horror, unyielding anxiety, hurt, shame, sadness, disillusion and everlasting depression.

Psychological trauma has two other functions different from just being the intrapsychic source of individual, family and community life long misery. These variables make psychological trauma the Gordian knot to be untied if anyone other than me, and I know already that there are a few, intends to end pain and suffering that has been reinventing itself as if an infinite part of man for (at least) the last three to five thousand years.

First, psychological trauma provides an inexhaustible fuel supply for that inveterate relic of the once dark ages of mental health, the “cycle of violence.” Traumatized people sometimes traumatize others, including even their loved ones. In that same vein, traumatized people have also been found to be hindered by the same trauma from defending themselves and their loved ones against recurring like events. Second, psychopaths use trauma, for example, created through the killing of innocent citizens as a time responsive intrapsychically implanted manipulation device that systemically controls their political oppositions’ defensive management activities. That is called “terrorism.”

Strategic ETM employs its oft referenced to be daedal structural features in conjunction with TRT’s ability to cure trauma affected individuals and systems in order to expunge and then dispose of that system management debilitating fuel that repeatedly re launches the “cycle.” Removing the fuel interrupts the cycle and then ends it.

Thereafter, what also can we expect to succumb to our cause, determinations, and Strategic ETM strengthened capacities? It will be those perpetrators of perpetual calamity and hysteria. That is, strategic uses of ETM will end not just their hegemonic methods, but also the very existences of those people who would commit the heinous and vile deeds the methods require to traumatize their prey. The days where terrorists so adroitly exploit peace and innocence to advance minority interests are coming to an end. Without any equivocation, ETM TRT is the sword that will cut the Gordian knot of otherwise believed to be human nature-inspired thus ever continuing criminal, as in terrorism, violence.

Imagine, then, even more profoundly if you dare, what our world could be like without that cycle of violence and the ability of psycho-socio-pathic offenders to use

trauma to control others; although ending that cycle is not suggested or intended to produce a utopian civilization, it is the intent to create one that operates itself without perpetual heinousness constantly attempting to predominate decision making: that is, how we conduct and otherwise manage ourselves. But at least if our thirty years past, current and near future preparations work, that is, establishing global understanding that trauma as a horrific and sometimes self-perpetuating force can be removed from our planet's populations' lives, then our next generation of determined ETM TRT professionals can more easily and readily spend their time just finishing the job of actual implementation: extricating the rest of our civilizations out from under trauma's now obscenely unnecessary multidimensional burden. After achieving the goals of ridding our citizenry of trauma's effects and then preventing it from being used by criminality and the insane, who knows what else a world without psychological trauma can do?

I intend to train and certify as ETM TRT competent and with my authority to administer the model, only those professionals who can and will ascribe to the referenced goals. And please know and remember: Even if you are not the administrator of ETM's strategic functions, it is the clinical TRT incremental work done at the individual cure level that can and will make the more grandeur view become reality.

Table of Contents

Author's Message

Purpose

Preface

Perspective

Part One 33

"Treating warts on hands by amputating them," the hands, that is.

Part Two 68

"There are just a whole lot of people walking around who never knew what hit them."

John Updike

Part Three 98

"Had I another five hundred years, I could not have created a more perfect public management psychopathology than Evidenced-Base's application to individual, systemic and particularly combat trauma."

Jesse W. Collins II

Part Four 119

The Greatest Little Idiosyncrasy: National Security and the Capacities of Combatants to Perform their missions while in Theater, and the Welfare of American Combat Personnel while in the same and when those that are going to return, do.

Part Five 125

Human Ontology (Neuroendocrine) Overview: An Anatomical Perspective from within the Context of Politics

Part Six	143
<i>Who's to Blame for this Mess?</i>	
Part Seven	157
<i>Proof? Thanks be to Sleeping Safely</i>	
Part Eight	166
<i>Conclusion</i>	
Part Nine	171
<i>Credibility</i>	
Part Ten	174
<i>Epilogue</i>	
Part Eleven	178
<i>You either beat <u>It</u>; or <u>It's</u> going to beat you, badly.</i>	

Preface

The entire Etiotropic underpinned work encompassing nearly thirty-five years and referenced in this book (and thus on the ETM TRT SHOM System of Health Care website) was initiated out of default by the psychological and medical professions to define and thus address coherently, congruently and competently the human consciousness as it adapted to psychological trauma-causing events and their human psychological consequences. However, in my role as a founder, CEO and Clinical and Compliance Directors of a national group of licensed Chemical Dependency and Psychological trauma treatment facilities, trainer of psychotherapists of most disciplines and epistemologies and their counterparts coming from the various theological constructs, and the Certifying Authority for the Etiotropic Trauma Management and Treatment Clinical Therapist and Counselor Training and Certification program, I treated that group of professionals and thus their attendant organizations including academic ones representing myriad disciplines, epistemologies, ideologies and theologies with deference — respectful regard, even when those models clashed antagonistically so with other thought constructs, backgrounds and trainings, to include my own. I believed that in the main and as individuals most professionals', at least at ground implementation levels, hearts and minds were focused upon meeting their responsibilities to their patients — no matter my always ongoing managerial requirement to understand and account for the widest perspective possible in order to respond effectively to that increasing potpourri of intellect and learning — that those efforts were being encumbered by cultural systemic forces influencing quality of delivery and service performance beyond their individual professional understandings and controls.

Times have changed. Although I'm not making this issue a life crusade, I do intend in this particular book, my fortieth, I think, related to the Etiotropic approach to psychological trauma, to interpret for the reader, the parts of the society needing help related to these contents, and the psychological profession what I consider to be gross negligence if not mal- and misfeasance by its leadership in the management of psychological trauma as it occurs and presents through its host for assistance or other remedy or at least a competent response in and for this culture.

Summarizing what I'm going to tell you in this book:

1. Psychological trauma is not a behavioral issue; it is about human identity, to include human ontology in trauma harmed identity's restoration.

2. Despite DSM categorizations and promulgation to the contrary, psychological trauma and its behavioral manifestations should not be treated as a disorder; they are a natural phylogenetically directed integrative neuromolecular process of extinction through the Long Term Potentiation and Long Term Depression inter-inhibiting interplays of those neural synaptic processes that provide the substrate for the psychological concept of identity; although Behaviorism takes off on synaptic interplay, its molecular learning and storage variables are different from those representing identity. Worse, they convolute non homogenously. The disorder conceptualization when applied as an integral component — as it is in Cognitive Behavioral Therapy — within the helping interaction impedes the brain integration effort; the Behaviorists, Cognitive Behaviorists, or whatever they are calling themselves most recently in the current era, are forcing inappropriate learning upon the natural neuromolecular integrative process attending identity extinction.
3. Behavioral (including the reformative Cognitive-Behavioral delineation) remedies that attempt to alter post-trauma behavior either interfere with molecular extinction or worse exacerbate the consequences of that interference, in the process changing the natural remedy into a life injury, making it impossible to address successfully from both that epistemology (Behavioral) and almost any other. Hence, that group holds the view that the behavioral delineation, PTSD, is incurable. We agree that it is not only incurable from within the Behaviorism model, but that approach, itself, becomes the principal cause of the new and ever continuing both individual and social management problem.
4. Where pharmacological methods are necessary for schizophrenia and bipolar based illnesses, those approaches can and do impede the referenced natural extinction activity that otherwise end with complete resolution of psychological trauma and its behavioral manifestations; combining pharmacological applications with Cognitive Behavioral Therapy assures trauma's incurability for life and a concomitant dependence on medical professionals and pharmaceutical corporate organizations for services and products that sustain those vendors with lifetime economic markets and the users with ever continuing — but pathetically unnecessary when compared to the Etiotropic catch-and-release-metaphorically-styled (meaning instead of turning a tragedy into a helper's house in suburbia or automobile payment, to identify the trauma's etiological influence, cure it as in incrementally facilitating it to complete resolution, and then get out of the victim/target/patient/client's way) program — psychological sustenance.

5. The Behavioral disorder promulgation stigmatizes those, particularly active duty military personnel and veterans to which the nomenclature is appended, results in systemic management intolerances that impede address of the actual issues involved; the impediments retard organizational efficiency and performance.
6. Caring about individual citizens influenced by trauma facilitates the brain integrative process for those affected; that caring attribute, particularly when it is focused at the locus during the integrative process, is more important than objectifying the trauma affecteds' injuries into the scientific lexicon, and to be certain taking the minds of beneficiaries (patients of Behaviorists or other members of the public) of the helping effort in there with you. In fact, that approach underpinned by objectification of the issue through intellectual interpretation of the malady gets in the way of what otherwise is a very simple remedy.
7. The Behavioral approach to trauma is inherently a hegemonic thought – management model that itself is produced out of trauma. It will always attempt to dominate its ontological and existential – focused counterparts or competitors, in the process ironically shutting down the very and only capacity of the human being to learn his or her way out of a perpetrator-contrived condition that either causes aggression or allows it to continue systemically.
8. The conflict between Behavioral- and ontological-based managements is extended into social management or macro government management configurations; when the ontological side wanes, lives are lost in the millions and big money is unnecessarily spent.
9. Behaviorism is a Nosotropic, that is, symptom-focused remedy. The model I represent is an Etiotropic, meaning etiologically-focused remedy. When applied to psychological trauma, the Nosotropic approach is engineered to always fail at both individual and systemic levels. The Etiotropic approach will always succeed, albeit if the aggressive politics utilized by the Nosotropic system of care do not get in the way; study and subsequent adaptation of the Etiotropic paradigm demonstrates clearly, unequivocally and incontrovertibly the failures that are otherwise invisible for those practitioners operating from within the Behavioral modality's epistemology and application.

10. Behavioral models may have positive benefits when applied to certain mental health issues; psychological trauma and Post-Traumatic Stress Disorder (PTSD) are not two of them.
11. Psychological trauma and PTSD are routinely and wholly curable, depending upon the model employed; politics — not science, rational thought or other applications of logic and reason — prevent that cure from being made available where needed by individual trauma victims and trauma affected organizations.
12. One purpose of this book is to change that. Another is to remove the deleterious influences of Behaviorism and its reformation, Cognitive Behavioral Therapy (CBT), on the treatment and management of psychological trauma so that I and others who follow the Etiotropic course can do our jobs: achieve the stated goals of the Etiotropic Trauma Management (ETM) program.
13. The Nosotropic approach to trauma treatment and management has created and is creating an ever burgeoning to eventually become unwieldy, national identity-changing, and inevitably unmanageable and unfundable government operational national defense quagmire that not just portends, but assures catastrophe for the security of this country and western civilization; the Etiotropic Trauma Management approach can intervene upon that coming calamity and prevent that outcome, although it must be done quickly — soon if those entities as we know them are to be saved.
14. The Evidence-Based model strengthens - magnifies (makes worse) the natural deficiencies attending the Nosotropic approach to the address of psychological trauma and PTSD and adds the increasing prospects of fraud in its application.
15. Age and health necessitate this author's telling this story in a manner where it can be usable by the public in his extended (in perpetuity) absence.
16. Competing with professional and intellectual inanity in the public management sector can be done with tolerance unless that competitor's lack is attended by aggressive arrogance, sometimes just arrogance by itself. In some instances, that intellectual — or otherwise learning — disorder often responds positively attitudinally, albeit not always favorably emotionally, to civil ridicule.

History: Learning from a Unique Facility Configuration

In the early 1980s, something happened in our industry that would set our facility, and thus me as its primary director, on a learning path that would redefine how differing disciplines from the psychological and substance abuse professions would interrelate or not. The Reagan White House convened a presidential study and advisory group to ascertain and then make recommendations for a model for the treatment of families particularly affected by substance abuse, at the time termed Chemical Dependency. Our consultants, the Johnson Institute in Minneapolis, Minnesota, who in that era were international leaders in that field, participated in that effort. The President and his wife would follow that work with a special public televised message emphasizing the nation's (America's) need and thus the Reagans' admonitions to the culture to focus with treatment, understanding and special care upon so affected families. With the guidance of the consultants and through our own private funding efforts, we initiated that model in Houston, Texas, while the consultants encumbered by their own funding difficulties were unable to do so in Minnesota. Worse, they lost much of their staff who had participated in the development and commission planning activities. And as we were informed, apparently no other organization in the country had followed through to implement the recommendations. We were then on our own to develop the paradigm from the presidential committee ideas based on the premises originating from and influenced by the Minnesota Model for Chemical Dependency treatment.

That Presidential commission's address of the issue produced a management approach to individual and family treatment that had a much broader and simultaneously detailed view of what such care would entail. It recommended individualized treatment for family members as identified patients instead of as just collateral participants, which latter approach was the norm for the times. And because there was no such treatment system in existence at the time of the design, implementation would entail and include a process of discovery.

Coincident to that learning activity, the State of Texas was initiating a new licensure program for Alcoholism treatment facilities. It established a higher standard for facility operations that closely paralleled that employed by and available from the Joint Commission on Accreditation of Hospitals (JCAH), later to become JCAHO, standing for accreditation of Healthcare Organizations.

To make that recommended model comply with state licensure and JCAHO requirements, each family member would have to and did at our facilities receive an

individualized treatment planning and charting system that was directed not just to and upon solitary perspectives of the self, but with a focus on that person's role in the various relationships comprising a family, and then to include in concert the view of the family as a whole; all stratifications received similar emphasis. That is, all of our patients / clients were formally addressed intrapsychically, interactionally and systemically. Defining true family treatment, we mandated with every Chemically Dependent Person (in that era also termed the CDP) that all family members to age five be required to participate (or we would not accept the CDP for care – referring them out). Thus family treatment was no longer being restricted to the collateral concept that otherwise ruled the inpatient treatment culture where the facility's focus was primarily if not only upon the CDP. Generally speaking, and I've addressed this issue in detail in other documents pertaining to ETM's development, everybody else in those schemas might meet with a family therapists once a week, and then be sent to Al Anon, which of course being an independent self-help entity did not provide for charting, thus documented discovery. In some instances thanks to the Minnesota paradigms like St. Mary's Hospital in Minneapolis, which was then emulated in several other areas of this country, families were invited to participate for a family week. But all total, there was not equal consideration (to the CDP) for the family's well being in the residential care models of the time.

For those of you who don't understand what those comparison's mean, here is the way the new or our family treatment model looked in application. When a family presented, each person was accorded his or her own individual therapist responsible for that person's progress or not; a relationship specialist whose job it was to facilitate interactional matters in, for example, private settings and couple's groups (where they were used); and with a family therapist having responsibility for facilitating and charting that unit's (the family as a whole) progress. It was not uncommon in our health care delivery schema for each age or peer and relational representation to also have a different therapist representing the various focuses. A family would be attended to by as many as five to seven team members. That facility then contracted with families to participate over a two year period, which in the main all did do once completing the initial acute or entry phase of care. And all of this activity was then supervised for congruity and performance by the various government and JCAHO compliance - accrediting organizations.

As I'm sure that you can see, individual practitioners who were trained in the myriad various disciplines were required to function as integral components of a team. The children's therapists, were scheduled to interface with the individual therapists representing the other family members, as well as with the therapists having

interactional (specific relationship responsibilities pertaining to those individuals) and overall family clinical management and other response duties. And of course the CDP was accommodated Alcoholism Counselors by individual address of the bio-psychological issues attending the pathological use as well as how that person's use affected his or her relationships (like a marriage where the CDP was a married adult) with the other members of the family. Therapists bringing their own epistemologies and trying to apply attendant methodologies without regard for differing meanings and effects than that being applied by other team members who were seeing the same people in the other contexts were required to learn the homogenous model and function accordingly with the overlaying treatment and management system.

Sounds easy; except that it was not. There were and are two primary problematic influences with such management efforts.

Firstly, and unlike ours, therapists traditionally worked in clinics where a single patient or a family was assigned to them, usually seen alone. The type of modality used by the therapist was not an issue as long as it was deemed to have professional merit. But more significantly, the facility's management was not encumbered or otherwise challenged by the differences employed in the various clinicians' modalities used. Crossover patients were rare; thus they saw little to no conflict between helping modalities. In this health care delivery mechanism, all qualifying therapies were deemed acceptable, good or equal. Comparison and contrast for patient understanding was not the rule; thus conflict between helping notions did not present either for those patients or the facilities' managements. In those settings, the final responsibility for the clinical progress or not lay with the single practitioners. Facility managers were and could even be just administrative managers, and not clinical ones. Therefore working in a team schematic as we used where the different epistemologies required homogenation by a central leadership was uniquely different, sometimes burdensome, and always demanding of extraordinary learning: continuous study, focus and research regarding the differences, and necessitating constant reconciliation based discussion.

Secondly, therapists and counselors, particularly those who think of themselves as scientists more so than as helpers, bring methodologies ensconced in personal issues often related in the arena where pathological chemical use is involved to the same issues and dynamics affecting patients. Therapists, therefore, in such a management configuration are not just having to adapt objectively to another methodology, but they come deeply ingrained personally in and thus reliant upon those training models, which may, and in most cases from my experience as a trainer of this population,

support their own psychopathologies developed in personal chemical use or familial response scenarios, for definition of themselves as well. Professional training and developmental ramifications from trauma sustained from pathological chemical use, whether affected directly as a user or family member, were convoluted unconsciously as underpinnings of professional epistemologies. And those selves – to include professional mergers of pathological personal and professional constructs – were and are not today where applicable given up easily within the team configuration. Hence, the learning that was attained in meeting that training and management challenge provided by therapists coming from the various mental health or chemical dependency disciplines became integrated into the Etiotropic management modality. That challenge was assiduously objectified and documented therein with the treatment facility manuals for operation, which in turn became subject to annual audits with the compliance processes. As you will see, the lessons learned from those experiences and meeting those management duties also provide one of the two primary influences upon the perspective from which this essay-book was written.

Creating a Cure-based Trauma Module in a Coping-based Community

The next greatest influence on the learning that constructed the Etiotropic model resulted from the development of our psychological trauma treatment module. It was termed Trauma Resolution Therapy (TRT) at the beginnings of the referenced facility operations' address of clinical and methodological differences. Relative to the thesis of this book, that model demonstrated the necessity of creation of a cordoned environment (called the TRT module for screening exogenous variables) for its application within both the facility clinical settings, and then with the larger communities' helping environments. TRT was a *structured* psychodynamic model that could become encumbered by the conflicts attending the myriad uses of differing thought constructs not only being applied within the communities, but also utilized in the clinical operations. For example, there are times in a chemically dependent person's progress where strong Behavioral and Cognitive Behavioral Therapy applications are best suited for the individual CDP; at another time, those same fine methods can have deleterious effects on the address of trauma caused by the use. Thus; the referenced trauma module was part of the "structure" which was intended to preclude those interruptions of the model's logical implementation based upon the integration of its methodology with its problem identification thesis to achieve the model's and patient's goals. That module's creation and the development of the policies and procedures for its use in conjunction with paralleling and sometimes countervailing helping applications was hammered out in the clinical and compliance auditing process over approximately five years. Once the efficacy and principles for

administration were established in that initial period, the models were then integrated into most aspects of mental health care and eventually as the model was extended into the communities' crisis management activities.

As a supportive explanation for those readers who've not been privileged to represent their organizations as compliance managers, it might be valuable to note that government and JCAHO licensure auditors do not come to a facility representing themselves as experts in all the disciplines being used in the mental health care treatment culture. But they DO come to your organizations as experts in system management design with the goal of ensuring operational homogeneity and congruity. And those professional auditors are trained and experienced in assuring that a facility operates under an assiduous application of systems logic in its address of all patient care variables, and that includes among other things unrelated to this discussion, the reconciliation of prospectively and actually countervailing thought constructs being professionally administered within the delivery system. For managers not used to this level of scrutiny, the process can be both rigorous and even grueling. For me the experience, which as the CEO and Compliance Officer I participated in a minimum of six audits per annum over at least five years, was edifying. I attribute that experience as one of the cornerstones of the success of the Etiotropic Trauma Management modality as it has been extrapolated to the community for the address of similar issues considered and addressed in our facilities.

The trauma focus raised early on the address not just of trauma caused by chemical dependency, but traumatic events unrelated to the presenting issues. For example, combat, sexual assault, criminal homicide, auto accident, natural disaster and approximately twenty other trauma causes presented routinely; they were addressed as comorbid or what or now called co-occurring issues. As the facility model matured over the next decade, trauma referrals unrelated to chemical dependency were accepted, and the treatment model adapted accordingly. The total of this learning management effort produced the "Etiotropic Multiple Sources of Trauma" assessment, theory and methodology referenced in our literature. That issue has recently (in the last decade) been coined by Behaviorists as complex trauma.

Combining the family intrapsychic, interactional and systemic daedal addresses with the structured trauma resolution or psychological cure as opposed to coping approach produced a vastly different perspective of families affected pathological chemical use than that being described by the psychological profession in the literature. The combination also provided important factual differences for the determination of

etiology of the use, itself. Here is a summary of the part of that good news as it relates to the issues drawn in this particular book.

1. TRT and its precepts' applications to the intrapsychic, interactional and systemic levels of both the individuals and units involved showed that the primary issue involving this population was psychological trauma resulting from protracted presentation of toxically caused aberrant behavior by the CDP and that the etiology of those trauma influences were harbored at the three levels in each grouping's identity.
2. Removal of that etiology at all three referenced stratifications of identity ended what the psychological profession influenced primarily by Behaviorism and then its spin to Cognitive Behaviorism were beginning at the time (early 1980s) and thanks to and in accordance with the DSM III's recognition and codification of PTSD to call symptoms of psychological trauma or certain presentations of it to delineate a formal PTSD.
3. Removal of the etiology with the trauma resolution model removed any appearances of the Disturbed Personality of spouses of CDPs which hypothesis predominated the psychological profession's thinking about and views of spouses of Alcoholics; that view presupposed that disturbed personalities attracted into alcoholic relationships to meet the needs engendered by the intrapsychic level disturbances. Reversal of the trauma etiology ended the abstractions related to the attraction theory as well.
4. Removal of the referenced etiology at the three levels meant that family members did not have to live life trying to cope indefinitely with the so called "family disease," or also the syndrome called "co-dependency" as was the primary thesis of the competing self-help applications to such family members and as that notion was becoming adapted into the professional treatment community and simultaneously being presented in the media.
5. Removal of the trauma's etiology at the three levels removed what Vaillant, the author of *A Natural History of Alcoholism*, called the "skewed effect" that otherwise precluded families from identifying the origins of the trauma causing events – which when so removed turned out to be the CDP's toxic behavior.

6. The removal of the trauma etiologies provided for determination of the beginnings of the toxic influences on offending behavior, in the process giving factual testimony to the documentation of whether Alcoholism in the CDP was etiologically speaking a function of stress or biology in determining the cause.
7. Removing trauma from the referenced three identity levels had strategic ramifications for interventions on CDP active use; removing the system's trauma facilitated a so called bottoming process for the pathological user.
8. The same strategic intervention that facilitated entry into sobriety for the pathological user had similar strategic ramifications for intervening on criminal perpetrators when extrapolating the intervention approach to the culture's attempts to address violent crime; I have since applied that knowledge to the development of Strategic Human Ontological Management (SHOM)TM as I've recommended that it be applied culturally to the address of terrorism and other kinds of illegal violent behavior.

Management Modality Documentation

That system of care's development and application at both clinical and community levels between the periods 1979 and 1996 (the latter being the year in which my wife and I were fully incapacitated by severe auto and other medical injuries and subsequent illnesses) which eventually encompassed nine licensed and a tenth partially so facilities, has been documented as it proceeded for professionals in print and in online publications for twenty-eight years. It, along with full descriptions of the development of the Etiotropic Trauma Treatment and Management model and its interface with the trauma resolution engine Trauma Resolution Therapy (TRT), has been detailed in several books-works: *Due Diligence for the First Secular Cure of Psychological Trauma and Post Traumatic Stress Disorder* (1990, 2007); *Etiotropic Trauma Management (ETM) Trauma Resolution Therapy (TRT) Training and Certification* (1989, 2004); *Guerrilla and Terrorism Warfare's (Terrorism's) Pathogenesis and Cure* (1991, 2003); and *The Etiotropic Trauma Management Patient Educational Series* (1983-1986), *Trauma Resolution Therapy (TRT); a structured psychodynamic approach to the treatment of post-traumatic stress* (1987); *The Neurobiology of Psychological Trauma Etiology and Its Reversal with Etiotropic Trauma Management* (1992). Prior to those titles' publications, the first formal description of chemical use's cause of psychological trauma in family members and its codification — previously referenced in this preface as trauma etiology existing in

the three stratifications of identity — was published in the chemical dependency discipline’s peer review journal, “Alcoholism Magazine” (April, 1985).

Relative to a major point of this book pertaining to public management biases and mistakes currently being made by government administration and supervision of clinical and crisis management operations affecting veteran’s care and crisis management responses to such issues as terror’s virulent influences on public decision making, all of that information was then published beginning in 1993-1994 for free review on the Internet in one of its first online distance learning programs: The *ETM Tutorial*. It is maintained in its original (converted to HTML) hard coded format at <http://etiotropic.com/indextutorial.htm>. The electronic publication included not just theory and application of ETM TRT, but sourced comparison and contrast articles that demonstrated and included in the training texts all issues related to the various models’ supports and competitions with each other as they were applied or not to achieve program and patient goals delineated in the treatment planning processes.

Interpreting from the ETM View Complaints with the Psychological Profession: an Impetus of this Essay / Book

As those facilities participated in their various communities, the same challenges requiring comparison and contrast discussions to enhance interface or to reconcile referral conflicts resulting from differing ways of helping presented in those differing societies. I discovered that the study and training that was required to successfully manage the facility was beneficial for addressing the identical issues reflected in the more public arena. Combining these lessons learned with those enjoyed in the treatment centers, the subsequent body of knowledge pertaining to delineating and reconciling for a common purpose the numerous ideas about the manner in which the human consciousness and how it was capable of functioning would underpin a great component of Etiotropic Trauma Management which provides the paradigmatic perspective out of which this book is written.

The essential problem with the referenced profession that I found in my role was not just its inability to reconcile modality differences, for example, say those existing between Behaviorism and existential – Rogerian-based, or between drug abstinence and controlled drinking models providing Chemical Dependency – Substance Abuse treatments, thought constructs and methods, but the individual professionals who used those insoluble or oil and water type systems failed to even understand, much less attempt to provide a remedy to end users — clients and the public — for the

consequences of the differences on intrapsychic, interactional and systemic, to include community level problem solving.

Those failures to rationally interpret diametrically opposed ideas regarding the constitution of the human consciousness and how it functions have had catastrophic effects not just upon the lives of individual trauma victims and efficacies of our crisis management systems, but on the efficiencies of mental related health care delivery. Those failures are then built into macro management government bureaucracies having tremendous influences thereafter on how individual members of the culture identify themselves. Worse, where aspects of that delivery deserve applause, the great majority of those in the top gladiator positions imposing and exploiting for personal-career gain or hegemonic advantage for a particular idea the referenced conflicts without mitigating management devices deserve, because of the harm that they are creating, imprisonment, or more emphatically with some additional hyperbole, the guillotine, not necessarily for criminal negligence — I don't believe that crime by itself warrants capital punishment — but for merging arrogance with stupidity. That little get together imposes the greatest sin upon, or otherwise most preeminent impediment to, organizational learning, which when extrapolated to social management encompasses the whole of western civilization. That is, and the reason for my addition of drama to this discussion, is the great crime exposed herein.

Money's Influences on Thesis, Modality Goals and Development

Moreover, and also related to the discussions in this book, the entire Etiotropically-based system was to be implemented in outpatient settings (ten percent of CDPs required short term in hospital detoxification), digressing then from the predominating long term and primarily influenced psychiatrically controlled intrapsychic-based residential care models attending Alcoholism treatment in that era. Thus, third party payment (and private insurance) did not support the more thorough health care delivery configuration at its initiation. And HMOs had yet to do their social damage to the mental health care industry. Eventually, individualized contracts based on performance between those insurers and companies (through their Employee Assistance Programs) would support the services.

In parallel, at the time federal and state government grants for such work were being curtailed / ended due to changes in political philosophy related to government spending, etc. Plus, I was and am a political conservative when considering government's role in macro level social management activities; and I didn't believe that the rest of the culture was responsible for paying for and administering my ideas

about how to help the society. Hence, we privately bore that development costs, in the end capitalized at three million six hundred thousand hard dollars over the duration. Soft dollar investment, for example contributions of non-charged professional time would have pushed the amount much higher. My arguments in this piece have been, are and will be that my competitor's helping trauma management models and the way that they fund their developments through federal and state grants / public money, are unnecessarily dedicated to creating long-term academic oriented career opportunities more so than effective services; thus those funding mechanisms build into their efforts upwardly spiraling costs: non-cure lifetime coping-based remedies mushroom through re presentations of the same client base affected by the same psychological trauma etiologies. The cure-based approach, which comes out of more efficient private economics has developed and proffers a solution that brings the problems being addressed to an end; the academia underpinned competing spiral is unnecessary making government funded academic spending projects our ever politically capitalized competitors.

The Primary Competitor: A Different Notion and thus use of *Hysteria*

Hysteria, which is used in this work somewhat differently from the dramatic representations exemplified by loss of control, grounds in psychological trauma's natural propensity and methodology for defending, while simultaneously and paradoxically ending or otherwise reconciling, itself. This paradoxically-based phenomenon originates with the brain's capacity to create and use abstractions — cortex located and of which the preponderance of readers will recognize as traditional thought responses during discourse also traditionally, but not necessarily always logically from an outsider's perspective, used to figure out, that is, understand, the various meanings of loss, or to make sense of it — to divert the psych's attention from the synaptic extinction which culminates in the rational identification and experience of that referenced loss, and ongoing in the core storage areas of existence.

Our model (ETM TRT SHOM) refers to that consciousness of existence as the existential aspects of identity; they in turn, are exemplified by values, beliefs, images of reality that go to the continuity of life and its tendency to engage in, usually for advancement, relationships. These activities occurring in the individual brain spin through shared event experience, projection, transference and fusion organizationally (for example, in a military or central command to executive management units) and nationally as both systemic strengthenings and psychopathologies, at least in their behavioral interpretive appearances.

This book further argues that Behavioral (now mostly as CBT) and pharmacological methods facilitate that spin into hysteria. To counter the (when trauma-created and not managed coherently) failed management mess (incongruence in problem solving), the structured psychodynamic elements of ETM TRT SHOM are designed, and do where applied in practice to date (not yet to nation stratifications), hold the diverting abstractions — which present in the form of the reasoning out of trauma inspired interrogatories, for example, as do therapies that seek the meaning of an untoward (as in violent) experience, and the adaptation of interpretive philosophies and life-coping mechanisms — at bay while and until the process of extinction ongoing in the core synapse (meaning traces) underpinning existential identity has completed itself. When applying all three extinction facilitating strata — TRT (incrementally to the individual), ETM (to an organization), and SHOM (to a polity or nation; not yet applied) — the abstractions forming the basis of hysteria, again the intellectual process used to obfuscate extinction, are no longer required.

In my view taken from the private sector, which I believe is not just theoretically accurate but also a factual representation of reality, the mental health care industry looks like a hysterical macro managed academic and government enmeshed response to what I've also concluded over this era are actually very simple issues to address. And reiterating for effect and as I'll explain in this text, where over the first thirty plus years my approach to this matter was intendedly courteous, and all my publications, academic and public presentations reflected that politically correct conflict resolution management attitude, in response to the publically noticed mal treatment of veterans in 2006-2007, I began an opinion- and editorially-based Internet blog that allowed me to confront the more controversial issues we experienced.

I've consolidated that activity here. I now believe the professional mental health care system has become, and particularly over the decade and a half of injury convalescences that removed me from the more seriously competing elements of this theater, obscene; and thus requires more direct if not harsher measures for righting itself. To that end, I've written this particular critical piece to convey that view: the lunacy or sheer nonsensical incompetence of mental health care delivery and its effects upon the otherwise conscientious individual provider, including the preponderance of professionals' efforts being made to help ourselves, with an emphasis upon our citizenry.

Epistemology and Methodology Upbringing

The background, to include a summary of that referenced so far in this preface, that produced the Etiotropic system, and therefore from which my views and biases are conceived and engineered, took the following and now for over-thirty-years-publically-recorded path: a personal tragedy occurring in a childhood; the rigorous experience shortly thereafter of combat while serving with the United States Marine Corps in the 1960s; the aftermath of re-entry into the American culture of the time; being born into and then again out of the free enterprise system; formidable education provided by the nonpareil University of Texas School of Accounting and Business Management; a professional career in the corporate world of investment banking where among other things endured was specialization as a statistician; following another family loss (in the mid-1970s), personal therapy with a psychiatrist who interned with Harry Stack Sullivan; career changing training in the 1970s and Texas Certification as an alcoholism / drug abuse / chemical dependency counselor having original training influences by, in and out of the Minnesota Chemical Dependency and social management response model; development and codification of ETM and attendant individual and systemic clinical and crisis management modalities; the lessons learned in pioneering, producing and managing with all final authority and responsibility for client care and their outcomes the first licensed facility programs (nine) by the State of Texas in the early to late 1980s; formal dissemination of ETM through Academia; application for twenty-five years of ETM through supervision of ETM Licensed and Certified practitioners across the culture affected by Chemical Dependency and all facets of psychological trauma; development and codification of ETM and attendant individual and systemic clinical and crisis management modalities; and the ever continuous study and documented subject-product correlation of pertinent literature required to understand, with an emphasis on psychological trauma, the epistemologies and governing doctrines affecting mental health professional, crisis manager and legal analyses, judgment and decision making. Moreover, this compendium of work, study and contribution has carried me now twice into fields combatting terror and thus issues pertaining to National Security interests to eventually encompass Etiotropic-based treatment and study of perpetrators of crime and heinous events used to control systems — to include early on as a teenager becoming an adult while serving as a Marine PFC in which one capacity was to provide protection to villagers, that is, to prevent the killing of local (small village) community leaders like Buddhists, priests, teachers, farmers, fishermen, children and other quiet beings who lived in the Central Highlands of Vietnam, to addressing the penetration by criminal gangs into school districts and other aspects of our culture, to the treatment of women and children abused by maniacal batterers and sexual

assaulters, to the address of the tsunami of death caused by criminal homicides and DWIs and use of perpetrators of heinousness slaughter styled murder of the most innocent men, women and children the world has produced, always and only for the purpose of advancing a particular political ideal or other management control structure, whether it was / is engineered out of Bolshevik-, fascist-, Nazi-, Islamist- or other Behavioral-based thought configurations.

That journey produced not just an individual cure for psychological trauma, but what I believe to be one that when strategically applied to social management responses to human and organizational contrivance-caused social destruction and despair, a cure for that, too, can be administered. That intended calamity of human-caused death can be stopped, which is one of two purposes - goals of the Etiotropic Trauma Management system of care; the other is to resolve completely, or again to cure psychological trauma as it affects every applicable, meaning individually influenced, human being.

But to do so first requires the address of incongruities in the helping ideologies and other response methods that clash, in that process then interfering with achievement of those final goals. Where there are several such methodological conflicts in Western civilization adversely affecting that interest, the one addressed in this book serves as a microcosm of the relevant issues. That is, the book focuses upon one segment of the mental health profession's address of veterans affected by combat-caused and otherwise related psychological trauma. I believe this consideration is the core battle to be fought and won before the grander goals — reiterating for emphasis the two purposes of the Etiotropic Trauma Management system as a whole — of curing psychological trauma and ending criminal violence, can be achieved.

This is my fortieth book level, albeit nineteen of them being small patient educational pamphlets and booklets, publication on the subject of psychological trauma as addressed by Etiotropic Trauma Management. However, where all of that work was narrowly focused on the needs of my constituency — both ETM Certified managers, therapists and their patients — this is the first effort written to a wider audience, to include anyone who wants to know what I think is wrong with Western civilization's, and particularly the American Veteran Administration's and Department of Defense's address of combat-caused or otherwise related psychological trauma.

The style I've used in this particular battle / writing is not mine. I adopted it from Marcus Tullius Cicero's discussion and recommendations in his brilliant work, *On Oratory* (translation by May and Wisse), which was written and published in original scroll format just before the author's head — without the body — was nailed to the

Senate Rostrum in Rome on December 7, 43BC. I referenced the great ancient leader's influence upon this presentation in conjunction with the way of his demise because I think there are parallel morals. One can do good work, and it still may not be recognized, assimilated and even less likely embraced for a while by a particular political leadership. And, dealing with some ideological adversaries can be tricky business.

I hope this preface has shed some light for you as to who I am — that is, the basis from which these views are taken — and on that which you are about to receive.

Part One

*“Treating warts on hands by amputating them,”
the hands, that is.*

Prologue

With good reason, this essay criticizes *my* competitors' encroachments. That competition is not psychiatry. Nor — even though I have good reason to be — am I “anti-psychiatry” as that formal movement goes. This discussion is about the individual and social effects of the confluence of four forces: They are, respectively, Cognitive Behavioral Therapy (CBT), self-help as in peer led counseling groups, the Evidence-Based (EB) modality, and government. Although that merger may be having either good or bad influences upon general health services for the public, the issues to which this opinion-editorial-exposition is drafted are delimited by psychological trauma, Post-Traumatic Stress Disorder, and their co-occurrences with Substance Use Disorder, particularly Alcohol Dependency. The matters drawn can be applied to most populations. However, their applications to veterans motivate this complaint. I tell the story from my experience: the inventor, administrator and disseminator over the last thirty-plus years of an epistemology and treatment methodology that function wholly antithetically from the referenced merging arrangement. And “my” symbolizes all therapists and still sane patients who've not yet joined the CBT EB Vichy disordered tide now rolling across western civilization.

The epistemology and methodology from which I write produce what few if any understand, other than therapists we've trained and their patients, a view of humans shaped by knowing how to resolve completely or — to speak more directly if not too sensationally — cure psychological trauma and its oft referenced behavioral codification, PTSD (Post-Traumatic Stress Disorder). That knowledge of the human consciousness forms another and unique paradigm which collides with those bearing the brunt of this address. They asseverate trauma's *incurability*, supporting in perpetuity the requirement of life coping models. Too bad about their use of that political - marketing challenge as it requires an equivalent political competitive response. They are forcing the debate, which I am accepting, but doing so under my terms. After all, I'm the one who discovered - invented - developed the cure for psychological trauma, not them; and my attendant (cure-based) social – health care management model has made theirs and the unnecessary individual and society-crippling industry they've created over the past decade-plus obsolete.

Moreover, what the referenced competition doesn't realize is that their objectifying-styled modality for study and investigation produces two very Wiley Coyote types of *dilemmas* that preclude successful address of the issue within the clinical, or for that matter, any environment. In the first, psychological trauma and PTSD can be cured fairly easily; thus my competition's lifetime coping mechanisms they are foisting onto the culture support nothing more than a particular segment of the clinical, research and treatment industry's economic and ideological existences. If they were to note a cure as a competing idea with reason, then they would be interpreted out of not just a job, but the entire meaning of their lives: studying people for the purpose of making them act right, or at least better. The referenced second "dilemma," which this book demonstrates, dictates that you can't do that to people, particularly in mass as they are striving to do here, if you want to cure at the individual existences what ails them, in this discussion — psychological trauma or PTSD.

Initially, after my wife and I discovered the complete resolution approach thirty years ago, I published our work in concert with its natural, ethical and academic determinants of dissemination. Despite that effort, competing coping instruction — mostly self-help at the time as the opportunists clinician positive thinkers (Rational Emotive Therapy), now just assimilated by the new Borg (a Star Trek metaphor for CBTers in charge) had not yet hit their stride — therapies and ideologies caused patients difficulties as they adapted back into their environments. It can be challenging to get over something and then coexist where everyone else is still trying to figure it all out, again synthesized not just with simple notions pertaining to how to cope with trauma, but with the CBT modality's formal dictum to suck everything with a brain around them into their always upgrading Rubik's Cube puzzle hurtling through space.

Therapists learning our model, which was not based on fun and mind control games as were theirs, and then returning to apply it where facilities were still teaching those how-to methods, were imposed upon by a supra need to be vigorously and politically resolute in order to replicate our model within those clinics. To quote one of the more profound statements coming from an Alcoholism Counselor attending our class taught by Craig Carson at the University of Houston "To apply this model (ETM TRT) in this behaviorally controlled helping culture, you would have to be a member of 'The Dead Poets Society'." Another and slightly more dramatic interpretation by

patients opined that the authors “had to function in that same helping culture analogous to those comprising the French Resistance,” an intended compliment referring to those who fought underground against the WWII Nazi occupation of France.”

Rather than confront the helping competitions’ epistemological and methodological shortfalls, we responded metaphorically. We said to people who had been "treated for warts on hands by amputation" — of the hands, not just the warts — "We don't treat warts that way." That policy allowed us to do our work, that is, to convey the model to others who wanted to use it with their patients, and to keep our heads, not figuratively speaking.

No more. The rationale for dumping political correctness in this later millennium stems from our adjusting view that although CBT by itself and even when denominationally aligned with self-help and media therapy is still not an impressive competitor, its strengthening confluences with Evidenced-Based and unfair integration with government make it a formidable opponent. And in this expression not meaning to be overly dramatic at all, if that convergence is not interceded upon through confrontive interpretation now by those who understand this challenge, it will not just invade, demolish and usurp our poor citizenry’s individual ways of being uniquely human, but sunder them into a morass of irrational disordered psychobabble so fast that our national identity will never know what hit it.

Thanks to Martina McBride for her performance of “I Didn’t Promised You a Rose Garden.” Using cultural clichés strung together for the song’s lyrics, she showed the way for writing to the genre created by the Cognitive Behavioral Therapy — also a composition of aphorisms, tropes and other clichés — Evidenced-Based, self-help, and government merger now forging its way through the total of West Civ faster than Attila the Hun razed the heart of Italy stopping only at the gates of Rome itself in 452AD. And he only did that because of the divinely-inspired request of the Pope.

Thanks be to providence, Attila died only one year later of a hemorrhaging facial component on his wedding night. Significance? He usually destroyed most everything in his path including documentations of humankind’s efforts to figure itself out. So

the great battle we face today coming out of the ancient's work with thought models, referring to the twelve hundred years of Greek and Roman thinkers' — and just as they were beginning to assimilate Judeo Christian thought — intellectual reigns just prior to the Hun era and addressed in this piece, was preserved in the end by a nosebleed. Let's see what happens here, going on only a near couple millennia later.

Introduction

Written originally as an activist advocacy editorial from within the Etiotropic TMT (Trauma Management and Treatment) context, the original title to this piece posed this:

"Is ETM TRT a Participant in the "Evidenced-Based" AKA "Science-Based PTSD Treatment Modality, Organizational Crisis Management, and Political Movements?"

Hard to say "No!" to that question, isn't it? "Evidenced-Based" (EB) and "Science" are lofty terms, ensconced in our traditions of law and reason, science epitomizing rigorous objectivity unfettered by emotion, subjectivity and prejudice. Those words, therefore, are not easily condescended to. Further, there is no doubt that such a negative response would be seen not just as an excuse for prohibiting third party scrutiny of one's performance, but as a sacrilege in today's psychological trauma and PTSD research, treatment and management worlds. Purveyors of those worlds, that is, those ideologues who function outside of the ETM TRT treatment and training environment, would ask while investigating obvious heresy, "How could anyone object to this kind of dedication to a proof of effectiveness of a mental health application conjured and implemented by our government and major powers of higher learning?" As one brochure from The Center for Excellencies on co-occurrence principles under the Evidenced-Based (EB) construct says, EB concepts "are grounded in the field's best thinking." Hmmm , , , I wonder what that noblesse were thinking when they designed the Iraqi Veterans treatment scandal at Walter Reed, our premier combat medical support center, in the winter of 2006 and again in June, 2007?

Well, in this instance, let me show you how, and why it has to be done, of course as always with me not just in this editorial for the sake of humankind, but for my truly beloved "Band of Brothers," American combat veterans. They get priority of focus in some federal to state grants (from SAMSHA). And they orient participation to operate within the EB modality, which fact has brought me to this subject at this time.

To comply with EB's mandate for treating this particular population, which one of the ETM Counselors in another state wants to do for her veterans, I would have to abandon ETM TRT principles and thus reduce its effectiveness — not to mention stop it from achieving its purpose, which is to cure psychological trauma and PTSD — to the level of those methodologies and ideology that spawned the need for the Evidenced-Based idea. They include a control ideology that is nothing more than the ancient Greek philosophy of Stoicism: meaning to control one's emotions in the face of adversity. That philosophy is applied through the combinations of various Behavioral and Cognitive-Behavioral therapies — Exposure, Rational Emotive, Wand Waiving and a few elements of the old and downtrodden psychodynamically styled Analysis-based methodologies that were becoming oriented toward neurosis symptom reduction.

Those approaches are said not to work, very well anyway. But, their followers keep imposing them on the culture because it fits their underlying or overarching (excuse me, I meant “overarching” as EB proponents employ the term) ideas about humankind. Where Stoicism philosophy is valuable as a control application necessary at the beginning of the trauma address cycle, and although it is an integral, as in the neuromolecular Opioid interactions with the Noradrenergic neurotransmitter systems, that is, referring to the survival component of the brain's phylogenetic integration of changes forced upon the organism, Stoicism's use must eventually be given up to the existential aspects of being human if a helper intends to cure the condition. That means that helping methodological controls that attempt to abate emotion must be replaced so that the modality instead facilitates the emotion attending the experience stemming from the event. The precept is that *proper facilitation* — the definition of which is provided in this text and in all ETM TRT materials — dissipates the emotion, rather than attempting to control by suppressing or repressing it, so that it no longer either rules behavior or acts as an ongoing impediment to decision-making.

The noted accompanying methodology that implements that existential procedure successfully, as opposed to former non structured psychodynamic models that could not, is the Etiotropic TMT's clinical component Trauma Resolution Therapy (TRT). It incorporates its structure for the purpose of keeping the focus on trauma's etiology located in identity, as opposed to behavior. To emphasize the differences between

psychodynamic and this first *structured* psychodynamic model, I entitled it when publishing the “How To Do TRT” series and text for University of Houston students in 1987, Trauma Resolution Therapy (TRT); a *Structured* Psychodynamic Approach to the Treatment of Post Trauma Stress. Please note for purposes of supporting this essay later that the title purposefully omitted the term “Disorder.”

Two decades later, the elitist disposition forming the Evidence-Based mental health supra management model produced an opinion that the failure of its attendant therapies or clinical applications resulted from misuse of the science provided by these scholars and implementers. Thus, the Evidenced-Based process was set up recently via the Internet to tie practitioners of their helping theories back to the nucleus, the scientific literature provided in peer review psychological studies. Regrettably, the therapies - methodologies that literature supports epistemologically, and which ideologically overwhelm that body of writing, see the world only through the Nosotropic (symptom focused) perspective. To make ETM TRT comply with this new bureaucracy, I would have to adapt, as does everyone else, to the prevailing political Nosotropic way of doing things. That is, I would have to prove a level of performance, not based upon the way my modality functions, but by measuring the occurrence of symptoms of psychological trauma and PTSD. But if I did that, then ETM, created thirty plus years ago to stand as the only fully, meaning it only evaluated for the damages to identity resulting from the event(s), Etiotropic approach available in the secular world, would no longer be exclusively Etiotropic, which of course was the reason for the distinction by name in the first place.

Etiotropic refers to an approach that cures psychological trauma; Nosotropic refers to the learned coping approach. The latter means to focus on the problem of psychological trauma by identifying and controlling-fixing behavioral symptoms. The former does the opposite, focusing only on trauma's etiology enmeshed as an injury – wound into identity and then identifying and reversing it. This difference becomes emphasized when facilitating TRT; patients are asked to not attempt to change or otherwise control symptoms (which I'll explain later is a terminology screened as an exogenous variable that hinders the remedy) that may present during the trauma resolution process. I'll describe this most important rule in the section pertaining to the Survivor, a salient component of psychology necessarily – meaning logically –

but with countervailing duties and functions, appearing to operate discordantly for the individual's interest, depending on the Survivor's influences by noted exogenous variables, also shown later.

The evaluation for trauma's resolution, complete resolution, or cure must continue the non symptom focus if the cure is to be maintained in the appropriate clinical paradigm initiated in the first place to end the trauma's existence in memory, not teach people just to cope with its thought – behavioral manifestations. That requires balancing of all perspectives of the resolution – cure process within the full evaluative capacities available to all human beings involved, including patients, their facilitators and any third party observers. For example, participants, again to emphasize therapists or observers, used both objective and subjective perspectives – our criteria developed over ten years – to include specific descriptions of experience of the entire identity restoration process as it proceeded through its address and reconciliation of the sequelae that had formed the etiology of trauma.

That activity is described incrementally in writing, and then shared the same with the facilitator, group members where prevalent, and the observer scientists. Total objectification, as is needed for quantification methodologies like that used by researchers contributing to the EB science, is seen as impossible because of the experiences for all involved. Nevertheless, an adequate measurer of resolution is available within the ETM modality that brings the necessary views together. Even the best auditors from accrediting institutions participated in the subjective – objective evaluation component so as to develop the sensibility required to fully understand the written corroborations and to do their compliance enforcement jobs. Speaking categorically, as in rigidly, scientists who do not have the capacity, wherewithal, opportunity or inclination to participate in the dual objective – experience evaluative process's complete resolution of psychological trauma will never understand what they are missing in their trials, always operating outside the domain of the full acumen needed for research. Thus, they will always be subject to prejudging conditions, issues and influences without any knowledge of their handicap. Count on that as an axiom which rules the concept and process of psychological trauma variables ongoing between trauma affected, helper and observer-evaluator roles.

I've been in this ideological fight since I discovered starting over thirty years ago that the Nosotropic concepts, which were nothing more again than being tough — referring again to being Stoic, but augmented with constant intellectually interpreting philosophical tricks as reinforcements, and from which I was delivered from their controlling influences possibly by divine intervention, (described in the second chapter of *Due Diligence* for professionals book) were the principal reasons the professional world couldn't cure psychological trauma. Extrapolating it to EB's influence, the combined and now overarching modality's failures have nothing to do with poor implementation of what they should now reference fundamentally, because they don't read books anymore, as their Bible, Torah, Sanskrit or Koran, that is, to mean what this group calls "The Science." Rather, the failure lies in the imposition of the Evidenced-Based philosophical and methodological underpinnings of the EB evaluative theory, itself, onto patients.

The Evidenced-Based construct, which philosophical and methodical stanchions function wholly and unambiguously antithetically from those holding up the Etiotropic side of the mast, is just another experiment by Behavioral Science philosophers to not just continue to avoid doing what's obviously right — address the trauma's experience as manifested as a decimation of identity which is what the trauma injury is all about — but always and only to try to prove their theories regarding the makeup of the human consciousness and how to transform it with intellectual interpretative gobbledygook into the utopian person, rather than accept the being that is. That means that they refocus the preponderance of the methodological schema upon only what they know how to do: tell people how to act, think, feel and behave. The Behavioral scientist teaches people how to live life by seeing the sadder parts of the world with enlightened concepts that instill happiness, changing negative feelings by reconfiguring the unnecessary thoughts that cause the hurt, interpreting the intimacy seeking but often collision elements of relationships as indications of their partners' disorders, and thus generally making these folks into better citizens, depending on how the culture sees fit.

That notion has two small complications. First, those intellectual control ideas don't fit the nature of psychological trauma's storage in the substrate of memory, much less the facts determined by trauma's complete, as in full, resolution. I'll cover that later,

too. Second, the change-your-feelings-by-changing-your-thoughts (-perspective) model presumes that those doing the teaching know what they are doing, themselves, that is, behaving correctly or at least well in their own lives. Bad idea; a shaky foundation given that you watch the leadership scandal headlines on the news like the rest of us.

That social maladaptation, that is, people who don't know how to do something, themselves, teaching others how to do it from an experiment the teacher can watch and learn to see if it might work for himself, would not be such a bad or even a difficult thing to compete against in a society where open expression rules the day. However, this time CBTer's and EBer's together have gone across the line, not just by playing like there isn't another clinical — in treatment as opposed to researchers at the University who have to publish something to survive — world outside of their particular followers' journals, but by merging their methodology with government, some serious marketing hype, and masterminding another political coup in their ever ongoing attempts to control every and any thing that they can.

As my constantly replicated work from the last century no less (denoting longevity in this conversation) supports, I believe that aggressiveness for control is endemic to its thought and helping model. The prescience or no of that opinion will eventually come, not through shouting in the media, but when my antagonists attempt to show which of us are the true saints by testing the principles discussed — as I have always had to do for the last thirty or so years — within the Dracula oxidizing sunshine of complete public exposure and competition for determining truth, not just in behavioral studies where varying statistical formulas are used to razzle and dazzle into hypnotic states graduates of the humanities who didn't find a lot of meaning in the relational facts of numbers or at least the limiting concepts of Profit and Loss Statements and Balance Sheets making up the brains of their counterparts in the business schools. While wandering through that academic environment, I used to wonder, “Wonder why these two groups don't seem to date or at least talk to each other?” Well, they finally did start dating a little before the turn of the millennium. And today's health care management EB based application to psychological trauma symptoms quality control component disaster to and for the once erudite humankind saving Schools for the Humanities is the outcome of the wedding. Time for divorce.

A VA Example

Worse, these social gladiators don't play fair. If you confront them regarding the logic of their notions, then they respond with Machiavelli and, groan, Nietzsche philosophy politically, which power maneuvering has nothing to do with the best interest of the veteran. Nonetheless, it is how they predominate on the scene. "What do you MEAN?!! Isn't that almost, or a little bit, untoward?"

Starting in the early to middle 1980s with newly training (in ETM TRT) counselors who were responding to our model's clinical successes and presentations to academia, such counselors from the Veteran's Affairs Administration showed considerable interest in applying ETM TRT as a prospective helping modality for their patients, most of whom were WWII, Korea and Vietnam veterans suffering the newly being recognized and at first named Post-Vietnam and then in the DSM, 1980, promulgation formally changed to Post Traumatic Stress Disorder, in the process correctly expanding the identified population to everybody who had been beaten up in their lives, not just us obviously shell-shocked combatants. After graduating from our schools in the second half of the 1980s and full 1990s, these counselors roared back to their clinical or academic domains with the greatest enthusiasm for finally bringing PTSD to an end in their institutions. These people weren't neophytes either to the epistemological wars as they were being carried on both within the VA bricks and mortar assemblages and the VA outpatient arenas.

In an attempt to summarize for this document with as few words as possible, here is what they ran into, not just way back then during the ancient era of attempted serious combatant treatments, but up to today, only using slightly different word plays. First, VA counselors returning from our professional training schools would try to explain that a cure was available in the form of a simple but extraordinary approach called TRT. In the words of one of their counselors who worked in the VA's outpatient trenches schemas, TRT took the entire whirling vortex of symptomatology, and while making an image with his widely held hands of a great funnel, brought that morass of confusion down into a narrow and easily manageable paradigm that then provided for the so called disorder's dissipation, and doing so "efficiently and completely." "So called" because the disorder under this competing view proves to be

only a consequence of the symptom-focused methodology. Remove, that view, he said, and remove all chaos attending the vortex presenting with PTSD treatment and management.

The hearts and minds of the leadership of the place froze as their authorities established as biofeedback machine operators — then into newer eras where they have become operators of virtual reality helmets where chemical lobotomies are performed on combat veterans during and after experiments with the new 360° surround-vision and digitized quartriangulated (at least) blaster sound with micro woofers of exciting real battle scenes and morbid carnage, etc., — and who received funding for their biofeedback equipment thanks to the argued to be incurable vortex, were being challenged. Emphasizing the same competitive modality defensive structure continuing over a couple of decades despite the technological refinements: “The more things change, the more they just seem to stay the same.” said the African American greatest Blues harmonicist alive when emphasizing that economic prejudices topped racism-based ones. Joe Seneca played that lead as a geriatric Blues musician on a hobo styled cross country quest to his likely fatal meeting with Scratch at the infamous Mississippi “Crossroads,” which intersection in the middle of nowhere provided the title to that lively, meaningful and wonderfully entertaining 1986 movie.

Those operators, speaking slightly symbolically, ran the veteran care bureaucracies at the mental health institutions. The challenge attended by all natural counterattacks from that leadership was on. In a conference arranged by the newly trained TRT staff with the leadership of that mental health ward, it was not uncommon for that boss to begin with “I’m not even going to talk to that group (the ETM trainers who had taught the lower rungs of the VA staff how to completely resolve combat trauma) because I’m not going to recognize the modality with my great powers inherent to my esteemed position of being in charge of this floor (in the particular hospital).” So that leader would be politely told that the Department of Defense, The Texas Commission on Alcoholism’s Facility Licensure and Compliance Department, The Joint Commission for the Accreditation of Hospitals-Healthcare Organizations (JCAHO), the University of Houston Chemical Abuse Counselor School, the Texas Education Agency, and the University of Texas School of Public Health had already done that. Second, the retort would come, “Where is the description of its theory and develop-

ment?” which ten plus years of answers were then immediately stacked on the desk in twelve pounds of three inch thick manuals and one 1 and 5/8 inch thick perfect bound book (1 7/8” was the limit for the publisher’s binding machine in those days), each of which included over 620 pages front and back single spaced even, and with pictures no less. In the earlier days, that leadership’s authority-career-modality protecting defenses had not yet been prepped with the terms Evidenced-Based. So they just said “Gimme sumpin with some numerals in it!” “Do you mean Roman numerals or empirical data, (the latter also not yet introduced as a Behavioral modality defense)?” our people would ask. Then, the patient educational booklets with an emphasis on the application of TRT to combat veterans for assisting their passage through the trauma resolution process — nineteen in all — were delicately balanced on top of the pile, followed by the supporting literature reviews with their 273 sources bibliography and attended by complete descriptions of the ideological and epistemological differences between ETM TRT and the preponderance of modalities employed by the helping and scientific culture. No matter that the now teetering stack had grown to 15 inches in height of single spaced, double sided, twenty-four pound paper, with a few three inch capacity comb and one 1 7/8 inch perfect binding thrown in, and they were attended by 1524 slides in forty-one lectures which filled a five cubic foot corner of the room — they were too heavy for the women to put on the desk and the male Behavioral educated and imbued biofeedback machine/virtual helmet operators wouldn’t help them to do so because the gargantuan space-taking information would increase the size of the career threatening conglomeration now confronting them and bearing only inches from their faces, and some of the materials were even in color to ease the reading burden (the biofeedback guys didn’t read text, but only looked at the pictures) — the machine operator would ask - exclaim in a voice two octaves above his normal speaking tone “Are you a PhD?!” to the nicest most non-threatening persons in the world, Craig Carson, MS, LPC, LMFT, LCD counselor and other politically innocent to the point of being naïve (about how the VA worked) TRT counselors who also had every credential and license available and then some required to treat anybody, anywhere, for anything having to do with their psychologies. Asked and answered with the additional caveat that 15% of trained ETM TRT counselors carried PhD certificates and that all were licensed to practice anywhere in this country better than was he, the operator in charge of the VA’s mental health system’s address of combat trauma having lost on all his sales objections would scream in glee “But have any of

you been in real war combat?!!” The now hyperventilating biohelmet computer expert - operator would be told through gentle expression so as not to cause further hernia to his mind about the ETM author’s USMC history in Vietnam and who had a VA ordained combat caused 100% disability. That is when they disappeared over the edge. The VA’s leader would leap from his chair, run out the door and down the hall, therein hiding in the restroom until the intruders left the premises. ETM TRT made the biotech machinery used in the treatment of and not to mention the millions of dollars of behavioral experiments on PTSD for combat veterans obsolete thirty-plus years ago.

But that was not enough. As the ETM TRT reps departed the floor, shouts — in repeating waves of crescendos occurring in unison like the card sections at football games — as if each clinical office had its own teleprompter, bellowed down the VA hospital’s halls decorated with PTSD symptoms embedded as hieroglyphics in the wallpaper “NO NEW STEPS!!!” That, of course following in the tradition of all CBT intellectual limitation refers to speaking in slogans, or tongues, or quoting others without reference. I mean they took that stanza, sometimes even sung in four part harmony by the CBT choir, from the newspaper headlines of one of Australia’s greatest sleepers, *Strictly Ballroom*, depicting a Rocky Balboa styled young lady’s linkage as a no-chance ballroom dance competitor with the sophisticated virtuoso’s spontaneous addition of the pasadoble during that entertainment genre’s national and rigidly politically controlled championship. In case you are not getting this metaphor, by using the pasadoble steps the underdog couple eventually won the competition, requiring of course a new learning experience and a lot of extra and undesired hard work for the old school. Worse than that, a whole lot of their little synapses already dedicated to their ways of doing things would have to be reformatted. In common language terms, creativity stemming out of individually focused personal ontology defeated the rigid constraints on productivity otherwise imposed by the behavioral-thinking-imprisoned bureaucracy. Thanks to that fun but dramatic movie for showing the way.

A lesson to be learned by entrenchment- and career protection-focused modalities and the managers which have adopted them?, be inspired! Do something extraordinary! Cure Shell Shock for American combat veterans! Accept nothing less! At least if you

don't know how to fully treat — in this instance meaning to cure completely — the primary injury, get out of the way and let somebody who knows what he or she is doing give them *real* help. That starts with according war veterans less flak than they got while in combat, which is all that the symptom montage and its disorder formula, $D=[(TE^1+ev)(t)]\rightarrow[S\leftrightarrow(TE^2+ev)(t)\leftrightarrow(ps\leftrightarrow S)]^*$, provide combatants after they return home!

*In case you are new to that expression, as you likely are given that this is its first public publication since creating it in 1991— I've used it as a working guide for training staff until I was injured in 1996 — “D” stands for Disorder, otherwise PTSD; “TE¹” represents psychological trauma’s initial etiology — both psychological and neuromolecular extinction of identity and existence as maintained in memory as concomitantly manifested in its substrate, otherwise recognized as being retained in the long-term potentiation, depression and neuromolecular inhibition of the synapse guessed, surmised, and opined by the preponderance of neuroscientists for the last twenty years to be primarily located, at least before they are transferred in some neurohousing from short to long term memory, in the Mossy Fibers of the Hippocampus (I address long-term molecular storage of memory in attendant, even connected to the same neuron cell, synapses in the fibers in other books dedicated primarily to the substrate of trauma etiology); “ev” stands for exogenous variables. They are cultural variables that are described below. “t” refers to the amount of time in which the etiology has neither been identified nor expunged, reversed, extricated. “S” refers to Post-Trauma behavioral symptoms; “TE²” denotes Bettelheim’s (Bruno) symptom-caused secondary trauma etiology which is molecularly replicable of the neuro formation of the initial trauma etiology; “ps” accounts for the systemic cultural contribution upon the development and continuation of the injury by political-social stigma occurring as consequences of S. The “→” image symbolizes “caused by.” The “↔” means simultaneously centrifugally and centripetally “causal of and caused by.”

Parenthetically, and as referenced later, the equation for the evaluation (cure) of D is considerably simpler to evaluate than the one I've been using for the last twenty years to define the malady.

The entrenchment-based organizational management learning disorder attending VA mental health management was the traditional VA response for the first twenty-five or so years following the individual veterans first advocacy programs of the late

1970s, which are responsible for the original Post-Vietnam Stress nomenclature, and until Dole - Shalala, 2007, where in response to the gross negligence horrors of Walter Reed PTSD treatment exposed by the Washington Post, the President of the United States established the so named commission to find out what was going on with the VA and combat trauma managed by the Department of Defense. After that and by Congress's direction, the new policy at the VA was changed to acknowledge openness to the study of PTSD from the non VA community and other therapies designed and applied in the treatment of psychological trauma, at least at the front door while being interviewed for the 5 o'clock news. But, steering with alacrity the intruding helping suckers around to the back door, they were chilled into immobilization with demands for empirical data: triple binded, meaning quadrupally blinded studies with control groups being conducted out of Ottawa University, if there was such a place. Because to be fair, that is, I mean unbiased, they should fill the controls with draft dodgers and deserters who were the same ages of the combatants and who were comprised of differing philosophies about war, and particularly not encumbered by inner hostility, repressed aggression and such as newer revisionist CBT studies were beginning to show was the cause of veterans attracting into high risk-taking kinds of employment like the U.S. Marine Corps, Army Rangers, Navy Seals, civilian law enforcement, EMS and other first responder activity, and probably later to come psychotherapy and social work, two fields not quite yet cannibalized by the CBT identifiers, not to mention those of whom had been traumatized by being forced to abandon their country. "Well," my ETM enthusiasts said, "I guess we'll go on out and try to round those kind of folks up from the last group (old protestors on the lamb) and use them as controls, especially given as you say that they are clear of inner stuff, and if they haven't changed all their names and phone numbers by now. We'll be back in eighteen years with our report on all this."

And these VA mental health care managers and leaders at the top, being nothing like their dedicated altruist doing the therapy at the lower part of the totem pole, can fly down their hallways faster than roller derby skaters to head off a person from the community trying to respond to the ever-sickening veteran attitudes being expressed in the local area regarding VA mental health care. "Are you sure? Do VA CBT Psychiatrists really wear roller skates? Have you measured the attitudes underpinning those obfuscatory diversionary activities?!" Well, at least as well as the EBers

measure symptoms of PTSD and SUD (coming up soon about Substance Use Disorder). But, before we get sidetracked into issues related to my objectivity in this matter, here is the gripe.

The VA mental health system which is now run by Cognitive Behaviorists — who also function as the pharmaceutical industry's wholesale talking therapy slaughter outlets — as if no other helping thought model ever existed, is operating on Extremo Churn high speed supporting blender chopped and shredded CBT and polypharmacological autopilot. Veterans see a psychiatrist for meds for twenty-five consecutive minutes every ninety days. That is how they tie the patient to the program. No see the psychiatrist, no meds, which coming off of alone is risky business. If the patient is suffering serious suicidal or homicidal ideation(s), the psychiatrist cranks the structured talking part up and into heavy professional interaction, one serious (“Still want to harm yourself in this quarter?”) twenty-five minute session every thirty days. Med dosages are adjusted after blood work analysis and by discussion of those issues causing difficulty — assuming they can be remembered through the drug memory immobilizer field since the last visit one or three months past — usually as conflict between the vet and family members.

After lounging around on an eight or nine month waiting list, the veteran gets to go to a group therapy, which is culled in the first hour to weed out non conformers: people who otherwise respond naturally as Person Centered or Rogerian Therapy centric human beings want to talk about their feelings, like anger, sorrow, terror and horror. The remainders, meaning veterans who don't understand CBT group control methods — which are intended to make the therapist's job easier — learn about the symptoms of PTSD and how the disorder concept works, in the VA.

That is, the veteran has caught for his or her efforts in combat a psychiatric mental illness which is thought to be manageable by the VA with education, encouragement to control their symptoms, how to fight against the occurrence of flashbacks, what medications are popular for recurring psychotic nightmares, how not to go to war movies even if they are up for best picture, how not to want to kill anyone, but in case one does, better “go grab a doctor in the hallway and tell her about it,” how to stop complaining just because the drugs for PTSD make them feel like they are living

underwater in the neighbor's swimming pool, how to make sure they don't drink too much because they are at risk for alcoholism, and when they get upset by antiwar protestors who call the veterans bad names, how to recognize that everybody has a right to free speech, and after all, that is what the veteran fought for to protect anyway. And when the country that sent them into the war decides after a few suicide attacks that it has had enough, that whichever war that they fought, were maimed or blown up for was a big lie or at least a mistake, or imbecilic, or in the minimum was empire aggression that the guys sitting in the group room made possible by following illegal and immoral orders from an ever increasingly evil Commander in Chief depending on popularity poles that dropped a portion of a decimal point every time one of their partners in combat were killed or are otherwise blown to smithereens, vets just wonder if they really are insane as the diagnosis stipulates. Maybe their inner military child should be treated also for having been raised by Schizoid parents: systemic trauma routinely contrived by Offensive Trauma Managers — referring in this usage to the active enemy that freely resides in their country as a part of its citizenry — to politically manipulate public opinion against what otherwise was their best life efforts — contributions of their lives, the expression of the love of their country and all that for which it so magnificently stood during their defense of it.

When the facilitator plays like he or she doesn't smell it, or if he does it doesn't mean anything, then vets are taught not to complain about the high levels of alcohol smell permeating the group therapy process when two or three members come in loaded. They also learn through non dialogue as in lip sync and eye winking only that they may not want to record on their drivers or hunting firearm license applications a whole lot, if anything at all, pertaining to their new mental illness status received during combat. And they might especially leave off the issue of the medications.

A social worker manages the case in conjunction with the treatment team to help with all things like living arrangements, interfacing with whatever needs interface including the address of other medical issues which are often numerous for this population. Social workers contribute to the best part of the whole VA mental health system when that professional case worker does care, which happens in 180% of the time. They are tough, sophisticatedly trained for this population and fine people who are profoundly dedicated to helping veterans. And they apply themselves exhaustive-

ly earning every dime they are paid when they work in the trenches — carry a full case load. Nevertheless, upper management of this and the other groups can become as in any industry extremely political and career power focused.

And there are some doctors and dedicated nurses at the VA who apply themselves above and beyond within the medical traditions for which we hope provide the standard for professional help. Underneath, that is, they only discuss it privately, that faculty is imbued often by Christian teachings. They provide the dynamo that drives them to contribute their best despite the bureaucracy's adamant attempts to preclude that particular motivation from surfacing.

Because of those individually good men and women, I have loved the VA in the recent decade no matter the crippling management issues which comprise the basis of this essay, and regardless of the horrible experiences of disregard and abuse incurred in the 1970s. But as the educational sayings go, otherwise used to address these additional compounding trauma issues created by politics and descent, and administered by Cognitive Behaviorists who know nothing whatsoever about what to do to reconcile these additionally profound trauma causing issues, "That's water under the bridge." "What's passed is in the past and stays there!" "No sense crying over spilt milk." Hmm; maybe that is good CBT advice unless, of course, resolution of those unfortunate catastrophes for our veterans' minds tells us to stop it from happening again forty years later. And thank God for that CBS Republican hating scandal sheet the Washington Post; or we'd probably be giving our Iraqi and Afghanistan veterans brothers and sisters *Born on the Fourth of July* all over again (autobiography of spinally wounded Ron Kovic and 1989 movie starring Tom Cruise and Willem Defoe).

Non responders (who get worse and even unmanageable and not by schizophrenia) to that level of care, which is considered top notch as compared to the low notch stuff you read about in the papers causing the upheaval, may qualify for residential - inpatient. Depending on the quality (the capacity to care) and mental stability of the psychiatrist running the floor, chemically dependent and PTSD patients may get proper separation from those suffering schizophrenia where it presents. But in low down dirty dog places, the patients are first calmed down with some heavy weight

soothers, comingled inappropriately, then managed and warehoused polypharmacologically until they are sent back out into their families, if they have any. And everything from the previous three paragraphs is just surface stuff as far as complaints go.

After many years of interacting ethically with the VA even while they harmed veterans through those mental health managerial control methods, all functioning copasetically with their philosophical treatment paradigm based on CBT, I gave up that code of honor during the referenced rounds of despair caused by Walter Reed. That tragedy occurred because of the treatment – management modality, not, again and hopefully this time forevermore, a lack of people to re implement their design, which the Secretary of the DoD ordered as a quick fix as soon as the second report (June, 2007) broke.

All that more therapists and administrators do is increase replication of the same disastrous ideas. Those modalities, always based on CBT because that is the intellectual limitation of upper management, foster conveyer belt treatment, burnout, superficial understandings of combat trauma, misdirected clinical goals, polypharmacological applications for patient control and warehousing, abrogation of the contract tying employer to liability, patient stigmatization, and sometimes general negligence by a host of caring clinicians who otherwise would love to do the best for *their* veterans, just as they are *ours*.

The Genghis Khan of Psychotherapy: One Origin and Critical Perspective of Behavioral Therapy (BT) and its Reformation - Cognitive Behavioral Therapy (CBT)

Importantly, disclaimers provide (in other essays) support for both life-coping and -building efforts. Behavioral and Cognitive Behavioral activities, as opposed to clinical therapies in this reference, produced great individual and social deeds. There is a good place in our lives for each; people like, from time to time, to learn how to do important tasks, and to even hear opinions about how they think and why they behave as they do, and then use them to do what they can to get by, and to even make things better.

Power and politics change things, convoluting different peoples' motives, and making for destructive times. That has happened here and with these otherwise supposed-to-only-be-helping activities. So this essay highlights where those two modalities' (Behaviorism and Cognitive Behaviorism) mis- or over-use, particularly when incorporated into social (organizational) human management devices, hurts us individually, and as a people, community, and even civilization.

Lastly, there's a happy adage, or laziness-inducing one, that all religions, or all mental health-helping treatment options, are in their samenesses, OK. And that notion, itself, has been given a form: eclecticism. In either of the cases, they are not (always OK). Some are even extremely harmful, regardless of implementation credentials; and then some, again, can be worse than that — they prevent good otherwise being established by additional or different helping agents/activities/efforts from prevailing. Learning which is what can be tricky business, and not only waste lots of individual, not to mention the world's, problem-solving time and energy, but more demonstrably, can squander opportunities for living a remarkable life, and sometimes even living at all, whether seemingly remarkable or not.

Having said those nice things . . .

Informing the patient of what he does not know because he has repressed it is only one of the necessary preliminaries to the treatment. If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on the symptoms of nervous illness as a distribution of menu-cards in a time of famine has upon hunger."

Sigmund Freud (1910)

How did this mess called Behavioral, and then euphemized — a little later when it was drawing too much scientific flack and public ridicule as missing something — as Cognitive Behavioral Therapy happen in a once-upon-a-time world of logic and serious thought? Here's the more ethereal view of how. The disaster was a consequence of its beginning, that then rolled like an avalanche across the continent on the other side of the Atlantic. The calamitous story is synthesized in and highlighted for humankind in just one expression: "Has anybody seen any of my friends?"

That was Ivan Pavlov, the 1904 Nobel Laureate from the pre Russian Revolution days, who in this later time of that expression's currency (1934) did some other good and spin off work also dealing with the digestive system in dogs. He founded Behaviorism with his habituation and sensitization model (in the process reinforcing Thorndike's work with cats) for calling dogs to dinner. It is noteworthy that with the exception of the Soviet government's banning publication of Freud's work (an individualism-supporting contradiction to Marxist/Leninist/Stalinist collective-based notions pertaining to the nature of human consciousness-functioning) starting a few years earlier in 1929, and which declarative was still extant by 1989, everything seemed pretty reasonable and on the up and up on the surface with his experiments, publication and thesis. Then came this one, albeit rarely considered — but nevertheless material — item.

It's the seventy-five year and extant catch. His greater laboratory was skewed to determine the focus of dog consciousness as fit the parameters of the lab's bosses (in the end being Soviet Politburo leadership) for the definition of the human thought processing constitution (but in this instance using dogs as stand-ins). After the terrorism model for traumatizing the masses (which made them more amicable to manipulation by a few Russian archetypical Ivan the Terrible strong fatherly types) was implemented by the new Bolsheviks between 1905 and 1907, Lenin followed through ten years later with the super control and strong paternal model. As the late

Daryl Royal, Head Coach of the University of Texas, used to say before the biggest “national” football games, “We’re going to dance with who brung us.”

And that Lenin did. After planning with his operational statistician the forced early extinction-through-murder of just under fifteen millions of prospectively non-Bolshevik-styled-Socialism-supportive Russian citizens, he decided to skip a couple of Marx’s stages on the world’s march toward socialism. That put Vladimir into a hurry; so he simply outlawed by decree those idiosyncrasies like individual human ontology (individual humanness) that would get in his way. Things like music and grief, which otherwise are the windows, doors and other gateways to the ruling influence and ontologically-based facilitator of decision-making focused in identity were illegalized by statute; he was planning to replace those naturally individual identities in mass with bigger thinking ones: social conscience and justice types. Softy things like music, love of one’s home and family, and emotional processing that fit individual nuances of identity provided too much comfort for certain members of the downtrodden, whom he needed to adapt wholesale his notion of how human beings should be and become uplifted: (using only) the social conscience and justice-focused replacement identities and progressive thinking constructs. Sounds a little like CBT’s pillar of strength, Rational Emotive Therapy (RET) applied a little earlier — circa 1917-34 — doesn’t it?

Keep one’s and thus the masses’ eyes on the big abstract — the social utopia to come — was the polity-thought-control strategy. Any concept that focused on individual ontology was declared counter-revolutionary and dismissed along with the person who thought it up all the way to death or prison, whichever seemed most appropriate at the time. Thereafter, Stalin, inventing the new Soviet Man’s name (Homo Sovieticus — bet that old Mongol slave descendant from Georgia, the country, was drunk and laughing hard when he made that nomenclature up for the believing followers: that is, anybody who was still alive) with the murder and Gulagization of a couple of more dozen million citizens, some of them accidentally, maybe, even being individually thinking and ethically minded academes and scientists, set the stage between 1917 and 1934 for building the first Behaviorism-to-be home, Pavlov’s dog-study lab originally housed at St. Petersburg-, then changing the name for a little while to Petrograd-, then Leningrad-, then back again to St. Petersburg-U after the Big Thinkers were gone (1991). Poor college town.

If you notice in Pavlov’s notes, he doesn’t attempt to discuss with the dogs their feelings and attitudes about being stuck in the gums with electrodes just so they can eat dinner. Horse and Dog Whispering languages had yet to be invented. But even if they had, such questions would have brought an inquiry into dog ontology and what

role it played in the sensory-based neurons and synapses as they interrelated with the motor ones. And that of course would have steered for time immemorial the subsequent followers in both the new fields of Behavioral Psychology and molecular neurobiology to focus on the hippocampus, which is where the anatomic leadership of all that ontological molecular stuff is supposed to be going on. Such an unbiased or otherwise more complete focus would have taken the hallowed objective inquiry a little deeper than just the sensory-to-motor electro-chemical interactions that considered only “When’s dinner?”, or “Come to dinner!”, to include instead something like “What’s for dinner?” and ‘Do I feel like beef tonight?’” But, then, maybe dogs don’t have an ontology. They probably don’t think at all, or most likely not very deeply, as in the new Lenin designed Borg-only-Soviet-Man world, anyway. If people couldn’t be allowed to think, why should dogs be accorded such delusory-based luxury?

Had Pavlov conducted those experiments about learning and so forth by posing those other questions regarding dog ontology, which reiterating for emphasis were against the law to even contemplate in humans much less the lower animal forms, he would have not been himself much longer, physically that is. I doubt he would have made it to the 1930s to get published again. So like all good Double Thinkers born out of those kind of managerial population control models, he sent us a Double Think turned into Double Talk secret coded message to alert us to what was wrong with his experiments and conclusions, being the ethical fellow he was prior to the mind-controllers’ takeover.

With all the new fame from his dog salivating and bell ringing studies again elevating his status, as in part being one of the only guys left at the university who started out with it before the controllers got there, he sent a letter to Stalin’s program implementers at the Central Committee, ever expanding Comintern, or wherever. With great daring, he finally asked, and apparently at the peril of his own life, again for emphasis and noting the importance of love in the expression of human ontology even in scientists

“Has anybody seen any of my friends?”

What a brave man! Because they were either underground, literally - as in forever, or studying the permafrost in deep Siberia, helping to advance the lifestyle of non-ontologically-focused nearly Arctic animals, and to study some more of the once Russian-colonizing Mongol descendants to determine the origins of that old thirteenth century aggressiveness, and then to figure out not just where it came from, but where it went.

Skinner, however, the American protégé of Pavlov's work, failed to get the Double Think and Talk secret coded "watch out — something may be wrong here!" communique. So he introduced the experiment with extensions to the soft headed elements of American academics who were trying to add strength to their own inner selves, advancing Pavlov's model to include mice and even prescriptions for training persons in a box. And as always there are going to be some mental unfortunates who will believe anything.

And they also made the publishing decisions in the peer review journals as unfortunately Bruno Bettelheim would discover upon his early and very fortunate release from Dachau in 1940. His articles depicting his first-hand account of traumatic and post traumatic effects, first on identity of which he wrote eloquently was destroyed by the camp management model, and then later on the devastating life after-effects, behavioral and again identity in their locus. The point here is that his work was rejected by the peer review psychological journals because it was not objective, his being a camp prisoner and survivor and all. From the time he got out and presented his story to the scientists, another five million Jews were murdered before those targets of trauma by death were finally liberated, those who lived, that is.

Skinner would find his audience of sensitive college students and colleagues hiding out from the conflagration in psychological studies groups in academia. In those classrooms, all of a sudden no one had to worry about inner thinking or the otherwise identity elements of being human which Freud was opining about. This new approach particularly across the waters was changing former helpers into charismatic leaders whose new job was to teach the mass dummies how to behave and act.

Probably Freud lost his immediate influence because just prior to that period, he was being diverted from his mission; he had to get out of that intellectual-based but actually chameleon-configured deeper identity Vienna quick. Austria was being re-blended over a spring weekend with the German Fuhrer's approach to defining humankind, or what he intended to remain of it, through the similar application of the culling method, which they — some of today's fairly honest historians — say was taken from both Stalin and Islam's thinking and experimental and application activities and other pogrom-program-conjuring efforts. The method for giving and following directions grew in and with great political strength during that Big Thinking (by scientists) with an emphasis on mostly acting forthrightly (assertiveness training-imbued) era.

So went the hand-me-down but now cumbersome period of Enlightenment that kept posing those interrogatories about who we really *Are*, and so forth. In other words and according to the new dog-based model blitzkrieging across western civilization: "We

Are who the other guy tells us we are: “nothing,” for a large segment of that city’s (Vienna’s) population as soon as that 1938 spring weekend was over. And that little slice of higher intellectual life still hasn’t yet, that is, a full seventy-four years later, reconciled how that mass overnight hysterically delusional process for Europe’s elite erudites occurred. In fact, most of that lovely city’s residents still try to play like it didn’t.

That Behavioral control action idea and approach worked well in European academic environs while the big hitter in leadership in 1930s Europe was stealing Stalin’s gulagization model by transferring (with boxcars on trains) all the unlikeables and argued-to-be by some Christians, Islamics and the new philosophical secularites for the thousandth time causes of Europe’s miseries out to new laboratories, then called concentration, which for about thirteen million (that figure is supposed to include not just religious but ethnic, race and pretty much all disagreeables) of those poor folks was another euphemism for extermination, camps. The key to this capacity to get masses to not think was to strip all human beings of the concept of ontology and the questions that surround it, turning the unfortunates not just into non-citizens, which came first, but then something a little more convenient to and for expedient management thinking constructs. Behaviorism or science became as in Zen one with mass denial where people could play like their once thought-to-be constituents didn’t have any ontologies at all, thus could be murdered in mass (and while stealing their property — to include not just their homes, businesses, bank accounts, clothing, shoes, suitcases and other personal effects, but their hair and the gold in their teeth as well — in concert with the train rides and destination rendezvous) for lack of current popularity or lack of proof that they were human beings. And unlike dogs, they could even speak some kind of language that apparently had been understandable, at least for some ethnicities the previous thirty-eight hundred years. All those European academes needed was a little philosophy with some dog-science to back it up, and they were free to join the hystericallity-brigade and just follow orders — no ontologies or consciences holding those power driven cortexes down or just getting in the way.

“Well. How in the world could they get away with THAT?!!” said somebody recently who never heard of Dr. Zhivago or Boris Pasternak. Eastern academia thought quickly and came up with “Cause you cain’t see it (speaking of human ontology or the essence of being) which makes it unscientific to even contemplate! If you can’t observe it as in objectively, then it *ain’t* there!” A brilliant model for science; “Temujin, Lenin, Pavlov, Stalin, The Messenger, Uncles Mao, Po and Ho and the Fuhrer must have been and still be right. Don’t you think? Or if you don’t, we’ll kill you!” “Got it!” said and say always the masses in Europe. And depression era American academes followed up with “Well, if they said it in Europe,” or in later

twentieth century adaptations by someone from out of state, or who teaches at a technical university in Massachusetts, or who like Walter Durante spoke on 1930s radio, or on less economically depressed TV today with Oprah or some other leading talk show masses expert communicator, "it's gotta be true!"

For all of that we have to thank both the Mongols and some dedicated Islamists for conquering large segments of those dumb Russians' empire. They became the adapters of the twentieth century imposed "just-kill-them-if-you-can't-get-them-to-do-right" management model for being human, always and ever known intellectually as founded in or founder of Behaviorism. Russians were thought of as responding affably to rough and tough leadership constructs. And Behaviorism gave them the logical right to do so; the logic of terror. Do what I say and salivate when directed, or I'm going to shock you in the ass (or was that the salt water snail, cats and mice a little later?) or send your family and entire race to oblivion; or worse, call in Dr. Mengele for some serious testing and thought provoking ethics-envelope-pushing inquiry: who needs dogs anymore with his modality? I guess it's a good thing that we (meaning Americans still believing in the individual human spirit, consciousness or ontology) won that war. Otherwise we'd be rationalizing open brain pain experiments on the least popular groupings of the decree-declared-lessers-liked here in America, instead of just mice, dogs, cats, monkeys and Vietnam veterans.

Jack Nicholson (playing a patient suffering Obsessive Compulsive Disorder in the movie "As Good as it Gets") complains about something to his psychiatrist or psychologist, who then answers with a rational explanation of the situation and condition. Nicholson, in asking back if he (the shrink) couldn't do any better than that, exclaims:

"We're drowning here. And you're describing the water!"

That's the gist of Cognitive Behavioral Therapy (CBT). It's really didactic psycho-interpretive education about clinical process as perceived by Behaviorists. And, they of course, like their founder, Ivan Pavlov, are lost souls wondering where their Nosotropic-narrative-deviating (leadershipers who deviate from the new focus-on-symptoms norm) friends, probably now in the GULAG of mental health professional exile and storage, went. In this aberration of psychotherapy and faux social management approach, the resulting locus of the problem-solving component is first placed by the how-to-think education into, and then is supposed to remain within, the abstract of consciousness (Cortex functionings). The idea: become aware of one's own (and others' too) behavioral abnormalities (including thought patterns gone uncontrolled), and decide/choose to do better/differently every time you figure one of the bizarrenesses out. And then thanks to the new interpretation/direction, just also

change a few of life's perspectives — like adopt some new philosophies from somewhere or somebody (for just this eventuality, CBTers keep tons of them hidden in their pockets for quick draw application) — and everything will be alright.

No. Not really, I'm afraid.

That would be nice if that were all there was to it: getting over psychopathology. But it's not. That get-over-it (or change) through-conscious-decision-making is tied, much of the time it happens, to something maybe unseen, and likely untoward, which is not only NOT being addressed with the, albeit stalwart, wishful-thinking remedy, but quashed by it as well. The CBT or BT models declare for the responsibility of decision making to be the everything, which it is — of course when controlled or interfered-with by something unseen — also NOT.

Thus, the CBT-adherent problem-solving effort skips — like springy tiptoeing across lily pads on a densely alligator-inhabited pond — over the more perplexing, painful and as well incapacitatingly crumbled and usually less conscious existential identity matters that underlie the new abstractions, making the remedial effort superficial, at best. That is, the cognitive (conscious awareness) understanding and attendant behavioral-change mechanism may last only a few minutes, or maybe days, no matter that the program comes replete with reinforcing and ever-tightening rules from support organizations (where self helpers invite/importune/admonish members at the end of meetings to "keep coming back!"), professional-produced and -presented educational materials (books, video and talk show TV) that cajole followers to keep the faith, and now even can-do computer programs for holding the new thinking/awareness-development and choosing approaches on target.

Adding worseness to the approach, once that pseudo-introspective-behavioral-control apparatus incorporates into the individual or, more dangerous, collective psych, it becomes a part of the base pathognomony otherwise wanting to be overcome; people chase their aberrancies with currency-approved cliché-driven guesswork about causation. That remedy, then, looks like a hyper-supped-erudited long-tailed varmint vigorously pursuing its ending, always vowing and trying to intellectually annihilate it, and at increasingly ever-higher speeds. And that circle of rabidness makes further, or let's say REAL — perdurably congruent and profound — progress for the complete or total human, impossible.

Another way of saying the same thing, no matter how hard you bang on aberrants' frontal lobes (a primary cognition-based brain manager), your didactic-based-text-messaging-level therapy likely won't stick, particularly because those aspects of folks causing all the concerns are marching to a deeper, more determined-to-be-in-charge, drummer residing in the limbic system and its brain relationals, or somewhere like that. Nobody really knows. For example, the Amygdala for production of emotion is involved; the mossy fibers of the Hippocampus (where the trauma of short term loss is established) also plays a part; and those elements are all naturally, i.e., protectively, facilitated between conscious and unconsciousness by the defly operating claustrum. That facilitation of the unconscious-to-conscious (and back) interplay is necessary because we'd otherwise all come to a screeching functional standstill if the trauma/loss-induced extinction to reality being undergone in identity, and which is brought about by big change, were always visible, or otherwise available to be experienced. Thank God in the twentieth century for compartmentalization of brain-psycho activity during trying times, letting our goal-achieving more task-oriented can-doers move on to less dismalness; a little more readily, anyway.

And, we've even yet to describe the biological and time requirements of HAPA-facilitated synaptic morphological (where you are stored) change ongoing in the existential elements of identity/being. You can find that discussion in the greatest (and only) book ever written (by me) on brain trauma etiology and its fix (cure/resolution). See, if you have lots of time and endurance, *Neurobiology of Psychological Trauma Etiology and Its Reversal with Etiotropic Trauma Management*; 1992; Jesse W. Collins II. Before the CBT-controlled and so called peer review journal gatekeepers got online and brought the curtain down on expression of such things, that Etiotropic explanation of trauma etiology was THE most downloaded (last half of the 1990s) piece of work from within the entire neurobiological investigators' once open, but now closed in the twenty-first century, competition.

Despite those idiosyncracics, CBT still sounds good to some, at least on the surface for a little while, which is the cornerstone of CBT's mistaken design epistemology: it is embedded (not very far) into, and then works out of the surface of human thought, feeling, and experience, and then stays there with a little, or lot of, help from the social system. That surrounding interactive, then, has to be reconfigured as well, building political hegemony into what are supposed to only be applications of assistance to individuals gone control-kaput.

The rub for this frivolous, and latently in the beginning, then all-out social application during maturity — which inevitably takes the form of an aggressive person-control movement — the human consciousness (in total) doesn't work that way: as wished for by both Behaviorists and CBTers, who are the people doing the conjuring of and for the how-and-what-to-think standards. When done right, behavior of the masses is thought will more easily follow right along. Although sometimes it does, again, it mostly lasts only for a little while. Worse, the forced or imposed change establishes additional contradiction to the already pulverized deeper internals, which pretty much guarantees future (and more) conflict not just for those masses, but their managers as well. Chaotically hysterical and convoluted conglomerations of intellectual decision making at individual, systemic and management stratifications.

The referenced aberrants are initiated from roots going deep down into both biology and unconscious memory. Moreover, they rigorously defend themselves, longterm, against conscious awareness and decision making, and especially against superficial attempts, no matter how apparently intellectually-configured-to-overcome the otherwise disrupting influences (Behavioral symptoms) upon conscious controls. Identify one symptom, bang it down, and, because the roots and their inceptions have gone unattended, quickly like in the game Wackomole another one (symptom represented by strange thinking or behavior) pops up. Until the underlyings are addressed, instead of just the superficials, the play goes on forever.

Focusing problem analysis, decision making and implementation about people management on thought behavioral abnormalities as symptoms, and then their change, can be more of a problem than that encountered due to the Whackomole effect. Here are three more impediments to symptom-focused and -reduction's being turned into the managerial everything by CBT.

Symptoms:

1.
 1. can go dormant — i.e., they may be delayed or not present at all — for eons. For example, thought/behavioral symptoms stemming from post-traumatic-stress disorder routinely don't start showing up (for third party objective evaluation) in some cases for thirty to forty years after combat, or say sexual child abuse.
 2. present simultaneously and similarly with and from other health influences, convoluting aberrant behaviors into a kaleidoscope of confusion for both the suffering individuals, those close to them, and the

management community. To give this fact an example, co occurring instances of combat trauma and Substance Use Disorder (once Chemical Dependency) can produce identical symptoms, making professionals (clinicians) think up great hysterical and frenzied theories about which-causes-which and worse, what-causes-what, and then what to do if they can even figure it all out.

3. because of their harsh contradictions (causing loss and emotional pain) to the surrounding loved ones or associates, (symptoms) can be obfuscated by that social network. Familial or systemic denial/delusion attends that phenomenon, sending problem address for some almost into the afterlife — the problems don't even get reported by the indirectly, or at least less directly affected, until something really bad happens: job loss; divorce; familial estrangement; prison; death.

CBT's popularity also derives from its ease of adaptation, from laymen to talk show hosts. Working its way into the fuller polity, non psychotherapists (e.g., educators, government officials, some biology-only-side-healthcare people, a few lawyers, couple of journalists, and new collegiates) learn and implement the model without a clue regarding its shortcomings, making that group believe, falaciously, that they are pushing the envelope of erudited management, mostly not of themselves, however, but of their lessers informed (managees).

In the last half of the recent century, that abstraction/problem solver has morphed into a social way of being, presenting itself as an elite approach to being human, i.e., thinking and knowing what's going on. And unhappily for social-thinking-problem-solvers in a hurry, it takes a while for adapters to get over or past the model's life influence, again and principally, superficiality — particularly error-proned. A smart helping manager/psychotherapist/television personality can use the model for decades, and not realize that his or her life has been given over to carrying on just the latest currency, somewhat as swarms of fish follow each other: turning on a plankton trail to instantly follow any new direction, or any instigation for change.

And, any change will do, almost, to mean except that which solves the problems at their base, for this non-thinking morass of CBT led and imbued unfortunates. No matter, swarming CBT has become, because of its fashionability, aggressiveness, arrogance and hard-headed belief in itself by Brothers, the replacement for more serious (more difficult to administer and adapt) approaches, once called Person Centered, analytical and other such *psychodynamic* (taking a demonstrative look at the human interior) therapies, etc. Although "psychodynamically" configured efforts, too have their problems (administrators and end-users alike wander around in the

exploration of self for long, even indefinite periods), when that more ethereal approach engages the psych being assisted, the engineering places the remedy within ontology and under its — thus under the person's-being-helped — control.**

**Parenthetically, although attuned toward the psychodynamic orientation, as a manager of individual and systemic problem solving I've not been inclined toward the "wandering" aspects of that concept and methodology; and, mostly, have been a competitor to the use of public funds for Phd-unemployment-based-make-work funding programs, whether they are paying for the wandering or CBT so called evidence-based approaches. I just don't like fake-get-well people-savers whose costing is primarily oriented to shoring up that group of professionals' business models. See Part V in this series and the Whackomole book for the specific differences between structured/strategic psychodynamic philosophy and methodology (which I made up nearly forty years ago), unstructured wanderers' more generalized personal growth-seeking approaches, and how to get people well plus save the civilization with a combination of focused caring- and good old capitalism- (to mean fee-for-service as opposed to block grant-styled funding) -oriented methods.

Moreover, that control with and by that (psychodynamic) remedy remains there with considerable and constant deference from and for that essence. Control of personhood never cedes its existence or other make up, composition or ontology to a force outside of itself, as it does when engaged by BT and CBT, and their civilian correlates. If that kind of process DOES occur for an individual, the selection for that new life or merger with something or someone else instantiates epiphanologically from within that ontology, not imposed by exogenous influences nor particularly from encumbering correlations to a behavioral standard simultaneously being ratified by community concurrence. And, getting there requires diligent and rigorous — anything but superficial — work.

The best thing about superficial therapy is that it is primarily for superficial thinking-, not to mention LLD-suffering- (Latent Laziness Disorder), -professionals, who otherwise would like to get their programs, thus their houses in suburbia and BMWs, funded by the voting naïveté. It's cheap, claiming and pretending to get people well quickly. Tell them how to think correctly, that is, how to regain control of their lives through proper Behaviorally-based self (what symptom fits which previous offense) analysis and decision making, and they, following directions, will do so.

It's sort of like Lucy in "Peanuts" selling psychiatric advice for five cents. At least, though, her clinical helping price was and still is, even with inflation indexing, right.

But selling government and the poor publics a faux, but accepted, human management device is not the only reason for adaptation of CBT by public/professional managers. It also aids such folks to keep from having to address their own internals resulting from similarly affecting causes of disruption. For example, misdirecting an otherwise human need to confront and then reconcile depth of pain can be more readily done by identifying and giving advice about how and what to correct in others — the maneuver expedites and strengthens professional delusion. Giving CBT kinds of advice to the apparently deranged is, aside from doing drugs like alcohol, prescription meds, cocaine, opiates and marijuana, one of the very best means of avoiding the address of similar pain within one's self. Put those methods together, and cracking through delusions that protect professionals from their own difficulties mostly fails. To borrow the cliché used by Eric Kandel (Nobel Laureate in Neuroscience) to describe his value (or not) when he was the supervisor of psychiatric training at Harvard Medical School in 1961, professional CBT-supported delusion can become (with sympathies to any offended) the old trope: "The blind leading the blind."

Research intended to support the symptom-fixing-based advice-givers' claims is both risible and prolific. Thus, like the locusts invading The Great Salt Lake's population in the nineteenth century, CBT has spread fast since its inception in 1959. A culminate: therapy is not perceived as a truly viable problem-solver within the society. The public holds the industry in disdain. And, because of CBT, I opine rightfully so.

Nicholson's character (in the referenced movie) and I are not the only complainers about the model. Britain's Eisenstat (fact check name for sp) weighed in with some usual, for him, non politically correct abruptness. "CBT", he exclaimed, is what the government's purveyors of its ideology consider to be "second class therapy for second class citizens."

Sounds like a lighter-weight world consideration, an argument from the periphery between different kinds of thinkers, but is not. It is more: a deep matter which eventually will (have to) be more broadly conjured, confronted and then reconciled by Western civ's managers (everyone who is allowed to vote), or we will periodically continue to lose innocents by the hundreds of millions, and then keep playing like it never happened.

When a civilization builds shallowness-combined-with-obfuscation-of-pain into its official thinking doctrines, times get demonstrably rugged for the ever-more-centrist-managed polity. That is to mean, Behavioral "Therapy", and thus Cognitive Behavioral "Therapy", albeit unstated in either of their packagings or social franchising applications albeit still being built into the managerial thinking infrastructure, require that the helping mechanism be applied first and primarily for the benefit of the ideology-managers and more so than the individual being smoozthed and reformatted. That peculiarity strengthens the capacity, method, means and environment through which centrists-centric takeover artists do their best work. To avoid, circumvent, or undermine it, free people (and those who would like to remain that way) require a serious pain-processing model to remain in so called "touch" with themselves during hysterical times otherwise frenzily whipped up by a few polity-thinking-and-feelings-exploiting leaders.

Inevitably, teaching targets just HOW to think does not provide enough controls to the new controllers. Plus, it gets boring. WHAT-to-think takes shape and the form of a naturally transitional add-on, as the clinical tips on living strengthen acting into becoming (being). Simultaneously, managers become philosophers, a skill required to juggle all the new and glossing-over-of-differing perceptions, and a sure sign of deeper brewing troubles to come in the social management arena. One form, but wider social and beginning implementation of that application, with an emphasis on those pushing their views about who we are, or at least ought to be, etc., is called at the beginning of the twenty-first century, political correctness.

"Well, that would be alright, don't you think?" would say some clueless CBTers. Except that somebody somewhere has to think up these new guidons for living. We certainly don't want to leave any responsibility to the masses for thinking things up, especially if those how-to-do things come from some religious artifact like an old scroll or book — excepting noble savages living on an island or lost continent somewhere. They are sure to know what they are doing because they are out of projection range of the CBTers, thus not as vulnerably susceptible to the quick-changers. Maybe we could find an expert on living to lead us with a little steady congruity, too. An academe-oriented fuhrer, or the like. Or maybe somebody who's in charge and on TV.

That is, it takes a something or someone to do the telling of everyone how and what to be. That new leadership has the responsibility to make up, explain and then establish the standards, not just for behaving, but for this new way of thinking, an idea once contemplated to be inviolate: abhorrent to the notion that thinking, which

includes how and what to think, surmise, analyse, concentrate, even meditate, and then decide, belongs(ed) to the biology once sanctified as the individual. Cutting it short for this essay, the locus of this new CBT-styled imposed individual existence is really the collective's both wisdom and General Will (Rousseau and the follow up of his theoretical works in practical application: the eighteenth century "French Reign of Terror"). And even nice, well-meaning, self-imposed ethics upon the new conveyors of this wisdom won't stop the coming downturns.

Within that group influence, not only is CBT decliningly superficial, but most assuredly dynamically unstable. It changes with the currency of the times and newnesses, which are determined sometimes by political power innervation rather than rationality derived from the pursuit of truth, and then when sometimes found, its representative logic. Collectives can and do become hellbent-for-destruction mobs (Hugo and Le Bon; see Part III: (conclusion) The Good Rebel in Most of Us; Distinguishing Good from Bad Rebels). The twentieth century, for example. See also the epitomy of twentieth century clinical influence on the contribution and maintenance of those collective management disasters *Beyond Invisible Walls: The Psychological Legacy of Soviet Trauma, East European Therapists and Their Patients (Series in Trauma and Loss)*; 2001; Jacob Lindy and Robert Lifton.

Individualism, and what's residing down in those particular unconsciousnesses — Abe Lincoln's "mystic cords of memory" — get in the way of all that slippery-slope-downhill-to-downtrodden guaranteed stuff: groups going and already gone wrong, or bad. The "cords" are pylons sunk deep into the polity that defend against superficiality — changing reality by changing near-term perspective just to get past the currently presenting pain — and thus easily manipulatable frivolousness. Mystic cords represent the ancestral histories of the constituency, their experiences, epiphanies, traumas from hardship, loves, and most profound meanings of the whole. But they are stored in the both conscious and unconscious memories of individual brains, our brains.

They then become, with all their remembrances and even imperfections at times, reflected in some of our icons, sporting and school mascots for example. And, that's one of the most important reasons why I think the conflict over and then dissolution of the Westbury Rebel depicting the American Civil War veteran was and is still, so important (see the oped in this series: "The Westbury Rebel: Texas Legend.")

When the new CBTers come to town and exclaim, "Let's change that mascot because of one of its imperfections, say for example, it hurts my feelings as it collides with my sensibilities, being from (either) the Sahara, Norway, Indonesia, China, Uzbekistan and all." then that idiosyncrasy confronts Lincoln's mystic cords. The quick-identity-change superficiality-based CBT artist/scientist clamors, because of his perception of the undeserving worthlessness of the targeted population (in need of ontological change), for a makeover, not just in this period for a mascot in some far-off corner of this country, but over the whole Western civ complex, and particularly in this easy-going and mostly kindly tolerant America. Easy pickens for thought-invaders, until the mystic cords catch on to the otherwise hegemonous (again see Part III: (conclusion) The Good Rebel in Most of Us; Distinguishing Good from Bad Rebels) modality, and then get riled.

Cognitive Behavioral Therapy and its old Soviet Union-born Behavioral Therapy predecessor provide the impression of credibility in one body politic's attempt to shift the core or epistemology of definition of the individual from a person who is taught, and even required (if intending to survive), to rely upon his or her self for initiation of thinking and being human to a person whose definition of that self is formed within a new and Borg-like social fabric, the new mainstay of conscious thought and person. CBT and BT, as the latter did in the 1930s for the USSR's management, not to mention that of the German National Socialist and Italian Facsists management approaches, provide not just authoritative credentialling for the change and the new way of defining one's self — You are, first, who and what the other guys (or Party) say that you are — but a thought mechanism that engages, is then embraced, and finally installed with mechinations for application (and which are analygous to the electrical grids that power our lives and landscapes) by these new managers of the society. They consist not just of psychotherapists, psychiatrists or counselors, but educators, healthcare professionals and their paras, legals, journalists, a lot of preachers trying to merge the models with conversion doctrine, all the self help promoters and their organizations, grant funders, government bureaucrats, and a few voters.

Should this invasion be completed, which I have worked to prevent from happening, Stalin's earlier referenced Homo Sovieticus man can be easily (seamlessly?) slipped right on in to the bowels of our own managment efforts, once defined in the period leading up to the Declaration of Independence and ratification of the Bill of Rights (within the US Constitution). Their jobs were to protect that earlier, albeit currently challenged, definition of the individual, but which is now encumbered by a mechanism that supports attempts to demonstrably alter that definition. The

alteration's goal: emulate the European and eastern Asia/Russian conceptualizations of individual and systemic identity. When, or if, done, to mean if I am not successful in preventing it from happening, I guess we could call this new person who takes his identity cues from the collective, the once-human- or Wasism-Individualist-Americanus.

Thanks then again to Pavlov's search for his friends, and the inevitable characterization of the encumbering process (he was trying to overcome, but ironically supported with his scientific achievements), which in today's terms is called Orwellianism. Too bad that he died so soon — one of the first anti-Stalin-/Bolshevik Russian leaders to go at the start of The Great Terror (the murderous purges of 1936-1938), albeit only of pneumonia — before he could mollify what would become his legacy. Behavioral and Cognitive Behavioral philosophies and therapies are the prerequisite beliefs, that is, the philosophical and methodological thought models/systems, otherwise axiomatically required in this post Lenin-, Mao-, and Stalin-ism public-/peoples-management era, for attaining historic Tocqueville's, but now new and current, "tyranny of the majority."

Compounding the ideological and methodological problems, the CBT movement's leadership, following its heritage's dictates and once getting off the ground, does not advance their cause through caring, empathy, openness, logic and reason — the basic ontologically-focused tenets of helping that once came out of the post reformation Enlightenment imbued and old pre Lenin, Stalin, Mao and of course much earlier post Khan schools of erudition — as the existential psychodynamic western professionals did during their turn for a little while to lead the field near the ending of modernity. In that sixty years of the mid twentieth century, being aggressive within the ranks of ontologically thinking therapists was seen for a while as psychopathology, even while the Behaviorism mind-control revolution was building steam.

But that niceness-based concept is gone today, trashed by demands for upbeatness, money making, and cutbacks. Exploitably, CBTer's then impose not unlike the original Genghis Khan did during the thirteenth century and the Islamists a couple hundred years before that. I'm not speaking of the positive attributes of that Asian leadership's establishment of the Mongolian dynasty — where everybody not yet killed off were taught how to pull together — by the Khan and his sons, but alternatively of the greed for ideological expansion and control and the resulting deficits forced upon our populations back then as CBT is pounded today into the unaware collective consciousnesses of traumatized people by equally unaware CBT implementers of the old Khan's and his followers' modality.

And given the really big view, the monopolistic anticompetitive practices of the CBT EB government merger (see *The Great Evidenced-Based, Cognitive Behavioral Therapy, Self-Help and Government Merger: Monopolistic Cultural Infusions of Pharmacological & Behavioral Whack-a-Mole; Or Psychological Trauma — Cope or Cure?!*) is just another firefight on the battlefield that has existed between the ever usurping imposter therapists — Behaviorists, and their helping caring-existential-based antitheses (the real therapists) — only since Pavlov and Skinner told the poor human race about their proving-up-the-obvious Behavioral experiments (living things learn from repetition), but to include the periods when the scientists destroyed the once believed-to-be wise Sophists in the times of pre Plato and Socrates in Greece; the established Behavioral-focused disorder killed the caring- love-imbuing Jesus in 33AD; since Uncle Po (Pol Pot) enforced Lenin’s music policies by killing off all the traditional Cambodian musicians because their old tunes and tones supported the delusions of the masses where the ancient melodies lifted them up, and he needed them down; since the copycat leader Mao made grief illegal while killing seventy million Chinese so they wouldn’t know that something was wrong with the Red’s management thesis; and all the way back to when Islam started wiping out the thought competition in 622AD and is still following the same directions today, depending on to whom from their camp you listen. Now there’s a fine CBT, with a leaning toward the “B” component, SUD (Substance Use Disorder) treatment program if ever there was one!

Allah’s Messenger laid out the three step CBT-based – Islamic approach to Alcoholism treatment and recovery in the Al Hadith.

1st Step: “If a man gets drunk, tell him not to do so.”

2nd Step: “If the man gets drunk again, tell him a second time not to.”

Last Step: “If he gets drunk a third time, kill him.”

Although that model didn’t have profound epiphanological kinds of intrapsychic effects on the users (those getting drunk three times or more) — as understandably they were already dead — systemic implications were thought to be meaningful. No one really did any long-term follow up cultural or empirical studies on that outcome; but the program is extant just fourteen-hundred years later, which is saying something empirically. Or wouldn’t you think?

These seemingly irreconcilable conflicts continue even with science’s backing when people rely primarily, if not only, on the cerebral learning - behavioral control components of their human capacities, and in the process condescend to their ontological-based ones — creativity, feelings, states of experience, intuition and love.

They are unconscious checks against conscious Cortex-(cognitive-) -housed over-belief in one's self carried-awayism. "Oh? We don't do that! We are all for full out humanness!" say the new Behaviorists, now called CBTers.

No you're not. You incorporated within the CBT compendium of confusion as its driving, but most pathological determining force, nothing less than Rational Emotive Therapy (RET) as your basic controller of ontology. You impose upon the culture's learning and decision making model the false notion that human emotion can be gotten on top of with a few cerebral or layered Cortex tricks. That model then denies loss at its most profound levels of experience and human understanding, therefore assuring learning failure for not just the affected individual, but every thing and one who interrelates with that soul. That means that those following the RET constructs are walking around interpreting every Hippocampus-located loss that comes near them in and to the abstract which is located in some component way off in one of the far reaches of the Cortex's myriad layers, thus without standard morphological synaptic processing goings on where needed, inspiring, then, a completely phony notion regarding the organization of the brain's, and consequently civilization's, integrative faculties and capacities to solve its problems, whatever they may be at any given moment.

"But we've adapted," they say, "to the Khan's and Lenin's epistemological hole by recently allowing back into our thesis some Interpersonal kinds of therapies that tolerate things like grief. And now, people can even play music off of the Internet if they want, at least in America. That means that we are becoming not only Mossy-Fibers-Hippocampus-sensitive, but maybe even less critical of that old primal hanger-oner, the Amygdala. We even concur that Lenin, Stalin, Pavlov, Skinner, PP (Pol Pot) and Mao may have missed a couple of things. And we try not to even discuss the Fuhrer, anymore." Those guys certainly had their impacts on clinical thinking, experimental doctrine, and academe rationalizations about the scope and functioning of the human consciousness goings-on, didn't they?

Here is an example of the neo-adaption from that Behavioral legacy thought construct, the new and improved, more human oriented CBTer on the scene of tragedy.

A man stands outside the remnants of his home as it burns to the ground, taking with it all his family members: wife, three children and two pets. First responders are everywhere and a blanket has been placed around his shoulders. The CBT led trauma counselor presents into the nearing aftermath, embracing the victim with care attending the model's new and more eclectic understandings of the human consciousness. "Listen, Mister. This is so sad. But we're from the government

and here to help you. Here's the plan. First, you've got to get your mourning done cause you're in grief. So do it. Our motto is 'We are all responsible for doing our own grief!' Second, because we don't want this experience to turn into pathological grief, or a grief disorder, you've got to get through it on schedule. But, not to worry, too much, cause we have a certain amount of time our wisests and brightests have planned with which to work with you before that worst case happens. Then, always remember, peasant, 'TODAY,' hmmm . . . , well maybe 'TOMORROW' is better in this case as this is gonna be pretty stressful for you tonight, even with medication, 'IS THE FIRST DAY OF THE REST OF YOUR LIFE!!!' So we'll see you in the morning at eleven AM where we're going to do a TV documentary on your grief and show the public how you handled it. Hmmm . . . , again, I mean how WE handle it. Then I'll," said the twenty-five year old with a CBT emphasized Master's Degree in counseling specializing in loss, grief and trauma disorders, "start teaching you how to rebuild yourself!!! Bring your insurance card to the session, please, if you still have your wallet. Try to be fifteen minutes early for sign in; and, because its going to be televised, makeup for the broadcasters need you thirty minutes before that. Then, we'll start getting past this life's little inner downer.

And, listen, uh . . . What-was-your-name, again? Have a GREAT DAY!!!

But our compassionate CBTer — Behaviorism reformers — have at least elevated their healthcare delivery in the American individual identity-based system over their counterparts, and even their predecessors who neither of which systems have been so encumbered. For example, Mao solved with some serious Behavioral- and Cognitive Behavioral-based policies and procedures his management problem with grief; it kept re popping up following his murder of seventy million of the oriental socialist republic's citizens who, probably because some of them were descendants of the Khan's children — they didn't like anybody — didn't know how to get along with the new management construct. That twentieth century wise man — manager remedied the ontologically-based problem with grief by simply, like his forerunners from Georgia (the country), outlawing it. And like that perspicacious people-watcher and problem-solver Muhammad's address of chemical dependency, Mao said to the Chinese and a couple of new Mongols "Grieve and we'll kill you."

That put an end to that, as testified by Shirley McClain and others on their visits to Mao's Behavioral management happiness factories, once called Potemkin Villages in Stalin's new Soviet society. "These people are so imbued with their new living model that they seem blissful in the new creation. Nobody cries or feels badly or anything! What a wonderfully advanced place to live. If we could only have something like that

in our nasty old unhappy country.” or something at least sorta like that, she is said to have said. The actual quotes are worse.

Whether Leninist, Islamists, Nazis-Fascist, or just some confused Socialist-Leftists, as long as those groups of elitists thinkers come out of the Behaviorists’ definitions of the human consciousness, that leadership and their followers must then *project* that system of mind control on to contiguous and different ideologies in order to keep the lifestyle and epistemological choice valid for themselves. “Project” as used here means to kill everything within a stone’s throw, arrow-shooter’s, spear-chunker’s, catapult fire-rock slinger’s, bomb-thrower’s or nitro-ball-bearing and rusty nails suicidal-homicidal body harness-wearer’s distance from the outer boundaries of the Behaviorist’s camp, National or Muslim lands, or other territories, always needing to be massively-hegemonically acquired to support the modality — keeping ontologically based management models at a substantial distance.

Muhammad finally figured all that thought model conflict out in his later years when changing his mind from his early Mecca days where he was being nice, existentialist-like, and open to other thought constructs — “There’s no compulsion in Religion.” He said at the beginning of his program when he was unsuccessfully trying to persuade those Pagans and obstinate Jews into converting to his psychosis. But he matured with his OJT-acquired organizational management learning process by figuring out toward the end of his life that rather than approaching the recalcitrants eclectically, it was easier just to kill them; particularly if they were Israelis, as their minds were not as bendable as were his fellow Bedouins and Meccans with whom he would shoot the breeze on those long camel train rides across the desert when he was making all his stuff up. And aside from that, the masses, as Machiavelli would a little later support the Messenger’s earlier work that naivetés responded more readily to fear, terror and horror attending slaughter than to the nuances provided by management via existential love. So Muhammad wisely created Dar al Islam – the world of Allah believers, and Dar al Harb – the disbelievers in Muhammad and Allah. And, never the twain should meet again, by the Perfect One’s directive, except as ordained through battle lines, still keeping everyone at war today. Thanks be to whomever for crystallizing the notion of management control for perfection in behavior, an adherence to living the modality which all CBTers in the year 2011 are still striving to emulate.

“Isn’t that overly harsh putting us saved and converted to new CBTismers in those horrible camps?” No. That is your thought model you use when you condescend to the ontological aspects of the human consciousness. You may not be shooting disagree-ers against the wall or gassing them, yet, but that process starts and is made

possible to the hystericality-brigade-of your model's enforcers with the same condescending thought system. That condescension occurs when you tell people how to be, what to feel and how to think because you know best. And without those emotional pathfinders to existential elements of being made available to the system you've created, you have to always expand it to maintain that false reality for yourself and your followers, whether they work in the halls of the VA, hang out in the growth groups of the self-helpers, make up the terrorist intelligentsia for the Bolsheviks between 1905 and the thirty plus years of the aftermath of their 1917 revolution, or comprise the Ulema and much of the umma for Islam. If you didn't stomp out the competition, like Uncles Joe, Mao, Ho and Po and the Messenger learned way before you adapted their / this approach, the Behavioral / Cognitive Behavioral construct would otherwise fall due to constant epiphanies resulting from exposure to more identity- or existential-focused concepts that are introduced, led and inspired by unfettered experience of human feelings, intuition and creativity that provide the path to empathic-based truths threateningly being conveyed to their followers. I mean,

♪"How're we gonna keep em down on the farm♪,
#♪ after they've seen Chu Lai?♪"

as US Marine Gunnery Sergeant Gratton used to sing to the WWII classic song's melody about American soldiers fighting in Europe, but sardonically substituting for parody while washing his clothes in the monsoon rain and mud, Vietnam's Chu Lai for Pari'. Today, we can just as easily end the same stanza with Fallujah, Najaf, Mosul, or Kabul, except that Fallujah, although the best known (once), has too many syllables. Not exactly the same metropolises as Paris. And although the Gunny's use of the song and lyrics poked fun at the other wars' places for liberty, the point is the same. When one experiences other things, it is hard to remain in the Behaviorist's fold, cult, or . . .

This conflict over the ontology and management of the human consciousness was America's battle when developing its constitution and is still today's principal thought management struggle in this country. It is also then demonstrated in the interactions and ideological thus political conflicts ongoing in the implementations of our notions of crime and punishment influenced by extenuating circumstances pertaining to the effects of trauma on the human will. The Evidence-Basers have come squarely down on the behavior focused composition in the human services arena, but a little less squarely by at least calling the antagonist in this millennium a disorder instead of an irreparable fall from grace, but that they only can fix; or if not going that far, effect an improved outcome anyway. Clearly, this ambiguous and renewed attempt at reconciliation of its epistemological cracks was, without serious question or

hyperbole, created as an interpretative accommodating reaction to Victor Hugo's trying to solve the problem in nineteenth century France when made known to us late twentieth century illiterates in the adapted musical "Les Miserables," with the finale suicide of its law enforcement focused Javer who didn't know how to think anymore if caring and love were shown, as it was in that monumentally efficacious work, to be more valuable, or at least equally so, than methodologically correcting behavior, whether done by repeatedly slamming a rock breaking sledgehammer as demonstrated in the role of the protagonist – Val Jean, or through attachment of a veteran's chest and head to a biofeedback or virtual reality surround-o-drama machine as he is required to watch ever-enlightening depictions, in color, of real war carnage.

Well now, the Evidenced-Based modality as in a new code of law has been mistakenly, maladaptively, or idiosyncratically adopted by our governments as if the war over identification of the human being's consciousness, how it functions, and who manages it – whether ourselves individually, some church people, a couple of secular oriented government guys, or some deep and big picture thinkers from academia – has never existed. Remember peons, the EB system was put together, according to the Center for Excellencies' brochure, by our "best thinkers!" Just like the National Socialist Party in 1934 Germany and across the Steps in the Soviet Union Stalin's intellectuals brought their "best thinkers" together to plan how the world would turn out, more perfect in each instance.

Hence, this essay proposes to change that error in judgment or reverse any political hegemony instigated via the same old retarded Behaviorism philosophers by making a simple name change to its management approach. Remove the marketing charade embodied in their program's identifier that usurps our otherwise country's qualities of logic, reason and compliance with law; instead of "Evidenced"-, call it "Nosotropic"-Based and everything will be fine. No controversy needed. We strategic ontology followers and managers can list our already vetted services under an Etiotropic-Based heading, and then be on our way back out into the U.S. Constitution protected competitive arena controlled only by honor, ethics, recognition of and consideration for others' rights in concert with our own, intuition, consumer public image and patient satisfaction. No hand-me-down utopia development projects or comparable renaissance styled people-shaping help from the Khan, Lenin, Mao, Ho, Po or The Prophet (peace be upon them all) required.

Part Two

"There are just a whole lot of people walking around who never knew what hit them."

John Updike

Evidenced Based – Cognitive Behavioral Therapy Investigations of Psychological Trauma



"We've concluded a thorough investigation on intelligence, and we didn't find any." *

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Evidence-Based, Science, Stat Analysis and Symptoms of Disorder

The word "evidence" in this discussion is not the rub, but, instead what it stands for to the ideologically suited psychological discipline's practitioners and researchers who have borrowed the term for this particular use. They adhere to the expression for the dual purposes of following scholarly - scientific principles on the one hand, and on the little less admirable other squeezing out of competition through political manipulation those who don't agree with — actually they don't care about "agreement," just that you go along with what they say and not get in their way — their approach to helping. In either case, "evidence," as it is used here means to, among other things described also herein, focus scientifically, as my Gazelle like leaping Black Lab (dog) does on movement in a field full of jumping grasshoppers, upon the measurement of the rise and fall, and to include within that inconsistency the discombobulating effects on objective measurement by omission-based collusion through self and familial denial, and then further encumbered by more invalid observations due to sometimes presentment or no now or forty years later or somewhere in between, of DSM recognized symptoms.

Despite the indeterminate effects that symptom non recognition, denial and inconsistency have on the degree of reliability of the evidence, changing ratios that record and then provide an interpretation for the levels of symptom presentation that follow the intervention are the determiners of the helping application's influence or no. Hence, symptoms that present or not over certain periods become the primary evidence to which the Evidence-Based (EB) movement is preoccupied. In this trauma management modality, virtually all of the work force is dedicated to proper symptom recognition and thus collection. This means monitoring symptom change with great program resources and dedication to the principle that changes will notify the performers if and when they are following the science (peer reviewed symptom studies and thoughts contained in a easily accessible database) properly and whether or not things are getting better.

Before making further negative comments about this idea, I would like to emphasize my wonderment at the scope of the whole notion, including its attempt to incorporate mathematics into their management efforts. "Evidenced – Based," when applied to

recidivism measurement in the criminal justice system, Dentistry, Medical Practice, and in the treatment of severe mental health diseases such as schizophrenia, is very valuable: a bona fide expenditure of both private and community resources and a logical theory having considerable merit. The idea is to add and dictate the kinds of approaches used in the measurement of evidence, not in legal terms, but in program competition or performance of effectiveness.

The EB concept also gets not just good, but extraordinary marks for using stat analysis with computerized data management for quantifying illnesses. That concept has been a part of business schools in our universities and in thousands of corporations for many years, establishing a long track record of success at providing very accurate and rapidly needed information. Its cost and managerial accounting format has been applied in financial researching systems, albeit, not computerized until later, through Standard and Poor's and others forever. Identical measuring devices have been and are responsible for keeping track of all the twisting, entangling and blending of mathematical concepts to make sense of the work force's pension and profit sharing funds; they represent the greatest wealth ever assembled. In those configurations, statistical understanding and application accorded to the public's investors on an economic macro scale what the Evidenced-Based system is doing now in the address of quality control of mental illness. The tremendous range of mathematical computation services can mean make or break existences for fortunes. And now with the Internet, the same model is becoming a savior for personal financial stability and measured growth. The individual investor is becoming his own investment advisor, even stockbroker, but with better information than those groups had just ten years ago.

In the mental health and other medical fields, the new but already financially tested device reflects how the various interventions, either behavioral or pharmacological, are strengthening with supercomputer speed a machinery that tightens efficacy maintenance controls of the otherwise unreliable symptom presenting data. Insights can be provided into mental health issues that instantly bring thousands of practioners up to currency with a click of a button. There is no doubt that this quantitatively focused advance for humankind will someday be able to solve some of the greatest problems we've faced.

But psychological trauma and PTSD aren't two of them. Having applauded the excellent components of the modality, I return to the very necessary explanation of what is so wrong with Evidenced-Based theory in this application to psychological trauma and PTSD. The statistical formulas being applied to presenting symptoms, then coordinating that correlation to articles that give sources that support its author's logic, serve as the referenced "Evidence-Based" engine. But as I'm opining in this counter to the EB movement, when applied to trauma management and treatment, the stirring of the trauma and mental health disorder symptoms' boiling pot, and even when using the great statistical stirspoon, is just the newest euphemism for the collective application of Behavioral Whack-o-mole.

Comorbid or Co Occurrence: Emphasizing SUD Occurring Coincidentally with PTSD

Symptom unreliability emanating from just one incident of trauma and its prospective symptoms is not the only foundational problem with EB symptom data collection and analysis. PTSD symptoms present comorbid with about a trillion other mental health maladies, with the most misunderstood, misdiagnosed, and constituency battled over being the co occurrence of Alcohol Dependence (AD), Chemical Dependency (CD) or Substance Use Disorder (SUD) with PTSD. The academically trained PTSD professional care givers, referring in this instance primarily to the throngs of new authority-based helpers coming out of graduate level counseling schools, and to even include the self helpers' approaches to PTSD, which are mostly Twelve Step — a recovery experienced blend of cognitive-behavioral, moral self analysis, and non secular conversion initiated by survivors of Alcoholism in its program of helping others similarly affected — imbued, will initiate the assessment phase within the umbrella assumption that CD's or SUD's pathological use is a symptom or simply a medicator of psychological trauma and PTSD. Except for some of the experienced based individual helpers who first applied their model where it started and faired so well in Alcoholics Anonymous, these thinkers rarely consider, or for some reason have not even heard of (means to have read), much less tried to reconcile with, the CD treatment and Alcoholism research community's antithetical ide—as cogently supported, meaning at least enough to where the information should be included in the problem analysis, by substantial research that AD, CD and SUD are

caused by biogenetic factors (select from the online “*ETM Tutorial*” “Chemical Dependency” for a review of the literature, “*Comorbidity: Chemical Dependency and PTSD*”) that induces biological, then turned psychological stress and identity – behavioral change.

The biggest suspected biological culprit among several noted in the literature is the manner in which some people's genetics affect the liver, which effects alter processing of the alcohol molecule in various ways, some of which are represented by rapidly increasing tolerance that is then attended by wild and other uncontrollable chemical use and bizarre behavior. Aversely, other well defined genetic markers for alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH) demonstrate genetically coded liver enzymic protections, often even denoted ethnically, for literally hundreds of millions if not now billions of persons living on this planet. “Protections” mean that those populations can barely drink alcohol at all. For the non protected, thus affected adversely in the other direction, the damaged liver begins, starting in early life (30’s), hepatic encephalopathy. That means for you PTSD-causes-AD and “lets treat it all at the same time” thinkers that even in sobriety the brain still isn't going to work cognitively until the liver heals or one gets a transplant, which produces overnight the return of complete cognitive functionings. Before discovering that biological issue, everybody just concluded that the thought processing deficit was indicative of Korsakov's Syndrome. Adding to this knowledge / opinion bank, lots of new psychotherapists believed it to be representative of low self esteem, or retardation, and a little further back in history, well maybe not so far back, just a worthless personality.

When conducting my third literature review (linked above) of the biogenetics of AD twenty years ago, the gene investigative culture was looking for a single marker which would substantiate its findings related to the way different livers metabolized alcohol within the digestive system. In 2009, thirty-four total markers show unchallengeable association of the alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH) with AD. And that is just the liver! We are not even talking yet about the lungs, esophagus, or much less the brain! Where are the philosophers who used to plug this kind of stuff into their formulas while trying to figure out the

human consciousness? I'll add a well grounded — taken from training psychotherapists for 3 decades — guess to that big question later.

Unlike the SUD counselor who frequently comes from the recovering CD treatment arena, and who thinks of the uncontrolled use as a natural manifestation of such biologically affected people given the molecular structure of the alcohol molecule and their livers' particular genetic under codings, the PTSD trained and oriented practitioner will surmise that the disordered use is a characterization of a past trauma's internalized (the Behaviorists' term, not mine) retention. And sometimes also unbeknownst to the new PTSD expert is that that kind of use is preponderantly attended by bizarre behavior that contradicts the original identity that existed prior to the dramatic toxically influenced actions. That contradiction establishes the cause of a separate source of trauma when the CD person becomes sober and is confronted in an awakening nanosecond by what he or she did when using (drunk or in other ways highly drugged) the day or evening before which varies with the way that individual believed he or she should behave or otherwise represent one's self. Behaviorists or choice proponents argue, of course, and ignorantly of the biological factors, that the person puts him or herself upon the barstool without anyone's help, demonstrating choice. How could it be a traumatizing event if it is chosen, they argue? Please. I do not have time to address the full biological intricacies of the issue of choice at this time, as this exposition is going to be long as is.

However, a political brush stroke should provide at least a small highlight. The notion that Chemical Dependence (CD), the older but helpful term representing psychotropic mixes determined by sources and economics of supply, presents as primarily a biogenetic issue having physically caused psychological damage to identity in lieu of people making choices about their use, and one of the rationales for that consumption being psychological stress created by past trauma, upsets the non CD treatment community a little bit; actually, it upsets them a lot. Their training is primarily in mental health, not Alcoholism. And they are through their applications of Behavioral and Cognitive Behavioral educational teaching models proselytizing for their control models as the panaceas. And the idea for which the Alcoholism industry has argued that control while using is an illusion fostered in the drug saturated substrate runs head on into the controllers' denomination. Nevertheless their upsettednesses, that academic and discipline shortfall won't predominate unless they are able to change

the U.S. Constitution to recognize them as immutable leaders-rulers of mental health care. Although they are making a good stab at it by merging CBT with Evidence-Based controls and government, eventually these Behaviorists - scientists and statisticians will learn that these drug and PTSD issues present comorbid coincidentally.

For one, the so called study correlates that conclude association demonstrates a PTSD causal relationship to CD do not account for the fact that practically everybody in this country has been very highly traumatized at one time or another. And two, drugged and drunk people are constantly causing trauma through toxic behavior, for example, by killing over 24,000 people a year in auto calamities alone, maiming multiple times that figure, and leaving behind untold numbers of surviving family members, friends, business associates, church and school members. At the same time flabbergasting numbers include those drunks being victimized, for example through rape, muggings and every kind of human exploitation, while lesser defended: easy targets for sleaze-based predators.

Although those patients are presenting as extremely harmed persons, which the Cognitive Behaviorists are finally catching on to in this later millennium on the subject, treatments of multiple sources of trauma can be ordered and all etiology completely reversed, as in CURED. The only difficulty is not for the patient, as expunging trauma's multiple etiologies in identity offers an existence of congruity not just meaningfully attended by amelioration of pain, anxiety, depression, stress, and dissociative states, but in fact cures them if trauma related, which Eric Kandel, probably the world's most prolifically published neuroscientist, says is the case in 90% of such presentations (significant loss precedes depression). It's just very difficult for untrained therapists to experience that much devastation of another human being. In this culture, that training must eventually take place as a standard, not an advanced curriculum for those so ideologically inclined, or because of my skills or lack of as a marketer of my product.

To reinforce if not prove the notion of Chemical Dependency's biogenetic likelihood of establishment prior to later occurring events, such as trauma caused by combat, rape or loss of a loved one, to be fact - not opinion or supposition, all the provider has

to do is employ a systemic based Chemical Dependency assessment form that recognizes the full delusional memory system that attends the use. That system is comprised of euphoric recall, repression and blackouts, the latter being an otherwise complete failure of the neuro synapse to record anything that happened, frequently even over long periods, days and weeks. That individual construct of hallucinatory self evaluation is supported by repression of massive amounts of trauma incurred by family members affected by the bizarre while toxic pathological behaviors over the life time of that use by the CDP (Chemically Dependent Person — see how much nicer that sounds than the “SUD Person,” or “SUDP?”).

That individual, relational and systemic trauma etiological compendium protects itself similarly as individual trauma etiology is protected. Family members and the systems while in survival on the one hand try to address the damage done to them, and on the other attempt to keep it in place. That so called duality by some thinkers manifest in numerous ways. But for purposes of assessment of CD or SUD, family members both try to get help with which to solve the problem and at the same time can act like it never happened, and worse, sabotage the assistance activities. Honesty, or lying in the contrary, important moral variables to the Behaviorists in the intrapsychic – based assessment and upon which their extensions, Cognitive Behaviorists, hinge their concepts of the human drugged consciousness and discussions, have nothing to do with the challenges to accurate assessment caused by biological attacks upon the person when toxic and the bizarre behavioral caused traumas’ undermining family perspectives of what’s happening.

The Johnson Institute, a central figure forty years past in the development and international professional expression through training of the Minnesota CD treatment and medical-social management model, produced ions ago a system based assessment tool which was and is hailed by every, that is, single facility licensing auditor as absolutely the “best” and most complete approach to determining the facts pertaining to the use that they had seen in the Chemical Dependency and mental health fields. With that program’s permission, we’ve used their design in family systems approaches for thirty years documenting the pathological, meaning obvious problems with, the use back to the first drink on *almost* every occasion.

Regarding “almost,” if in some instance the problems with first use didn’t show up at entry (but mid and later life problems triggered treatment), that documentation was continued in our family treatment regimens as a matter of *fact*, not guesswork, throughout the first three months of acute treatment for *all* family members (with collaborative data from pastors, priests, friends, business associates to eventually include the prospective Chemically Dependent Person’s entire universe). “Fact” means that descriptions of problem use are taken and recorded without convoluting philosophical abstractions that explain and excuse why the use was occurring. For example, a family member early on would not report an event that usually would include a full period over which like events occurred, because he or she believed that a significant loss in the family had caused the use; hence, it was understandable to that theoretical perspective. Reporting what happened without the philosophical guesswork as to psychological cause allowed collection of less tainted data. Better than that, the reporting of fact without the defending abstraction set into motion the address of the underlying trauma resulting to the family member from the use by the AD, CD or SUD affected person.

Emphasizing the thoroughness of this approach, but of course with the necessary humilities, each family member was treated for standards compliance purposes as an identified patient (IP), not just as collateral for the AD IP suffering trauma from the aberrant drinking / drug use behaviors. Of course as described below, every such trauma etiology affecting a family member was identified and reversed, giving greater clarification to the systemic assessment process. The full familial or other system member documentation post acute trauma address reveals to the psychological causal theory protagonist a grave view. He or she has not only been dead wrong, but obviously guided by some strange goings-on.

How can I be that way? I mean, so curmudgeon like, opinionated, rigid, acerbic, rude, even angry sounding, and the most horrendous of all, uneclectic. Here’s how. Our multifaceted and multi-therapists — but trauma resolution and sobriety focused and positively synergistically directed — facilitated family approach to CD treatment and psychological trauma removed the effects of trauma from everybody in the system, and the system relational components, allowing the data to be joined for analysis without the distortions inherently attending the pathological, more often than not,

lifetime traumatizing processes. Better than that, formal treatment at the multiple, that is, intrapsychic, interpsychic and systemic levels of trauma's etiological identification and reversal lasted never less than two years, including for the record children to age five. Additional trauma resolution activities were provided to those having been affected by traumas not occurring during the defined pathological use period. This information has been properly published since 1984 and as indicated presented in its entirety free for study, research, or reading for pleasure on the Internet since 1994.

Writing on sixty years studies, George E. Vaillant author of the landmark book, A Natural History of Alcoholism, proved beyond anyone's questions or doubts by a sane person that attempting to define pre alcoholism psychological factors after its onset and disaster upon the psychologies of the alcoholic and the family is like trying to shoot fish in a barrel of water. You can't hit them because of the "skewed effect" created by light's deflections. In practice, the deflections present as psychological trauma, which when directly addressed at etiological levels disappear, leaving only a very clear view of the facts pertaining to what happened to everyone involved. The moral is "Yes, Rodney. We *can* all get along. But in this family, it will only happen with no drug use!"

"Facts are ok." But, say the CBTer's, "What's *theoretically or logically* wrong with the current rampage for drug abuse being caused by pre, or especially in cases of sexual assault – rape of women when drunk or drugged, psychological factors? Doesn't that work?" To answer it within cognitive behavioral lingo, "Not hardly."

Only two things are important here other than desecration of truth. When pre substance use trauma is seen as the cause of the drug abuse, reconciling the previous trauma, if it can even be done within that spin, follows with "If trauma caused my SUD, and I've reconciled that trauma, then, first, I could not have been traumatized by the later use as it was chosen to meet a natural need!" – thus no additional trauma should be necessary to consider, which if not done supports psychological delusions of power over addiction and use behavior never to be identified, much less reconciled, by the CD patient. Second, being successfully treated for the first trauma should mean that "I now have no stressors that might cause further abuse. I can return to enjoyment of recreational drug use like the rest of the responsible social users still

do within the community.” Good luck America with its new psychological cure for Alcoholism caused by liver metabolism of an ingested foreign substance, just a little strange molecule!

How can these scientists turned practioners miss something this big? When they are our objective finest, why would they just read the wrong evidence? Why? Because psychotropic substance use is not an objective issue for therapists – scientists whose professions are spawned out of a super and now supra with EB ordained drinking culture where responsible alcohol use is considered to be an accepted and natural part of the human existence. Regrettably, that idea results in the assessment by the therapist, at the speed of light by the way before being saved by suppression, of the therapist’s own substance use capacities, which allow for, *are* intended to, and *do* medicate for stress, not forgetting providing for relaxation and fun, onto the biologically different Chemical Dependent Person. Toss in some unidentified trauma etiology that comes from having been raised by an Alcoholic significant other, like a parent, and you’ve got yourself a mess.

As the Cognitive Behaviorists live on, and draw the intellect for their theories from, adages, and for which I’m trying to accommodate them in this writing, social drinkers, as in this example of the using therapist or scientist, like to think that they are in control of their party time. The stress-causes-alcoholism theory supports the social drinker’s notions that cognitive erudition and advanced intra and inter personal communication skills gives them immunity from the true risks of drug / alcohol use. They have carte blanch credit to medicate for happy or depressed times, or for no reason other than enjoying a particular lifestyle. And Buddha, Allah and Lord help the patient during evaluation by a therapist who is the mother of a drug addicted teenager or young adult, and especially when neither mother nor child yet know it.

Today, CD and SUD, at least for those in the know like me, *should* be treated behaviorally and systemically (as in identity lending groups which give a spiritual or bigger view to the formerly toxic Self), with a little once called Person Centered Therapy added with lots of education pertaining to the Disease thrown in, first to establish a non toxic biology. Using “should” here means that deep thinking – formerly affected by chronically drug saturated organs that affect the way the brain

tries to right itself, and combined with that same brain's neurobiological disabilities occurring through degeneration of synaptic functioning after it has been decimated by the physiological damage done to it by the alcohol solubility of the complete neuron, to include drowning its most important Long Term Potentiations and Long Term Depressions of pre and post synaptic membranes' interactions otherwise scientifically known as the seat of memory and learning in the brain — is done for. So entreating such people to just follow directions *for awhile*, go to a lot of meetings (as in AA) rather than jump right into serious psychodynamic kinds of thinking and feeling that rely upon those formerly submerged synaptic processes for decision making, and supported by some great tools like Cognitive-Behavioral Therapy and of course the Twelve Step program of Alcoholics Anonymous, is really the way to go.

Emphasizing “for a while” to mean only if you want at the appropriate time to get to the trauma etiology attending the pathological use's influence, not to mention any other trauma source's etiology resulting from, say, war. That caveat notices that a bridge is required to allow a non-practicing (sober) Chemically Dependent Person rebuilt under standard CDP treatment with CBT, group lent identity, some rigorous basic Person Centered Therapy groups (of course, exclude Rational Emotive Therapy from the bridge as it functions antithetically to Roger's thesis and work) and inculcated with conversion to assist the crossing into trauma's etiologies caused by at least the pathological use and who knows what else, to make the transition into the now more stabilized and consequently existentially capable neurological trauma resolution capacities. Can you identify the life trauma issues while building the bridge to the complete trauma resolution or cure work to come in Etiotropic TMT? Of course you can, but in an orderly way that assures the patient the experience of congruency in concert with the rapidly changing for the better biological realities.

When the new PTSD, but non SUD trained (by the Chemical Dependency field, not Academia's version of SUD) experts catch on to the existence of two animals instead of the one, they'll understand clearly that linking as CD causal early or parallel occurring psychological trauma produces the proverbial squirrel chasing its tail, but set to the finale of Paul Dukas' *The Sorcerer's Apprentice*, for emphasis of the CBT's application to PTSD as causal of SUD modality's frenetic effect upon the poor patient's mind.

After sobriety has been attained long enough for the brain and liver to at least function fairly well, which takes about 6 months in the minimum, then the extra bright CD counselor gets his or her TRT (Trauma Resolution Therapy) book out and begins to nuke that CD caused psychological trauma etiology. Following the ETM rules for addressing this kind of commorbidity, the issue becomes how and when to address each trauma source's etiological sequelae. Using ETM's Multiple Sources of Trauma formula, instead of the recent CBT mixed up notion of “complex trauma or PTSD,” for treating these two sources of presenting psychological trauma, the latest occurring trauma etiology is addressed first, allowing the patient after that task is completed to return in weeks, months or years to address and reverse with TRT trauma's etiology caused by the earlier occurring event. Or if the past trauma presents as the Most Pressing Trauma (MPT) to address, then it can be worked into the milieu, but not so that it demonstrates a causal linkage to the chemical use pathology, which although exacerbated by trauma, is not the cause of the substance use pathology. They co occur as distinct variables for address, at least for those of us who know what is going on in this apparently unrelenting social management disaster.

One more quick comment about really past trauma, but to emphasize as not pertaining to cases involving psychosis as in schizophrenia. Invariably a professional would ask while I was speaking as a visiting or guest lecturer at a particular symposium, as opposed to from within our professional programs, if our formula for resolving trauma could be applied to past lives trauma. The usual case examples offered for discussion from these persons included one patient in her twenties and another in her forties. The first suffered past lives trauma (that the therapist was helping her to work through) from surviving in a life boat while watching her ship, the Titanic, sink in the North Atlantic. She was addressing in that therapy model memories of frostbite and seeing the dead still floating while frozen on debris. The later aged lady was trying, again with her channeling trauma specialist, to get over a snake bite which caused her death while she was the Queen of Egypt close to the year 42 BC. The upshot of the answer was always the same. “If I didn’t get third party reimbursement, it never happened.” The other answer of course is that once real or this life’s trauma is resolved, Karmic needs from a past life of anything, as General Douglas MacArthur said about old soldiers while speaking before congress in his farewell address after being fired by President Truman, “just fade away.”

While mired in a vortex of sucking lava inherent to their epistemology, but thinking they are instead standing on Everest's high ground with the big view, the Behaviorists are still trying to nail down some behaviors as symptoms from something, maybe PTSD, and coming from some place such as, and not respectively stated, combat, sexual child abuse, or battering attending a first violent marriage to or adolescent upbringing by an alcoholic husband, father, brother or mother, wife or sister. It is in the end for Behaviorists somewhat like trying to diagnose the original locations of houses, autos, poor cows (am sincerely sorry for all life lost to these tragic disasters) and their parts comingled within the circulation of a tornado, but not while the scientist is standing back and making his calculations from a safe viewing area. More likely, trying to affix the roots of all those parts to previous ground locations is akin to diagnosing PTSD symptoms comorbid with CD or SUD while just trying to hold on to a windblown clipboard and mini-computer as the houses-, barns-, autos- and horrid livestock-churning cyclone is bearing straight down on our objective observer and the calamity is only one hundred yards away. "Send me a sign!?" Said the lust enamored brain surgeon to his deceased wife when seeking from the spiritual world her guidance whether or not to marry the vamp played by the venerable Kathleen Turner. Following psychic howls of "Nooooo! Nooooo!" accompanied by his former wife's spinning wall hanging portrait and hurricane force winds blowing through the living room, the solemn unperturbed doctor, Steve Martin, responded in *The Man with Two Brains*

"Any sign will do."

And that symptom focused obsession imposed by the new (adding education and a little "Interpersonal Therapy") Behaviorists who have crusaded into the psychological trauma treatment domain is, unbeknownst to its creators, followers and advocates, the Nosotropic focused academic's or scientist's downfall in program design from its inception. To wit, as ETM TRT's half gigabyte of literature on this subject emphasizes to the treatment and research worlds a 4 part immutable axiom to PTSD, hopefully to soon be PTI (Psychological Trauma Injury) treatment:

1. trauma etiology and symptoms are mutually inclusive; you can't have one without the other, and

2. a) Attempts to change or otherwise prevent symptomatic thought - behavior, which efforts include their interpretation as likely stemming from etiology, and / or b) evaluation by an objective observer for the purpose of improving performance of symptom control functionings, result in c) the strengthening of trauma's etiology within the domain of identity by an amount of protective neuro-molecular activity correlated positively, or better said identically, to that used by the patient to try to control the behavioral- and thought-symptoms in the first instance.
3. Thus, the key to curing psychological trauma is to remove etiology without interpreting symptoms for patients; meaning, do not explain to the patient the DSM version of PTSD otherwise intended primarily for clinicians to help them to understand patients.
4. And to achieve number three, that is, removing, reversing or otherwise expunging trauma's etiology, exogenous variables like psychotropic medicating effects accepted by the culture as human necessities, must be removed (addressed below).

Hence, you don't have to be a doctorate of philosophy, inferring one to be an advocate of logical thinking, to realize that continuation of etiology will always sustain the same amount of symptoms, albeit in differing and sometimes not readily identifiable manifestations. They especially become too difficult to recognize for Behaviorists when PTSD symptoms become enmeshed with the coping teacher's educational - thought - behavioral control models. People go nearly nuts, excuse me, I meant enter a bottomless quagmire, trying to learn to identify their behaviors that they don't like as PTSD related, and as they continue to pop up or pop down, or crash in or fling themselves out for the entire life span. Or, if God forbid the PTSD is attended by CD and SUD as comorbid participants in such a case, then it really does become a trick for the patient to guess accurately whether a hard slamming refrigerator door is a PTSD representation in memory of a combat gunshot, a gamma and violent alcoholic father or husband getting another couple of beers on his way to a hard night of clobbering the populace, or a recovering CD person's quick flashes invoking the need for a cold one.

Summarizing within another axiom for comorbid PTSD with SUD, or telling you something you can hang your hat on, or take to the bank, or whichever saying best fits your needs:

*Alcoholism causes PTS all over the place.
PTSD DOES'T cause Alcoholism!*

Get to the Point so that I don't Have to Read this Whole Thing!

So, "is ETM TRT an Evidenced-Based approach to trauma treatment and management or not?" Sort of! ETM TRT is absolutely based on very solid and easily replicable evidence as provided in the book ETM Professional Due Diligence for the 1st Secular Cure of PTSD, by me. I wrote it twenty plus (as in ten) years ago for the University of Houston four month long course on Trauma Resolution Therapy: a structured psychodynamic approach to the treatment of Post Traumatic Stress, also written by me in 1986 and taught by our now Master ETM TRT Trainer and co developer of our professional training programs, Craig Carson, through 1990 and in other academic forums until now. That book's purpose was to show How To Do TRT. It was not to demonstrate efficacious performance. That was already done in conjunction with the patient in the highest acclaimed standards for 3rd parties from government compliance for their facility licensing mandates and JCAHO facility credentialing and controls of patient problem solving and progress charting, and etc. Instead, I wrote Due Diligence, originally published in the Development chapters of The Integrated Trauma Management System, the first text attending ETM TRT training later (1990-1994), as an accompaniment to the titles to report that evidence in that history and thus provide a solid legal mechanism for transferring from the authors to the implementing Certified TRT Counselor the means and authority to administer ETM TRT to the public. If litigation were to arise in a complaint involving TRT's application, then we did our part as the authors to ensure that everything possible was given to the new TRT Counselor that would show the courts the validity of the model in terms of our having done our due diligence in making ETM TRT available effectively, safely, and ethically to end users, the public. (I never had any such claims to address from this system, now surpassing three decades of care.) The students, of whom each was a licensed professional in his or her own right before studying ETM, were to evaluate this material and only apply it to patients if the

professional concluded that the model was based on sound evidence and the best of research.

In approximately twenty-five hundred instances of student (professionals) course enrollments, participation and graduation, not a single professional declined to agree to administer the ETM TRT model as demonstrated in the ETM Tutorial, and in the process signifying their own due diligence in the adoption of the model. Thus, although we were applying every bit of the evidence legally necessary for the professional dissemination of ETM to consumers, with regards to the meaning of the term "Evidenced-Based" as it is currently being exploited for purposes of dawa (although Arabic, that term is used prolifically in English) by advocates of a competing ideology, the answer regarding ETM's participation in that actually delusional-based programmatic patient and population harming EB mess is an emphatic, unequivocal, non ambiguous, and forever "Not necessarily at this time!"

Actually, I've just decided that for the benefit of ETM TRT Counselors working within government programs to list ETM with SAMHSA with a special request to do so by replacing the Evidenced-Based label with one entitled Focused Caring-Based. In the clinical setting, evidence doesn't get anybody well. Caring does. But there are even better names for righting this government misdirection. Divide the services into two categories: Nosotropic and Etiotropic.

Etiotropic vs. Nosotropic

Behaviorism is a Nosotropic, as in symptom reduction focused, modality. Behaviorism acknowledges that not only has it always failed in the treatment of PTSD, but it proves its underlying and subsequently constantly obviously impoverished theory of the effects of psychological trauma on the human consciousness to the world by repeatedly replicating its failures and discussing them without any idea that something could be wrong with its characterizations and admonitions. That is, they opine, unresolved psychological trauma is an intrapsychic problem, malady or mental health disorder and illness that only science can successfully solve. "Only" justifies supremacy doctrines that aggressively preclude competition through political and exclusionary tactics. Another way of saying that, someone once said during the era attending the turn of the millennium, "It's our way or the highway."

ETM TRT's Etiotropic approach on the other hand, when indulging philosophical characterizations of the issue, views psychological trauma as a very sophisticated phylogenetic brain and perfectly logical integrative process of both psychological and neurological extinction of the identity that existed before the trauma causing event occurred. TRT proves that thesis by recording in writing etiology's acknowledged facts pertaining to the initial trauma causing event. No one makes suppositions about causes of behavior during TRT's facilitation. Thereafter, the recording of fact continues as thoughts and behavior that actually occurred at the moment survival initiated the need for some kind of protection. It, too, is facticed (new word to mean the process of recording fact) with a timely recording of the very necessary survival response. Thereafter, that factual record enlightens a third party observer of a 2nd ETM TRT axiom pertaining to the address of psychological trauma:

Every behavior, no matter its social vulgarity, emanating from trauma etiology occurs exactly as it should given the relationship of etiology to the person as a whole.

"The proof" of that statement "is in the pudding," as someone else also once said. If extinction is disrupted by exogenous variables (see below and available as a mainstay in training texts), then remove them and the extinction will continue until the integration is successfully completed. Existentially oriented caring for the trauma affected person, which one can find throughout the classic and theological literature upon which our lives have been founded, will go a long way in facilitating that process. Although that method will work, it is difficult within a behavioral performance, disorder-sin-control-obsessed, or punitive driven massive drinking and drug using culture to keep the exogenous (this culture's) variables at bay long enough to complete extinction naturally. So apply TRT's Etiotropically and daedally focused written structure to facilitate the extinction naturally, but with a no-nonsense speed that gets to use the cliché "blinding" when compared to the singularly existential oriented natural approach.

When you're done, you'll see it my way no matter how ensconced you are into that natbrain program where you teach or are taught, and constantly led by cheerleaders to interpret thoughts as coming from the disorder. After being TRT cured of psychological trauma, or as another way of framing that concept — extirpating trauma's etiology

without hypnosis, chemotherapy, rapid fire talk or other draconian modalities, quick guessing interpretations look like gumballs that roll one at a time out of its glass candy holder and drop down onto the lip where you collect your prize, just another interpretation of how one's behavior or ideas come from their incurable PTSD. And your investment is only 5¢, 2 bits, 3 bits, a dollar?! only for a single Cognitive Behavioral Therapy solution, for the moment. And I guarantee you that if you don't have the money for the CBT Gumball machine, somebody from your CBT group or self help program will slide you an after dinner Chinese cookie with the real truth printed as a slogan on a 3 inch long slip of glossy white front and back paper and prefaced with a large bold face type number between one to twelve telling you on which of those Steps you should be working.

I'm not hyping my own product just for saving the world and making a couple of billion along the way. Rather, there is something more important here than trivial individual advancement. I'm trying to say to you that there is a logical path that, if followed and given some cognitive support exactly as does TRT follow with parallel facilitation the natural sequelae in trauma etiology's reversal, provides the Holy Grail to the mental health field: a cure for psychological trauma. So don't think of this essay, please, as an advertisement for a money making machine. I am a bonafide altruist, and only here to help you, said the man from the government. But I don't know how to do it without demonstrating that path through the publication of my intellectual property. To that end, I've made that available to you students and experts of psychological trauma to study but not implement without training in a no charge online ETM Tutorial for 16 years. And if in the process of trying to find that free tutorial you run into DVDs for sale of ETM TRT, they aren't it (the tutorial) — just somebody as usual pirating the work.

ETM TRT is an absolute, meaning unequivocally accurate, accounting of the entire address of every etiological element otherwise historically thought to be unavailable for discussion with Behaviorists. Although some Cognitive Behaviorists and a few psychodynamically oriented degriefers provide an intellectual interpretation of those etiological elements, it is lip service. CBT redirects the individual out of there as a principle of theory. And its therapists are not trained with an existential acumen that will allow them to proceed in to that environment of pain and suffering with the

experiential processing necessary to make the passage required to cure the trauma. Even as they try to add their latest grudging capitulation, the earlier referenced Interpersonal Therapy, at least they are catching on to the notion that maybe people do need to address the identity destruction issues, they still are only doing it for the purpose of knocking down symptoms, and horribly also now jumping up into the performance ratings, thanks be to EB. Can't wait for the auditing-for-fraud brigade to arrive to save Evidence-Based, year after year, scandal after scandal, decade after decade.

Some Cognitive Behavioral Therapists state, "I know how to do experiential processing. But I don't think it is best for the client. Better to keep them out of all that pain, and move on with the rest of their lives." You don't mean it? Emotional pain interferes with a patient's upbeatness? Or did I mean to refer to the therapist's?

Scrignar, who according to the literature was trained by the great behaviorist Wolpe, started the rumor relating to the impossibility of psychodynamic models to succeed with PTSD way back in 1987 with his generalized and infamous, but sort of true statement. Therapist and patient become "overloaded" by the internal damage caused by the trauma. Showing how to really address it without all that overwhelming rough stuff, Scrignar recommended the rubberband snapping method. Put a rubberband around the patient's wrist and teach him to snap it every time a symptom pops up into his brain as a thought. Change to another wrist if one gets sore, and then move on to ankles, ears, neck and then round off to unmentionable gender specific erogenous zones, I wondered? Adding for information, TRT Counselors never become "overloaded" and neither do their patients. When confronted by that fact by a TRT Counselor in a conference for which he was the primary speaker, Scrignar is said to have responded "Well, Trauma Resolution Therapy just makes people want to sue the perpetrators."

It doesn't. But so what if it did? People who have sustained lifelong personal injury due to intent, mental illness, or gross negligence of a perp is not a litigable matter? Although that question is philosophically important to the moral definition of the world at large, the changing legal times as they address psychological trauma damages are answering "Apparently not." Legislators have begun through tort reform

to write the whole destructive business off to, literally named, “Heart Balm.” And they cap pain and suffering damages as if identity to a traumatized individual never existed. The American culture will rue the day for that legislative travesty.

Alternatively, and in deeper respects considering the impunity from prosecution our political and media aristocracy gets, maybe that’s what us ordinaries want, too. That is, the free reign to destroy others’ lives through a little thing like unilateral abrogation of commitment to agreement, regardless of whether or not it applies to sex, love, marriage or something more intriguing like how to have a relationship with honesty. But we shouldn’t make it a legal norm, should we? Let’s just keep it around as something that used to be a good idea, contract logic and law be interred. After all, what’s wrong with living in France?

TRT further proves the relationship of etiology to non disturbed-sleep survival responses by taking direct testimony from the victim – patient documenting the known facts regarding the relationship. That fete stands in considerable contrast to Nosotropically initiated dependence on statistical correlation analysis as the only evidentiary tool supporting the theoretical link. And they are trying to get above a 62% rating of effectiveness, which I think is hyped from 18%, if that, in most cases. If after exclusion of the cultural interferences like socially medicating with alcohol they can’t get a 100%, they should get out of the business. The Behaviorists, with their Nosotropic only methods of making guesswork out of prospective enigmatically presenting symptoms that are supposed to relate back to some conglomeration of destruction not even identified in the modality, except for the referenced few sharp onlookers who have surmised finally that grief has something to do, possibly, with the symptomatic behaviors, are always astonished that there is a more logical method for skinning the PTSD Tarantula? Rattlesnake? Great White? Sorry, but I do love cats, thus find that cliché application to such a fine animal unbearably repugnant for replication. But, back to this piece. Using the cliché style for defaming CBT and EB, that’s something else. How about our dragging out “righteous indignation,” “outrage” and so forth over fraud, failure to attribute, forming an illegal oligopoly, misrepresentation? Count on it. If I can find somebody to sue on this scam, I will.

Etiotropic TM facilitates the factual discussions of that inherently natural integrative activity by first removing the interfering variables, including the negative influences effectuated by Behaviorism philosophy and its nonsensical debates over the validity of their guesswork modality and its ever continuous proofs of failed thought in the design of their helping but now obviously simultaneously hindering notions of mental health care for trauma affected individuals. The primary and almost only thing that constant guessing game really does is objectify the whole process pertaining to the understanding of pain so that the helper feels comfortable in charging for the advertised "professional" services. It is harder to find logic for such fees when the impetus for the relationship is nothing more than offering unquestionable caring that is focused upon the incremental contradictions and subsequent losses to identity, an otherwise simple mainstay of the etiology's ever sequitur core. It is especially intriguing for the charger when finally finding out that not only is the previously disordered client probably not even mentally ill, but actually was innocent of the whole thing. But thank Moses, catchy slogans save the day again for the CBT professional: "Hey, it wasn't your fault. But it is your problem."

Countering, Cognitive Behaviorists say "Oh no! We have to teach people who've had their bells rung during combat how to live life in a more edified manner." And that erudite epiphany effect hoping Cognitive Behaviorist preacher keeps shouting her Gospels: What CBTers' have learned in college psychology and doing experiments on the student population is wrong with, excuse me again, I meant "aberrant" about, people. That will make them better individuals, that is, as made over in the Behaviorist's own image, not to mention better taxpayers, leaving patients internally traumatized forever be darned.

What a sad joke that is. Know this! Combat veterans don't need anyone to teach them how to be a better person once trauma etiology in identity has been expunged, reversed, removed, reconciled, CURED! In fact, I've never seen a combat veteran whose trauma has been reconciled need anything from anybody other than love and caring and someone for them to give the same. Cognitive Behaviorism is a clinician self flattering concept that happens to provide for a lifetime paying client for the practice, or ever attending self help group where everyone cajoles "There is no cure for PTSD; so keep coming to meetings so that you can learn how to work on

yourself.” Substituting the CBT disorder interpretive historic terms Family Disease and Co Dependency for PTSD at the time, albeit, they were the same malady, that song was the Al Anon and ACA (Adult Children Alcoholics) meeting ending anthem years ago. It’s probably still sung today at the close. Now we have our greatest and most honored constituents, the American veteran, getting the same unnecessary defeatist – join the disordered world forever and live in serenity - altercall 30 years later! So humiliating for these prodigious defenders of the best that we are!

Not only do combat veterans not need to be taught how to live life, they also don’t need to grow! They’ve done all that while Cognitive-Behaviorists were at the University. Just cure them of the trauma caused by combat, which includes that etiology – destruction to identity – caused in adaptation to the original trauma (as the great Dr. Bruno Bettelheim noted in his analysis of concentration camp murder victims to be while he was in the camp as one of the harrowed), because that is our liability to them as a free people benefiting from those men and women’s offerings of themselves. Then, if they want to go to college and study whatever they want about human beings, or join growth groups just for general personality enhancement purposes, or find a spiritually meaningful religion, or be a non edified mechanic who loves to fix things and make the most complex technical machines run smoothly as my good friend Ray Nora, bless his magnificent fighting heart and who took one through the head in his ordered second tour, wanted to be in private civilian life when he got back home.

To make sense of their ideologically created phenomenon, and to keep funders from catching on, Behaviorists have coined and championed the same obfuscating mantra referenced earlier being sung in the Self-help Chemical Dependency Family Disease groups. Restating for emphasis this Cognitive-Behavioral perpetrated misrepresentation and fraud: "There is no cure for PTSD!" And of course that obviously is compounded into truth when treating SUD as a symptom as described above with the thought that once the PTSD is brought under control, that maneuver will also teach people that the resulting obsessive drug use and attendant bad behavior is not good and, too, should be controlled also. What a convoluted and unnecessary to boot mess! Are you PTSD guys trying to take us aging Chemical Dependency fighting gladiators all the way back to controlling documented pathological chemical use as

manifested by Alcoholism? Sure you are, referring to the always over shouting contrarian-based bandwagon-jumping Behaviorism marketers' representing the *controlled drinking* establishment. Good marketing idea, changing the name back to "controlled drinking" from Moderation Management — kind of a catchy term, especially given the wonderment the acronym draws upon, or steals from. What a story! The only thing I wanted to source in this essay. See MM's creator, Audrey Kishline's, Dateline interview with Murray.

How do you think we were able to re codify the former Chemical Dependency's complete abstinence from all psychotropic substances approach, which was hallmarked within the helping cultures in the last half century of the previous millennium (from the 1950s until and thru the 1990s) by the disheartening but intrepidly (by the correct side) fought battles ongoing between the mental health Behaviorism-based professional and Alcoholism recovery constituencies as the latter worked their modality requiring a chemically free life into the mainstream of healthcare. Those fights occurred as very substantial conflicts, but have now been abetted into an apparent armistice where the once ferocious Chemical Dependency has been finally disabled down into a multifaceted and always confused behavioral disorder, now just lingering with lesser enthusiasm for the un cool Disease model and as only another part of the DSM. The new name has considerable political overtones pandering to this and the next generation of masters level counselors sanctioned, at least during Spring Break, by this heavy and alcoholic drinking and over drug using culture, thus always constantly producing, and assuring for infinity trauma causing events at a rate equivalent only to the nuclear fission reaction. In the plural form, the newest professional enabling nomenclature is most appropriately called SUDs.

But, what about the flashbacks and psychotic nightmares? No problem! Hit the evidenced-based GO key and up flashes the answers on the screen: Respiradol, Lamotrigine and Paxil. Whoops, there it is again, the number 1 pharmacological cure prescribed to literally thousands of our wonderful but PTSD affected Iraq War veterans on return to America even while a couple of VA psychiatrists in the know were refusing to withdraw anyone from the drug because of the enormous danger otherwise made known as far back as 1999. Oh? Then let's just ease that last little workhorse out to pasture and especially off the monitor until someone figures out

how to detoxify veterans after we've made them well (well?). And on top of this potpourri for Evidenced-Basers, if the therapist is dumb enough to let the patient keep drinking during treatment of PTSD, even if not using the polypharmacological supports, then that professional and the attendant group of scientists' studying this Tomfoolery are, as the enlightened humanist and now often quoted philosopher Johnny Lee said to music, "Looking for love in all the wrong places."

The Behavioral scientists can't see their EB strengthened system as silliness, however, without being able to cure psychological trauma or PTSD completely. From the cured perspective, when one considers the referenced constant failures' effects on individual trauma victims, not to mention the imbecilic braggadocios advertising of their hamster exerciser circular mind interrogation — the colloquial expression for "interrogation" or self analysis is although much rougher, also clearer in its meaning, but regrettably is not admissible here — treadmill approach to PTSD treatment, it does not seem so funny! The "Evidenced-Based" hegemony motivated cry of the Behaviorist – scientist of today looks, as viewed from the TRT Counselor and the TRT cured patient, not just like malpractice and malfeasance, but more like a two word slogan based proselytization model. It makes marketing managers for virtually all religions in the country envious. Why couldn't they, they ask, figure out how to get the taxpayer to pay for their religious-based programs, too, with direct cash no less?

Think that's over the top ranting? Say the words "complete resolution," "cure," or "etiology reversal" at a Behavioral Science leadership controlled professional conference on PTSD, and you'll find yourself trying to sink instead of float when bound and thrown into the Witch's Drowning Pool at Þingvellir. Now that was evidenced-based problem solving at its finest! As a memory refresher for those of you who've studied this precursor of the EB modality, and for those for whom this historic scientific methodology is new, Iceland tested for evidence of witchcraft and adultery by women by tying them up and throwing them into a deep pool. If during the test a woman sank and drowned, the evidence showed she was innocent. Alternatively, if she floated, then the evidence and test proved she was a witch or guilty of adultery, whereas she was then burned at the stake. The most ostensible flaw in the methodology was demonstrated by mostly thin ladies sinking, and fat ones floating, as I am told, unless of course thin women tend to be chaste and mainstream

religion believers and the more robust sized promiscuous and spiritually wicked. That science testing apparatus was no longer usable, however, after the country outlawed capital punishment across the board in 1841. For those not getting this, that means that after the program got rolling in practice, thereafter becoming an established part of the norms and mores of the culture, evidence-baser sheep couldn't address the shortfalls in the science's theory by themselves. It took someone from outside to finally shut them down. I apologize for the slur against sheep.

In the end, psychologically oriented therapists and scholars will discover that Nosotropically based forms of objectification of the process, if carried into the treatment environment for psychological trauma, will disqualify the helper in the most stringent thought defenses deeply imbedded within the etiology protecting components of the trauma affected Survivor, strengthening them in perpetuity. Caring deeply for people at the source of trauma caused devastation to identity, on the other hand, mitigates those defenses, allowing for a cure of psychological trauma and its often enigmatic, that is, hopefully helping but quixotically always hindering symptom-codification-approach-to-human-problem-solving term, PTSD.

But still, say people who don't fight over thought models as assiduously as do Christians, Jews, Hindus, Islamists, Buddhists, Zoastrians and Behaviorists, what's the big deal over a little psychobabble? While doing the intricate logic that formed America's by-laws created during the American Revolution in 1777, a principal architect, first Vice President and 2nd President of this country John Adams, wrote to his wife, Abigail, his opinion of a formerly illiterate person's endeavors to become educated in his later years. Adams, in his time in that congress and during his representations of the revolutionary government worldwide, had held positions of great power and authority, in the process communicating constantly with the finest minds this country and others had available to it. John and Abigail were, themselves, students of the great classics, philosophers and religions of all time.

Mr. Adams, also one of the earlier Harvard graduates and a privately trained attorney, and raised on a farm in Braintree, Massachusetts, was rigorous in his constant admonitions to his children stressing academics in writing, philosophy, logic, science and art. Few people contributed as much to the formation of this country's system of

balance between thought models that assured individual freedom would remain equally offset against the collective interests of the population as a whole in its needs to care for individual aspects developed under no government to speak, but simultaneously protect all from wrongdoings, which required some central social controls (employing the rule of law, that is, controls on behavior, but stipulated not to control thought or being). No one had provided more character dedicated to the discipline of objective rational thought no matter the selfish, highly emotional and deeply grieving elements that stressed the logic of the new order during the American Revolution. With that grand compendium of education and experience supporting his philosophy, here is what Mr. Adams said to his wife who was tutoring the man seeking self-betterment through academia.

"But let him know that the moral sentiments of his heart are more important than the furniture of his head."

Such is the basis of the Etiotropic as opposed to Nosotropic approach, except with a caveat being that the former has incorporated a discipline into its structured thought that makes safe the total journey into complete understanding of the trauma and its effects on the existential fiber only barely separable from the ontology of the traumatized person. The idea bonds helper and victim at their moral hearts, not in the furniture of their brains, as the incomparable Mr. Adams placed the value on literacy, eventually in academia to become science, and with an extension to the Evidenced-Based concept being vetted by its competitor in this cause.

As the Evidenced-Based system of mental health management becomes established through federal grant and state funding, it will act as a huge grading machine, and not unlike Adam Smith's economic treatise for capitalism's "Invisible Hand" operating over a country graveled road always adding more base-coarse and ground rock and trying to smooth out the bumps and potholes following the last storm, but never fixing the underlying structural problems that, in these two metaphors, plague, desecrate and in the worst instances sunder seemingly completely the heart. It is this most perplexing force that cowers analysis and torpids reason making it even more difficult to mend the potholes descending into our social management models. More egregiously, those repetitiously raked and grinded rock roads and especially the

recurring potholes metaphor out, not just as social management deficits, but as us governeds' brains and minds.

Although the extended meaning of that analogy would be better saved for discussion in another forum, I will give you a glimpse into its content. Curing psychological trauma, and I mean with no ifs, ands or buts, removes both its enabling and disabling characteristics that preclude clear views of cause and effect. That non trauma fettered perspicacity is fundamental for the maintenance of true and full intellect otherwise necessary for judicious management of not just the individual Self, but of a free thinking society as a whole. Symptom management, or in this EB application referenced as Disorder Mania, set into foundational cement as if ordained by a new great authority from the supreme technosphere, is a direct affront to and assault upon individual identity and thought, otherwise constitutionally and magnificently protected in this culture. The elements of our individualized and then collectively shared thought represent both unique and same states of being. They must never accede interpretive power and thus social control to a narrow if not myopically affected polity operating out of an elitist mentality ordered by nothing less than peer revue (not malapropism) journals: when publishing for the Behavioral Sciences, they are in the main the ruminations of psychiatrists, psychologists, scholars and other scientists vying for career advancement and prestige, and who do not as a whole have the faintest idea of the full strengths required to study the complete human condition, including those nasty, subjective, and confusing, but thank God they are only primal, emotions. That last clarifier assures for us more cerebral-based nonpareils that at least our next generations will not be so encumbered as have been we who had to work so hard to overcome them — those prehistoric ever onerously humbling *negative* feelings, that is.

And even though their titles sound good, these probably fine people in their rights as citizens are more often than not, as also I will explain in another post on this issue, overwhelmingly impaired by the same illnesses – disorders, especially to include those imposed by psychological trauma and pathological chemical use. They, like the constituencies they serve, are still trying to find out what hit them, too. Hence, Eric Kandel the great molecular neurobiologist, when supervising Harvard University's mental health unit's newby psychiatrists in training said “It was the proverbial blind

leading the blind.” That is, where us commons throughout the regular world thought that the crème de la crème of mental health care surely had some idea of what they were doing, or at least supposed to be, actually did not. My contention regarding the authoritative sounding Evidenced-Based machinery being constructed by them, the new crème de la crème of today for managing the more difficult issues harming our society is that we don't need another Supreme Court, especially one comprised of who knows what, and managed by no one who has a little plain public common sense, not to mention having a broader, as well as much more profound understanding of the human consciousness and its functionings than have those followers and advocates of Behaviorism and its following truth adapter CBT.

Someday, estimating maybe seventy to a hundred and twenty-five or so years from now, after psychological trauma's professional address with Nosotropic concepts underpinned by Behaviorism (and again, its error-schmoozing follow up, CBT) philosophy have been replaced with the Focused Caring-Based paradigm and epistemology that I made up, or possibly something even better might present out of the creativity patch by then, the Behavioral philosophy grafted from nearly several thousands of years old stoicism-only way of living life will be looked back upon as having been nothing more than Behaviorism advocates' needs and stalwart attempts to protect themselves from their experiences of the patients' or trauma victims' destructions to Selves caused by the apparently never ending traumatic events the professional is trying to manage, and in the process protect those kinds of helpers, understandably necessarily for them individually from having to see similar destruction to their own lives no doubt caused by like events.

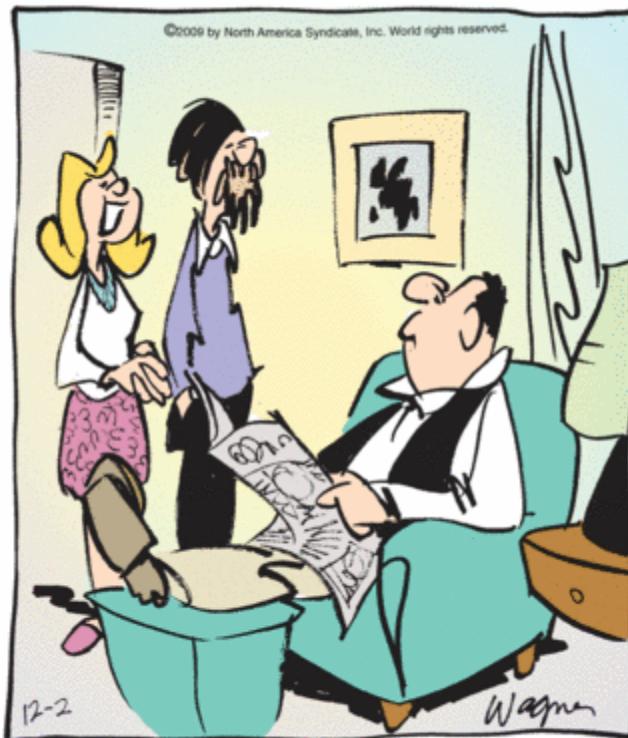
That slight phenomenon requires seeing people as objects for study, and caring for them as in with a little bit of fusion as the first professional sin. Thus, the industry is always interpreting itself out of the very and absolutely *only* capability it has to cure psychological trauma, the number one public enemy for humankind. Now I don't mind if they sit in that mental incubator for life by themselves and with their people with whom they come in contact. I just don't want them to interfere, as they are with mandates for EB participation, with me, my protégés', and whoever else has ascended to this level of cure-focused care.

Part Three

“Had I another five hundred years, I could not have created a more perfect public and organizational management psychopathology than Evidenced-Base’s application to individual, systemic, and particularly combat trauma.”

Jesse W. Collins II

The Birth, Development and Proliferation of a New Western Civilization Capitalist Economic Industry: Grant-Based Cognitive Behavioral Therapy and PTSD Cure Search Entrepreneurships



"Rodney wants to pitch in and help, Dad ...
if his funding comes through."

*Currently filing use permission application

Etiotropic TMT System Philosophy and Epistemology

That underlying and almost unknown individual devastation, whether sundering identity of laymen or professionals, does not exist in a vacuum. It connects in all and overlapping systems, starting with trauma shared in a single relationship, expanded to the next level – a family, then to neighborhoods, schools, treatment centers, combat units, EMS organizations, local communities, states and nations as a whole. As individual trauma moves down and into its farthest recesses, therein it becomes as in Zen, one with all trauma victims. In that shared world of hurt, and of course that nor any word is adequate to explain what is truly shared, everyone has been pretty much destroyed exactly the same. Believe that no matter my competitors' arguments about trauma's unique effects! In that extraordinarily pain-compounded but simple world, trauma becomes a confluence not unlike a thermo-trauma heated underground reservoir of a seemingly – to Nosotropicers anyway – impenetrable holocaust of human suffering. Regardless of the toughness of individual consciousness, their combining damages to identity flow across but underneath the surface boundaries of abstract intellect, providing the cause that binds damaged souls together and draws trauma affected therapists to their trade.

As always is the case, though, for psychological trauma's defense, and especially in its systemic sense, the unaddressed molten undercurrent precludes the affected and their helpers from knowing the full answers. Disastrously occurring and perdurably recurring bizarre, inimical, duplicitous, odious, pernicious, enigmatic, shocking, senseless and finally fatiguing behaviors exploding on the surface do not change – presenting and representing over generations, centuries and millenniums. But always flowing below those outward notions of confused and convoluted lives and events, and even as the edifying Evidenced-Based modality moves in to bring its new controls, in the final analysis they only form a slightly heavier manhole cover which serves to hover atop the fissures that cascade down into or more accurately up from that ocean sized cauldron of unresolved trauma so unimaginable that it is describable only in the poet's vision of the Inferno. As long as it exists, as it has since the beginning, that un-requiteable hell runs the whole internally fuelled and since before antiquity forever extant, but presenting for the Behaviorist only externally, social pathological shebang: trauma begets trauma. Not deep. But exact.

There is an answer to this: the Etiotropic epistemology. It drills down into that abominable morass, one well at a time, each sending the purest healing waters channeled from the deepest cool clear bottomless aquifer ever known, humankind's capacity to care for and love one another. And it delivers that care precisely on target at the most intense locus of combustibility ever imagined, but as if 10 billion fire hoses each manned by our bravest of firemen closing on the demon pain, pouring all that they have from their hearts into the core, turning that formally thought indomitable unquenchable catastrophe and horror into nothing but steam evaporating as condensation to perpetually refill their strength, the deep lake of human caring. As more wells resolving, that is for trillionth time for you unbelievers, "curing," individual traumas go down, the liquid grace flows over and into that formerly thought to be unfillable hellhole, but now with every individual trauma cure quieting it, soothing it, cooling it, and finally sending it into an oblivion so ethereally pronounced that when the fire is out and gone, no one will even remember that it was ever there in the first place.

But, say those who argue that we can achieve the same ends through some serious education directed as fire extinguishers on the hopping hot surface, and then covering the blow off valves with a ready supply of erudite band-aids to prevent those eruptions from always exploding, at least long enough so that we don't have to think about what's down there all of the time — "Why would we do something apparently incongruous as you try to dramatically paint it as so repeatedly ineffectual and causal of more heartache, when we are the elite, the wonderment of men and women philosophers and students of the human being?" After all, they tell us that educating the trauma affected underprived or other bad actors so that they will choose a more edified lifestyle and stop beating up on and killing people has got to be the wave of the future! "Don't you think?"

No, I don't! And this answer is very important to this ideology. But I'll have to explain that negative response to our leaders' hopes for education's social problem solving influences in the section below entitled "The Survivor." But first, next is a summary of exogenous variables and why they have to go if resolving trauma completely or curing psychological trauma both individually and collectively is the goal.

Exogenous (Cultural) Variables that Preclude Psychological Trauma's or PTSD's Cure

The term *Exogenous variables* interchanges synonymously with “cultural” variables. I used the former during week long trainings because it kept the audience nonplussed until they knew what trauma resolution meant in practice. Otherwise, people think they mean mass Prohibition again. They don't.

Regardless of the prejudices carried into the ETM epistemology by professionals who are social drug users, the variables pertaining to social or medicinal use as de-stressors must be removed from the treatment environment, but always by doing so ethically.

For example, one variable that will interfere with the 100% cure expectation is application of pharmacological therapy previous to or in concert with TRT's application. The ethical issue, of course, is to not interfere with a therapy provided by alternative treatment. Consequently, people functioning under medication are referred back to that provider for continuing care. Moreover, we encourage, even require, depending on whether or not we are already involved, that the individual not attempt self-detoxification for the purposes of participating in TRT.

Apply TRT after removal of the following variables, and a trauma cure will occur 100% of the time when ETM TRT's criteria for application are strictly adhered to. Certain exogenous variables and one model prospective limitation [e)] can prevent that 100% cure. If not removed from the treatment arena, the exogenous variables that will break the 100% rule are:

- a) A parallel application of psychotropic medications and previous applications of the same even though the patient has withdrawn from that use, but in the latter depending on the extent and kinds of medications used over time.
- b) Periodic social drug / alcohol use (not chemical dependency – see “c)” next), for example, the patient engages in TRT group on Wednesdays and drinks two beers on every Saturday, and no other alcohol or drug consumption occurs during the week. Of course, the non Chemically Dependent social drinker may return to that use after completing the therapy's full application to a particular source of trauma.
- c) Comorbid issues, such as Bipolar Disorder and active use Chemical Dependency are presenting parallel or in concert with the PTSD (where non pathological social use is treated herein as an exogenous variable that will preclude reaching the cure phenomenon {see above “b)”}, pathological drug / alcohol use is addressed as a primary issue of its own and one of the sources of trauma

that should be addressed after the patient attains substantial sobriety within the ETM multiple sources definition and instruction for treatment).

- d) The application is made for the purpose of controlling or ending symptoms rather than for resolving the trauma; that is, reversing the trauma's etiologies, or the person is engaged in a rigorous PTSD Behavioral Modification or Cognitive Behavioral Therapy symptom control program parallel to TRT's application.
- e) The traumatic event(s) occurred before the age of 3 years (not an exogenous variable, but the referenced limitation of the therapy; it can, however, possibly and even likely be addressed by TRT if done so within the multiple sources of trauma TRT application guidelines).
- f) The traumatized person is currently being exposed to an ongoing threat to the continuity of life as in the role of the battered spouse or participation in immediate combat operations by military personnel.
- g) Undefined head injury.
- h) A psychotropically medicated, social drug / alcohol using, or Chemically Dependent using TRT Therapist.

As demonstrated in the ETM TRT literature, some of these variables can be circumvented or mitigated such that the quality of resolution approaches, but usually does not wholly attain the complete resolution or cure goal otherwise available without these variables' interferences with the application. TRT can produce fine results, meaning to increase substantially cognitive clarification of what happened to the person's identity because of the event(s) even when all the exogenous variables are not considered. But those outcomes based just on cognitive understandings are not what reverses trauma's etiology, thus resolving completely or curing the trauma. Instead, that requires application without a variable's interference of TRT's engine, *Etiotropic Incremental Fusion Induction (EFI)*, in concert with the TRT's facilitating structure. In lay terms, that professional naming nomenclature provides the basis for the name we advocate for solving what CBTers generally call the traumatic event's "internalization" as Focused-Caring. Therefore, not addressing all the variables will not allow the patient to achieve the best that is available had the referenced variables been addressed by ETM's formulas and guidelines.

But there is bad news here also. Not addressing the variables can have in some and not necessarily always predictable application negatives that reduce performance of TRT to the level of Cognitive Behavioral Therapy, or even adversely affect a patient who has already been harmed enough by the initial event(s). Such people do not need the risk of a malfeasant therapy experience when errors can absolutely be avoided by following the directions on the box.

These issues, that is, identifying and addressing the variables that will preclude psychological trauma's optimum address, may tend to dampen one's enthusiasm for becoming a TRT clinician. They should and are placed in this essay with the intension of dissuading from participation with TRT anyone less than is the therapist who is dedicated to helping people by simply identifying the trauma's etiology and in the process removing the pain that attends it.

Incidentally, that pain is not removed by teaching people to intellectualize, condescend to or in other ways control it cerebrally. Cognitive Behaviorists, dating all the way back to the Skinner – Rogers debates, hate this answer. Nevertheless, it must be included briefly here. Emotional pain must be experienced, not as a free floating mass of explosive air bursts coming together in a giant and often hysterical catharsis, called abreaction or for us simpletons, the beginnings of delayed or otherwise long time repressed grief. That has nothing to do with anything pertaining to resolving trauma. Instead, each feeling that is attached to each and every loss attending every single trauma intrusion on, decimation to, ripping apart of, or tearing asunder the existentially based — also as beginning to be referenced now as “core” — elements of identity, that is, the values, beliefs, images and other realities comprising that person, must be facilitated experientially between therapist and patient and in the best application with all group members. When it is facilitated orderly, which occurs on every single occasion that TRT's structured Matrixes' organizing all that formerly and hysterically as opined by Behaviorists to be “overload” material in an easily negotiable as in incremental manner, each emotion and its identity contradicted forming loss is identified, experienced with another person or persons through focused empathy, and then dissipated. Gone! That is what TRT does; it removes ALL of that pain in a congruous, orderly and confident for both therapists and patient manner when applied within the parameters described here.

From the choir and to add a little power of positive thinking, although putting up with these issues that deleteriously influence the extraordinarily fine level of output one gets with our approach can be onerous in some cultures, that is, excluding exogenous variables can make the provider unpopular with the polypharmacological, alcohol and illegal drug dispensing industries to encompass both their intermediaries and their consumers, I'll assure you that seeing an individual completely cured of a previously thought to be incurable condition, in this instance referring to PTSD occurring from whatever source, and experiencing that outcome as a facilitator of it is well worth the commitment to the discipline required to achieve that cure. That is why my wife, Nancy, Craig Carson and I have applied so much of our lives and personal resources to making this phenomenon available to those who need it. For a little more clarity

with a summary of this ideological showdown, our structure, again for advertisement purposes called Trauma Resolution Therapy (TRT), has allowed the plain human sharing, accurate empathy-preaching Rogers to have kicked the more tightly engineered intellectualizing Skinner's butt in this survival of the fittest battle over who gifted us back during the mid twentieth century with the wisest interpretation of the human consciousness.

Curing PTSD: Formula, Semantics and Marketing, Neurobiology

Here are the two formulas updated to 2011 terminologies for curing near and long term psychological trauma and its behaviorally codified counterpart PTSD. First, the formula for long-term trauma — traumatic event(s) that occurred 90 days past (hence) — is

Formula for Long-Term Trauma's Cure:

$$C=Mev\{RTE^1+RTE^2\}$$

“C” stands for cure; it replaces the term Complete Resolution which was used over the first 25 years of TRT's application. “M” stands for modularize, which means to exclude from the therapy during its application the referenced cultural impediments that preclude complete resolution — and under the rules summarized above for preventing interference by those exogenous variables. “ev” denotes the referenced exogenous variables. “{}” symbolizes that everything presented within the brackets is applied within the context of M. “R” stands for either or all of these terms: reverse, expunge, remove, extricate. They are defined below. “TE¹” again represents psychological trauma's initial etiology — both psychological and neuromolecular extinction of identity and existence as maintained in memory as concomitantly manifested in its substrate, otherwise recognized as being retained in the long Term Potentiation, Depression and neuromolecular inhibition of the synapse. “TE²” again refers to survival behavior-, also referenced as PTSD symptom-, caused secondary trauma etiology which is molecularly replicable of the neuro formation of the initial trauma etiology.

Formula for Near-Term Trauma's Cure:

$$C=Mev\{RTE^1\}$$

The formula for Near-Term trauma's cure uses the same delimiters reflected by the same codes and symbols in the formula representing the cure for long-term trauma or PTSD.

Note please that when you address near-term trauma etiology (TE¹) within the ninety day window of opportunity, survival behaviors as a rule do not develop. Thus, you don't have a second trauma etiology (TE²) to address as you do within the full four part long-term sequela's development.

Semantic and Marketing influences have ruled the debate between PTSD cure and no cure hostiles. Although we knew early (start of the 1980s) on that TRT cured psychological trauma and PTSD, we used the term "complete resolution" for ethical marketing reasons. We believed and still do that it is the client's best interest to respond to trauma assistance by thinking through the perception of attaining resolution rather than being cured. However, Cognitive Behaviorists have exploited that niceness by claiming that there is no cure for PTSD; that supports the lifetime delivery of their product – teaching trauma victims how to cope with trauma that is otherwise incurable. Hence, the quieter approach is a luxury of the old days only. Where Attila may have been inclined to respond favorably to the Pope's request not to destroy the West's civilization there at Rome's gates, the Genghis Kahn of psychotherapy, that is, CBT, ran a little tighter organization solving disputes with simple wholesale analogical murder of all opposition. In response to that CBT marketing no-cure scam, we've retooled our effort to be equally competitive and interpretive of our adversary's product. Simplified, we state:

“Cope or Cure”

“Choose your own approach to trauma.”

One of my trainers put that ETM marketing catechism up in a presentation at a Behaviorally controlled séance – conference presented by her state's and local government associations in the summer of 2008. I thought we were going to have the PhD behaviorists speakers who stormed the booth arrested for morals charges: over use of the F word and other indignities. Go against Cognitive Behaviorists once they are in power and you'll need more security than if you make fun of Muhammad today or Lenin while living(?) in pre Gorbachev, or pre 1989, the year of the demise of Behaviorism's inventors – the Soviets – for those of you who do not know what that date means.

Neurobiology: In 1990, one student / researcher of the neurobiology of psychological trauma commented that all three molecular interpretations of the disorder dwelled upon the biology of the Stress or HAPA (Hypothalamus Adrenal Pituitary Axis) Response. The three predominating that discussion included Van Der Kolk (Harvard), Kosten and Krystal (Yale), and Kolb, from somewhere in upstate New York, I think Albany. The article also noted that it was “interesting” that there were no neurobiological takes on the etiology of trauma. Being the opportunist I once was before my injury-era-enlightenments, I spent, with the always stalwart help of my protégé Craig Carson, the next two years researching, studying and formatting that delineation for the masses of psych-trauma neurobiologists. I believe there were seven at the time.

That work entitled appropriately *Neurobiology of Psychological Trauma Etiology and Its Reversal with Etiotropic Trauma Management* was added in 1992 as the seventh chapter to our textbook *Etiotropic Trauma Management Trauma Resolution Therapy Training and Certification*. It, and including the text it replaced, *Trauma Resolution Therapy (TRT): a structured psychodynamic approach to the treatment of post-traumatic stress*, have been used in the professional education of approximately 2500 licensed psychotherapists for twenty-six years (in 2011). That chapter was also added to the ETM Tutorial as a free online text for the psychological trauma management field to review and, significantly to further discussion in this text later, well before any peer review journal from that era was competitively published online.

Here is what that document says. The locus of psychological trauma etiology is the event-caused neuromolecular extinction of the synaptic traces containing the memory of learned or other engendered core values, beliefs, images and other ideas about existential aspects of being. That molecular change is facilitated by Hypothalamus Adrenal Pituitary Axis (HAPA) activity. Together, both the synaptic extinction and HAPA sequela function as natural components of the brain’s phylogenetic integrative process. Particularly, the Noradrenergic and Opioid neurotransmitter systems during HAPA activity modulate that integrative process and provide-produce the molecular substances (particularly Norepinephrine) that are needed for change of or addition to cellular plasticity. When allowed to proceed naturally, that is, unfettered by exogenous (cultural) variables such as drug use and emotional control philosophies like Stoicism, which as related to this writing has been turned into the methodologies CBT and RET, the brain will complete the extinction as necessary for that organism. When not allowed to proceed unencumbered, the extinction process is stopped. It then will continue to exist to eidetically — keeping the event extant as a present tense existence in that synaptic structure — indefinitely. When needed, ETM TRT cures or

completely resolves the trauma by first removing the exogenous variables' negative influences on extinction, and then by incrementally addressing each change to that core reality attending the event. When molecular extinction has occurred (please notice how the close that word's past tense etymology correlates to cure), the psychological trauma has been completely resolved – cured. If the second part of the trauma sequela has been allowed to develop, which will occur in all cases if the first elements of extinction do not complete, then behavioral changes that also induce the need for brain integrative activity will create the need for indefinite additional molecular adaptation. Consequently, both synaptic alterations continue indefinitely to become extinct, but cannot do so because of the referenced cultural interferences. As in ETM TRT's applications to the initial extinction process, the model / therapy / management approach maintains the interferences at bay while incrementally facilitating the molecular extinction to its natural end / completion, curing psychological trauma. ETM TRT acts as a scaffolding that integrates with the brain's logical, that is, molecular learning, integrative functionings to facilitate the final culmination of extinction.

For those of you who are unfamiliar with molecular extinction of the synapse, the process involves Long Term Depression of the storage of learning or memory in the reduced activities in the synaptic cleft – the space between synapses which provide the molecular forum for that storage, otherwise called Long Term Potentiation of the synapse. The extinction occurs when another set of synapses are developed that store opposite learning or storage of memory. The new opposite LTP inhibits the original molecular storage, sending the synapse into Long Term Depression. The HAPA activity then facilitates the offsets through its production of the Noradrenergic molecular response, which is found to be a cornerstone of the neuro-cellular morphology – referring to cell plasticity or otherwise changes in neuromolecular cellular structure and functioning. When the original LTP underpinning the core values, etc. retained in memory have been reduced by Long Term Depression of the original synapse, then extinction is completed.

The words and terms referenced earlier – “reverse, expunge, remove, extricate” – are expressions that describe the completion of molecular extinction of the synaptic traces that house existential core identity.

Educating the Survivor

“So what's wrong with education? That's been humankind's hope for producing better and more conclusively reformed people forever.” Well. It's not enough. In this

ETM learning theory, the psychological traumatized person's Survivor filters the information in a way that precludes the trauma from being resolved, and thus from learning what the educator wants them to learn. That's why B.F. Skinner said in a video interview for his last book, whenever, "I'm disappointed! I thought if people (apparently referring to us plebeians living within the masses) were educated, they would act better, or at least to agree more readily to investigate and manage things like global warming." — or something pretty close to that; I'm not sure global warming had come and gone by then, cause he died a little after saying those helpful things regarding the limits of education.

The point is that education is nice; but try not confuse it with REAL therapy. Behaviorists don't understand what that even means because they are walking around with their heads encased in an invisible cordoned cube of air that only lets sound and other sensitivities out through the cordoning semipermeable membrane and not back in. Due to that membrane and the air cube boxing in the Behaviorist's brain, he or she misses the opportunity to participate in all those coming-back-at-you elements of the therapeutic interchange like fusion, transference, real live sharing and projection, and of all things, a few subjective caring moments. Worse, the due to their invisibility, all that inner stuff is by modality thought not to even be there anyway; so it can't be considered as part of the clinical schema. "Huh?" say the new big thinkers (government clinical managers) who have reverted to CBT.

Can't get much more educated than a combat PTSD expert psychiatrist working with trauma and SUD affected soldiers at good ole Walter Reed, again, now can we? Maybe he (the Walter Reed transferred Islamist Psychiatrist murderer — don't forget "alleged" — of the innocents at that bank in Fort Hood, Texas) was part of the two hundred hired on by the DoD Secretary to quell the controversy after the last scandal in 2007, and he really wasn't yet up to speed on the educational-based modality. And no doubt, again I intended to include allegedly, "therapy" apparently meant "Stay in touch with the guy from Yemen who supervises him with updates on fatwa pronouncements." But then again, maybe he just thought the peaceful religion was a little too peaceful, and was taking remedial action to balance out the program toward its dawa, proselytization, or slightly more physically hegemonic side; "A little more outer as opposed to inner spiritual jihad was *more better*." he probably surmised. Taking jihad to the heartland was the apparent plan. And that's exactly where Fort Hood is: deep in the heart of Texas.

If the trauma's complete resolution were allowed to proceed undeterred by cultural (interchanges with previously referenced "exogenous") variables, then what purpose would the Survivor who was created when the devastation to original identity took

place, serve? None! It was only created when the traditional controller or operational aspects of identity was pretty much smashed during the event — then resmashed in successive ones as in repeated exposure to multiple combat traumas over a full or several tours — as a temporary and stalwart protector during the brain's integrative process. As the integration proceeds or progresses absent the interfering variables, that Survivor naturally losses its influence. It is needed less as the integration goes forth. To complete that function, the brain has provided copious extinction facilitating neuromolecular interactions between predominantly the Noradrenergic and Opioid neurotransmitter systems. But the Survivor, which has protected the person as needed during this activity and which maintains conscious control, filters all information, erudite education or otherwise, coming in to the organism. Of course the problem for Cognitive-Behaviorism's Behaviorists originators of its scientific model, is that concepts like the Survivor's influence on learning can't be considered because one can't see it, thus any influence it might have can't be considered.

Thereafter, while walking around in the dark of their semipermeable membrane protected air cube, if a Behaviorist talks some poor soul of a trauma victim into changing his or her behavior before the original destruction is repaired, then the commands to change the behavior threaten not just the Survivor's abilities to do its job, but induces the Survivor to conclude that his or her entire life as it is consciously understood will dissipate, leaving the trauma affected person still trauma affected and still vulnerable, the protection from which explains the Survivor's existence. Hence, the Survivor finagles the Behaviorist's shallow if not inane educational attempts to strengthen controls by effecting behavioral change; the Survivor appears to comply with the admonishments and entreaties, but in reality only gives appearances of making changes that suggest that they are back in control and adapting changes that are acceptable to the educational interventionist (as are self-helpers), depending on who is giving the advice regarding how the trauma affected person should think, feel and act. What better way is available than adapting the model of never ending and obsessive compulsive self-analysis of one's thoughts and behavior, always readily supplied by the Survivor who is consistently fueled by the continually stored original damage and now which is being added to in the second etiology development's case by the failed and unnaturally controlling Behavioral Modification. "Keep coming back for the rest of your life; it only gets better!", which is the way co-dependency self-help groups using the CBT thought hamster churning treadmill end their happy sessions, and usually while holding hands.

There is an even more formidable issue for the educational solution to overcome. When a traumatic event occurs, it becomes recorded eidetically in memory. That

recording is established by a hyper process of Long Term Potentiation of synaptic traces all modulated by the Hypothalamus Adrenal Pituitary Axis (HAPA) operating in full out blow and go activity simultaneous with inhibition, thus Long Term Depression, of the Synaptic traces housing the original identity existing pre event. Included with the HAPA stress response is the activation of the Noradrenergic and Opioid neurotransmitter systems, also functioning at 150% of capacity. Where they provide the substrate with HAPA of the initial shock and disbelief – denial and catharsis elements of grief, reiterating the Noradrenergic produced neurotransmitters effectuate the plasticity required for new synaptic development and modulation of the old. The intensity for this process operates at the extreme, which the brain phylogenetically provides for its integration of the rapidly imposed change.

When the cognitive component of Cognitive Behavioral Therapy is applied as education at a later time in an attempt to help people to identify and then control their thoughts, feelings and behaviors resulting from the substrate's ongoing movie replaying of the event in memory, and most of the time unconsciously, the supposedly illuminating information enters this system without a comparable HAPA charge for providing new edifying synaptic trace development. Where it is supposed to, at least as hoped for by its theorists, to provide a countervailing synaptic molecular learning experience to overcome the internalized high octane-like fueled trauma movie, the educational impetus is woefully inadequate to the challenge.

Although education has some value giving a sense of meaning to us regulars, it is to the inherent power of the stored traumatic event as if slinging individual particles of bird seed at the alligator hide back of a prehistoric crocodile that is about to eat you. Throw some alcohol, opiate or Cannabis molecules into that substrate like you permissive therapists do when not screening for drug influences on your product — your talking or preaching therapy — and your educational program is whistling Dixie. Worse, you are about to find yourself being rolled underwater like a mincemeated ragdoll in the jaws of a croc that otherwise is so happy and nearly fulfilled that you did not know what you were doing while wandering around in his jungle-swamp.

Here is the biggest problem with Survivor mechanisms; they are systemic in their nature. Objectification thru the use of the science modality, aka Stoicism, and very frequently being administered by similarly affected (by trauma) scientists , which is allowed to only measure what it can see, meaning behaviors, provides a method that allows the scientists to study others without getting too close to the healers' own secrets, most notably kept even from themselves. They try to make other PTSDer's do the work so they can participate fairly closely to the real answers, but not too close.

ETM TRT, which precludes any reference to or attempt to change symptomatic behaviors, neutralizes the Survivor in both patient and helping scientist / therapist, in the process providing one no uncertain path out of the negative system synergism created by the newly EB systemically contained and enmeshed horrendous pain and suffering hallmarked by sadness, loss and chaotically perplexing attempts to help, but which simultaneously torpid the polity into exacerbation.

The only helping effort that gets past the Survivor's controls is with respect to Dr. Rogers, not just "accurate empathy," but by focusing therapists' and group members' caring for the person *directly* upon — *that means without deflection into unrelated issues like learning someone else's edified notions about living life* — the depth of the destruction to which they have been subjected. And, that level of caring has to be, if curing psychological trauma is the goal, provided no matter the untoward survival behavior emanating from the trauma's maintenance in etiology. You don't have to motivate the trauma affected to become responsible and take care of themselves, especially as therapists take care of *themselves*. In the case of our magnificent American veterans, anything less than this level of unqualified caring and gratitude is an affront and patent disservice to those who gave extraordinary, meaning the part of the job that calls for exposure every day to risks of the continuity of life, above and beyond the call of duty service to and for us.

"Where's the Beef?"

Asked the lady presenting her two opened and almost empty of the patty hamburger buns to the hamburger chef. It lies in the issue of control.

At the core of the address of the disorder, as opposed to the injury, is the issue of facilitating a return of thought behavioral control appearing to have been sundered by the initial experience. In CBT, that control is facilitated with the Survivor, again named that because the affected person is still in survival. See how that works? As the CBT modality is discovering the decimation of identity (and they didn't even learn about the role of identity in trauma until they went through their sixth or seventh reformation), it tries to reconstitute it didactically (and are still making that mistake today). The patient while in survival listens to these instructions to figure out cognitively what he or she was so that the attending values, beliefs, images and

realities can be consciously – cognitively reformed or re decided upon as appropriate individually. Sounds good, doesn't it?

But it's not! As long as that conversation about reconstitution is occurring with the Survivor, the new adaptation or coping process is still vulnerable to the deepest incursions upon that identity located in the unconscious. Thus, cognitive interpretation by the therapist and patient or Survivor in this instance will assure incomplete reconciliation of ALL identity sundered components. This is why CBT or in other terms Nosotropic epistemologies and methodologies cannot completely resolve or cure psychological trauma and especially its more entrenched behavioral manifestation, PTSD.

The answer to the lady's question regarding the hamburger patty, is that "the beef" for which she is searching lies in the clinical or any helping response that facilitates individual passage through that identity's destruction by assisting the person to identify and share with another person or persons, as group process is more adept at this facilitation than is individual therapy, the concomitant experience attending that identification. Don't, as do CBT enthusiasts who are finally trying to figure out identity damage, tell them to reconstitute anything at that critical point in the resolution process (which is a structured component of our approach to this issue). Thereafter, every loss directly resulting from every contradicted or sundered value, belief, image of self or others and reality (identity) will present for experiential processing without cognitive interpretation by the facilitator. It is for the patient a passage through a vacuum of nothingness that he or she has become in direct response to the original event. That experience of a vacuum is only a function of molecular synaptic trace inhibition and development through alternating neuromolecular learning process. It consists of simple interchanges ongoing between synaptic Long Term Depression of what was, countered symmetrically by Long Term Potentiation of what is. And significantly to this book's thesis as to what's wrong with CBT, that process cannot be facilitated or otherwise negotiated simultaneous with modalities like the RET component of CBT that are evoking cerebral control of emotional state functionings. Rational Emotive Therapy (emotional control) and Trauma Resolution Therapy (structured existential) are opposing forces, water and oil, opposite magnet endings, DIFFERENT THINGS!

Using our structure, which requires a highly disciplined and directed control of and for the temporary and incremental fusion of lended identities, facilitates that passage through what is otherwise referred to in the Psalms as the “Valley of the shadow . . .”, but without uncertainty, fear and most certainly without the experience of terror.

That passage does not just occur once during the clinical moment. If allowed to proceed as needed for and by the individual doing the processing, the passage will continue following the clinical session for a short while, for example, over the following week or month, but always in a time certain. With that passage, which includes plasticity modulation of the neuromolecular unlearning and learning LTD and LTP activity, the vacuum dissipates. The valley of the shadow of death that attends every trauma’s reconciliation is no more. And neither is the trauma’s etiology formally located in the identity schism imposed by the contradicting or in lay terms “traumatic event.”

The structured resolution presents a finite ending of the loss not just at consciously identified levels, but at all those related to the contradictions and previously stored in the unconscious. For those of you who have attempted to uninstall software on your computers, you know that the operating system usually only does a partial job of that removal, leaving remnants scattered throughout the system’s interior. Although you may not see them in your directories made viewable by the operating system, the partial remnants exist in places like the computer system’s registry. Eventually, that area clogs the system’s functioning, symptomatically slowing the speed of your system’s performance. Eventually you will learn, if you don’t know already, that special registry cleanup softwares search assiduously for those remnants, removing them as encountered, in the process restoring performance. That analogy (which may not appear relevant if reading this in the year 2075) is intended to explain how a structured approach, in this instance referring to TRT, focuses all participants’ capacities to care upon that person’s most profound and usually hidden locations of destruction to Self. And now you know the meaning of “complete resolution.”

If not interceded upon by cognitive behavioral or otherwise considered cerebral attempts to save the person from that journey, as do people — referring to CBT and Behaviorism entrenched counselors and as well self-helping individuals acting

helpfully with recovery advice in such groups — who are still terrified of its prospects within themselves make such attempts with those around them, the brain's natural, meaning phylogenetic, capacities to do its own reintegration, will fully do the job and in accordance with that person's (the client's) understandings of Self, conscious or otherwise. The previous event caused damage to identity will be gone. The cognitive manifestation is the person's complete understanding of who he was prior to the event, who she became during the event and thereafter, and who they both are now that the trauma has been resolved completely, or so called "cured." The Survivor fades from existence as its previous underpinnings, again being the decimation to identity caused by the event, have been expunged. The Survivor is no longer needed, and again, simply because the person is no longer operating in survival. The trauma has been resolved. Control that emanates in concert with the established identity representing that individual is fully restored as naturally attends the basic characteristics of non-traumatized humankind.

A Strategically Ontological Epistemology

In this section heading, the phrase "Strategically Ontological" is intended to turn an apparent oxymoron into a two word summary of plan, purpose and methodology for ETM TRT. As stated throughout this essay and all of our work, beginning in the late 1970s and early 80s, trauma's etiology was found to be and still is located in existential identity as trauma caused contradictions to values, belief, images and other realities representing identifiable and quantifiable elements of being. Other investigators of psychological trauma, virtually all from the CBT concept of trauma's address, have recently focused on identity, that is, beginning in 1992. But they began to argue for something slightly different as recently as 2009: the complete destruction of identity by trauma. The difference from our view is that the lesser understood aspects of ontology (or being) make available — under structured address — to the human consciousness special and more nebulously defined traits and resources such as creativity, which encompasses the experience of a broader Self or spiritually (ETM TRT is a secular based model). These brain phenomena are also of the core neurological capabilities that produce music, poetry, prose, intuition, other art forms, the capacities for empathy, identity interpersonal fusion and other sensibilities, caring and love.

Although those components of ontology are integrated with existential identity's values and etc. that are decimated by the trauma, we've long argued that creativity

underpinning and as a composition of ontology itself is although quashed for long periods subsequent to the traumatic event(s) still intact and readily available to draw upon for curative, as in epiphanologically presenting in their meaning, strengths when addressing the referenced contradictions to the more obviously sundered identifiable values, beliefs, images and other ideas and ideals. We have found that that ontology may be facilitated, from which activity the patient may draw upon it to remedy the damage done by the trauma to the noted identifiable components.

We have applied that facilitation at four levels.

1. Firstly, Trauma Resolution Therapy (TRT) functions as scaffolding, thus a meta therapy, to diffuse the effects of psychodynamic overload by organizing support for and of incremental identification and reconciliation of all intrapsychic, interactional and systemic identity elements' sundrances by an event(s).
2. Secondly, some cultural influences (in Western Civilization's norms and mores described above under "Exogenous Variables") interfere with the use of ontology to provide that ready address of trauma's damage. Here, ETM adds to its meta therapy more structure declaratively precluding those variables from interfering with the identity's ontologically focused address. That structure acts as an additional meta therapy which strengthens the environment or clinical module where ontology can be tapped for reversing the trauma's intrusions upon existential identity's values, etc.
3. Thirdly, ETM TRT supports organizational management intervention on trauma's systemic effects upon system decision making with the intent to dissipate those effects, but always through strategic application of the ontologically focused module created by blocking the referenced variables and assiduously following the TRT administration rules.
4. Fourthly, ETM TRT blocks perpetrator projections onto targets, thus precluding subsequent perp exploitation of pathological systemic, to include trauma undermined managerial - dynamics of individuals and systems, the latter to include families, groups, formal organizations and entire cultures.

Hence, the term in this section heading, "Strategically Ontological."

Save the World, and Preferably America First, Now!

Rather than just tearing down the competition, and then leaving our culture with no apparent hope for getting better without the Behaviorist's rabid co-contributor system of scientific racketeering styled obfuscation, try this approach. It is real and has been

around for thirty years, tested, acclaimed by the highest authorities, and proven to work and in the trenches for nothing more than a couple hundred bucks in training employee expense; not the jillions the CBT EB government merger will cost when it really gets off the ground.

1. Set the ETM epistemological stage or clinical environment: establish your goals to identify and expunge trauma etiology, not teach people how to live with it.
2. Establish your management systems so that they remove the referenced exogenous variables.
3. Identify with ETM's Multiple Sources of trauma formula every source of trauma, following ETM's directions explicitly for which source to address first and so on.
4. Identify with TRT every trauma causing event (within every source) and its directly implanted etiology on individuals as defined in ETM TRT, and as each affected person and system presents, regardless of whether the events are long- or near-term in their happenings, and regardless of the number of events or myriad sources of trauma to address, or the degree of psychic devastation caused to any and all persons, and regardless of whether or not symptoms of so called true PTSD are presenting as the trigger for initiating care.
5. Cure each and every person of all traumas' influences for the near and all time by incrementally identifying the patterns of etiology caused by each event, and then following the formulas I've given you earlier reverse, remove or expunge that hosted cause of so much protracted and previously thought to be immutable pain and suffering.
6. Apply Strategic ETM to social business management systems, doing the same for them that you do for individuals. The effects of the application on organizational functioning to emphasize decision making are also the same. Removing trauma's systemic etiology strengthens management of perpetrators, preventing them from becoming such a repeating catastrophe for humankind.

“That,” as the song asks and is answered herein, “is all there is.” Can you imagine? I believe a guy wrote some lyrics about that, too. After the trauma is done, nobody will need to measure anything. No one has to manage anything. There'll be no more humongous bureaucracy that grows with every new war and overlapping drug doped

bodies decimated by uncured trauma on top of each other as every new decade passes (see the next Part Four regarding national security).

And every political persuasion will want to fund it. Why? Because aside from saving the country an amount of money equal to the current national debt, my management model will direct you, the system, the country with assuredness, attended by the feeling of complete satisfaction that comes with unequalled success — augmented by the congruity attending knowing what is right and doing it — and comforted by the absolute confidence that the traumatic condition once known as Post-Traumatic Stress Disorder will be gone, dissipated, over with. That is to mean, psychological trauma is no longer to be an unmanageable disaster for humankind, forevermore.

Part Four

The Greatest Little Idiosyncrasy: National Security and the Capacities of Combatants to Perform their missions while in Theater, and the Welfare of American Combat Personnel while in the same, and when those that are going to return, do.

Now, Let's Get Down to the Emergency!

As a country, that is in this instance (at the time of this writing – 2011) referring to the backbone or what remains of Western Civilization today, the United States of America, it has recently finished waging a decade long war with just a few troops. They are all volunteers, representing the crème de la crème of this always-endeavoring-to-define-itself-and-be-free society. The penalty for that lack of military service personnel has been multiple six month to year-long combat tours for those comprising this American army (including all combat branches). Subsequently, multiple sources (one source comprised of one tour) of psychological trauma has been amassed in the individual and collective unconsciousnesses of that organization.

Worse, attempts to address that fact have been Nosotropically focused, which means not only is the trauma etiology still there doing its devastating work, but it is managerially hidden by the illusions that the trauma has been and is being professionally and competently addressed – taken care of. No, of course and which has been the theme of this OP-ED expose, it has not been and is not being taken care of, “care” being the operative word.

Several bad things are happening and are going to continue to happen.

1. Although this Army will want to continue to do its duty, and even magnificently so, that task is made much harder by the traumatic undercurrents that affect analysis, judgment, other elements of decision-making within the ranks, performance and eventually the will to fight. That's the nature of how trauma deleteriously works on and in combat organizations (see *The Pathogenesis of Guerrilla War (Terrorism) and Its Cure* written originally in 1991 and republished again in 2003).
2. Unresolved trauma will become very, very, very expensive to treat because as each new year produces more traumatized combatants, and the Nosotropic no-cure coping only model is applied, trauma within the ranks accumulates. Like an ever growing bubble obfuscated by Nosotropic management coping ineptness, the ignored menace requires just to avoid repeated scandal a parallel and equally ever-growing to huge conglomeration of helping-professional people, who like today don't know what they are doing other than giving pep talks to cyclically expanding ever greater numbers of the PTS affected: the ever growing bubble of accumulating unreconciled, unresolved, non-cured trauma etiology expands to balloon size. Some military personnel will do a grand job of

not succumbing to their injuries, particularly if they stay as career employees. And they keep the trauma restrained internally not just because they are extra tough and men and women of honorable character and personage, but because of the enormous stigma that attends higher ups finding out that there are times when the affected can't cope. The Nosotropically and incurable disorder-based cover up or cover-over last sometimes for two or three decades; and it does so without personal report or complaint. But the families, close friends, the VA in about twenty percent of the times, and private practioners on the QT get it the rest of the time. And somebody will make a movie about it for creating public awareness nearly every ten years or so. Each producer – director thinks he or she is discovering anew the after effects of war trauma and particularly the cruelty attending multiple tours, and in the process enlightening the public, a kick-the-can-down-the-road process that's been the primary Nosotropic-based management method extant in our country since the American Civil War.

But now we have a different situation; Islam's offensive trauma managers know of this Achilles heel, the ever-growing post-unreconciled trauma bubble and balloon; and they are pouring the strategic coals to the task of blowing it up further until they get the disintegrating offensive trauma management effect that they want: a goddamned dirigible named the Hindenburg. Those guys, Islamists and thanks be to the Messenger (rest in peace) who instructs them from the grave, are artists at PTS bubble-, balloon-, blimp-exploitation and –manipulation in the individual and systemic ontologies of their human adversaries.

3. Marvin Zindler-(rest in peace, too) styled investigatory thinkers, some of whom are in denial from their own experiences of trauma, that is, insisting that it doesn't exist, and in other cases just taxpayers who've not yet been blown out of their racks (beds) in the quietude of night, will also claim that PTS doesn't exist, sending us back to the dark ages of the American Revolution, Civil War, WWI, WWII, and Korea where the public, which has to pay for it through ever-continuous medical care and disability claims, follows Lenin's problem solving model and depending on the deficit debt management philosophy in effect just proclaims it (unresolved trauma and loss from combat) against the law.
4. Predators and vultures like offensive trauma managers from the old styled Leninists, followers of the Messenger and a few loose headed Hollywood celebrities will hide in the bushes with the academes waiting for conscription to be re-imposed so that they can use the terror that a huge segment of our youth will feel to lead those poor suckers (college kids getting only the terror side of

the story from inside the safety of classroom discussion groups) into attacks against their patriotic country-loving and –serving counterparts: the valiant youth who serve their country no matter the opprobrium being applied by their own countrymen — so went Vietnam. That makes the cowards feel spiritually or maybe intellectually whole, at least until the war is over or no longer covered on TV. When that contrived by our internal associates of the offensive trauma managers abuse begins, there’ll be no more eras of love for veterans like we are experiencing now, which was a very nice thing while we had it, as they will again become unpopular in what is assured in those circumstances to become, as always having to fight strung out offensive trauma management-based guerrilla actions, hyped by the other side to be unpopular wars even before they get going.

5. The defenders’ and public’s will to fight or to even argue for initial decision making that led to a willingness to defend one’s self at the beginning of the attacks dissipates or is eroded directly proportional to the amount of trauma depreciated identity not resolved. Simultaneously and correlatively, the will to defend one’s or a country’s beliefs in itself and itself in fact is proportionally restored with the restoration of the identity sundered by offensive trauma managers’ instigation of identity-destroying or -decimating traumatic events.
6. And if the bubble to dirigible level identity damage is allowed to exist and even grow, the country won’t be able to defend itself in the worst case, absent reliance upon ever increasing arsenals of catastrophic death, the last options for defense before surrender to whichever group (socialism or religious cultism like Islamism) doesn’t believe in individualism.

Remove that risk and all of these likely prospective disastrous outcomes by simply removing combat trauma from the ontology of our combatants and their support systems as soon as it occurs. That inexpensive little management idea is summarized by the sequela-based new aphorism:

1. ***“Address combat trauma Etiotropically conclusively now instead of Nosotropically inconclusively, meaning forever; no portentously disastrous bubble-balloon-dirigible development!”***
2. ***Save the American Combat Veteran and support system (family and public), Save America, Save the World.”***

See how simple that is? Again, not-deep; and better than that, easily, that is inexpensively, doable.

Summarizing the decision matrix for addressing this emergency, it is synthesized in the following figure 1.

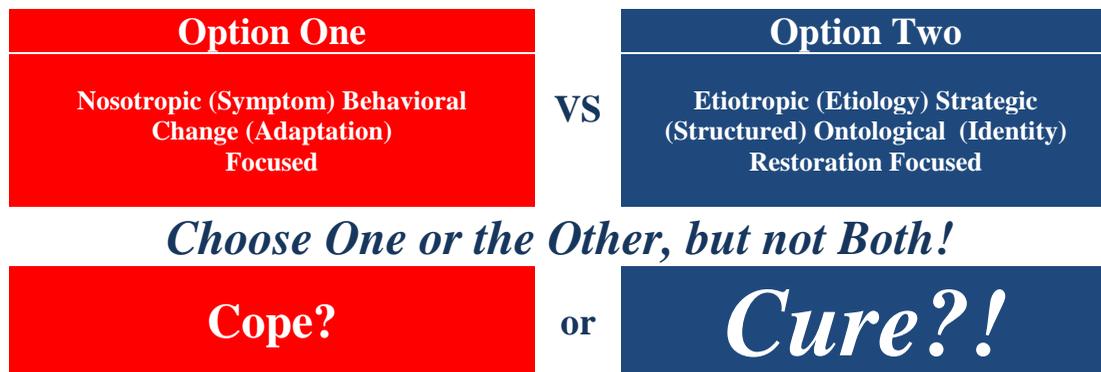


Figure 1.

If you are from the Rodney King School of Get-Along Management, I know what you're thinking. But don't! Do not even try to mix the two options-alternatives, especially if you are Y and I (young and inexperienced), don't know what you are doing, just making the transition from academia and think you've been edified above the outside world, have an advanced degree in psychological symptom statistics manipulation, and have yet to facilitate ten years of trenches group séance without CBT. These two choices, "Cope" or "Cure?!" are in molecular logic and blendable compound terms, oil and water. Choose one or the other because teaching coping skills with CBT undermines, that is, precludes entirely, management's capacity to expunge, reverse, remove completely or otherwise "cure" the primary and accumulating malady: the individual and systemic trauma etiology bubble-to-blimp catastrophe on its way. No matter your clinical, management, political power or world experience, and other expertises, DON'T argue with me about this rule; it is immutable and perdurable (hard and fast, as in everlasting). Do it your way to the detriment of the combat veteran's and public-taxpayer's expenses: guaranteed failure. Or, follow my directions and achieve the program's goals:

- 1) no continuing individual and system trauma accumulation-bubble-to-blimp loss to offensive trauma managers trained in the Messenger's (rest in peace) psychopathic but practical murderous tactics.
- 2) continued maintenance by the Armed Forces and the public's wills to fight when needed to defend the country.

There are additional influences on decision making by both offensive trauma management (implemented by adversaries) and its counters Etiotropic Trauma (defensive) Trauma management and its larger extrapolation Strategic Human Ontological Management to civilizations, but I'll leave those discussions to their respective and more detailed explanations (other and parallel works by this author).

Part Five

*Human Ontology Overview:
An Anatomical Perspective from within the Context of Politics*

Summary of the Etiotropic Theory of the Neuro-Endocrine Substrate of Individual Human Ontology

(From the online essay "How the Westbury High School Rebels Classes of 1962-1965 Saved Western Civilization from Extinction")

Introduction

Individual ontology, referenced here as the essence of being human, functions out of the brain's phylogenetic capacity to integrate the organism not just for survival but for expanding itself, making itself more. That ontology is comprised of several elements: molecular learning represented in the neural modulation of synaptic underpinnings (substrate) of existential components of identity; caring; systemic use, application and implementation of caring; will; creativity; functional compartmentalization of memory storage; feeling states and individual emotions; and the ability to reason during and for decision making. Simplifying for this summary, the "identity" component in this explanation - definition of human ontology (essence) refers to values, beliefs, images and other realities and with an emphasis on existential — referring to those elements pertaining to the continuity of life or instead to the prospective ending of it — which then produce moral values, etc."

Components of the Neuro-Endocrine Substrate of Human Ontology

The phylogenetic brain integrative process beginning of the integrative molecular activity is housed in the interplays between both Long Term Potentiation (LTP) and Long Term Depression (LTD and not to be confused with the term clinical depression) of synaptic processes, the molecular storage units for learning and memory. That activity is in turn facilitated by the HAPA (Hypothalamus - Adrenal - Pituitary - Axis) or behaviorally termed Stress Response. During neural and endocrine activity stimulated by the changes confronting the identity stored in the synapse, the neurotransmitter systems, for example and principally, the Noradrenergic, Opioid and Glutamate systems accord the brain the plasticity (morphological changing of old and the engendering of new synapses and their functional strengthenings necessary for the changes in synaptic LTP and LTD and their interactions with genetic encoders to take place. Attending the molecular learning process, Noradrenergic modulated (of Opioid system) bindings or not (failures to bind) on predominantly Opioid post synaptic membrane receptors presents behaviorally as emotional pain, summarized here as various and cyclically presenting levels of grief, the intensity of

which is determined by the amount of morphological LTP and LTD required during the brain integration effort. Thus emotional pain experienced behaviorally in response to loss (for example, changes in reality to identity - loss of a loved one) is fundamentally instrumental to and facilitative of molecular and thus its manifestation through behavioral learning. To the other side of learning where expansion of capacity to Be occurs, the same neurotransmitter systems facilitate, but in conjunction with others like the Serotonergic, Glutamate, Dopaminergic and Endorphin systems support the integrative activity. Twenty years ago, fifty differing neurotransmitters were identified as interacting with the brain's integrative functionings. There are more recognized today.

Absent the role of genetics in the adaptation activity, that was/is the gist of the simple description of molecular learning, but which is made complex by numerous other neuro system participations and redundant operational mechanisms which have to do with not just functioning but locations of the integrative activities. Studying the brain has been analogized by its investigators as nothing less than being comparable to the exploration of space.

I realize that you likely all know these things regarding the substrate of memory and learning — old news for now going on two to three decades of brain study. Related to my work, I wrote a book on the subject at that earlier time, which is why I know something about it, needing to be sort of precise about both its functionings and their meanings as an element of meeting my responsibilities in my professional training and teaching activities. Even though I did most of the original study twenty years ago (1991-1994), continuous research affirms that the same principles still hold today. Better than that, new neuro-philosophers are hammering out additional and much more complex descriptions of the closely related processes to those considered in this sketch.

What is not as well-known is the means through which that biogenetic composition manifest as the quality of caring. I have concluded over these years that that phenomenon is a function also of the phylogenetic integrative aspects of the brain's biology which is particular to each organism. In this use of that term (care), I am referring not yet to its extended manifestation in interpersonal relationships, which that use as described next is eventually one that rather refers here primarily to the phenomenon as an impetus for application of Being. Europeans developed the thesis in 1907 of the Elan Vital or life force (Henry Bergson). Mayans and other civilizations from the past have said that this force or caring was derived from the sun; all living things would draw from this willingness to live and exist. Aside from the term

"impetus," we can use another clarifying word: impulse, and not reactionarily as in a behaviorally considered fight or flight response to a stressor, for example, as an electronic shock to the tail of a snail which culminates in the retraction of the animal's gill used for breathing underwater.

Caring provides human ontology with the trait (also meaning capacity) recently being referenced but not limited to the concept of Intelligent Design. No matter that some theoreticians for polemical purposes demean that term — they think it is just a replacement argument for the theory of Creationism — as the extraordinary philosopher and journalist Melanie Phillips iterates, and with which I've agreed, it is a more logical explanation of that which is otherwise unexplainable regarding the essential functionality of some cellular activity than anything else around.

I'll add some detail later to the concept of the phylogenetic aspects of this concept of caring in the section on the molecular purpose of philosophy (see under Manichaeism below). For now, one addition or example can be considered in the earlier referenced Frenchman's, Henri Bergson's, 1907 interpretation of *Elan Vital*. That refers to the evolving life force that in that theory pervades the molecular structure of all life. Regardless of the final cellular epistemology of this ontological element to be discovered, caring in this use is more than a behaviorally learned concept. And it goes to the heart of the phylogenetic integrator functioning of the brain which pretty much everyone in the know — like me — agrees.

That activity, caring, then facilitates that integration based upon its both common and unique construction to draw from other (persons) also similar but equally unique manifestations comprising the human being. It accounts for such psychological capacities used in system management as empathy, projection, identity fusion and transference — natural experiences of the human interpersonal processes ongoing at virtually all stratifications of intrapsychic (individual - personal), interactional (individual relationships such as couples) and systemic (multiple relationships as in families, organizations, cultures and nations) existences. That force, caring, for doing that job most perfectly is vested — genetically engineered — within each and all of those systems as they function both independently and relationally.

The biological substrates for caring and identity manifest behaviorally through the measurement of the concept of will. It of course can be given up, taken from us through horrendous and usually long term stress, or added back through the interpersonally applied gift of caring from others.

Being conscientious to clarify the differences between will and caring and thus their roles, "will" occurs and subsequently exists in direct proportion to the ebb and flow of the synaptic changes that underpin identity. Striking down identity through whatever measures — self or externally imposed behavioral contradictions to that molecular storage — simultaneously depreciates will, but depending on the caring capacity of that ontology of the affected entity, not without a struggle, through LTD (Long Term Depression) of the synapse (memory traces). LTD is also referenced as, that is plays the fundamental role in, the molecular extinction of the synaptic traces that comprise the identity being lessened. But no matter declination of will, caring — although it may lose its brightness or visibility — remains as a thread of the phylogenetic brain integrative intelligence guiding the organism, doing so until its biological end-death.

As my work with trauma victims whose identities have been more devastated than is comprehensibly conveyable through cognitive or didactic story telling, that caring thread continues to exist at a depth that is not conceivable to objectified exploration or inquiry. That is, no matter its appearance of complete sundrance, like an ember buried in the ashes of an old and seemingly dead camp fire it is still there to bring the human consciousness back; and it responds and becomes invigorated when not-as-so-affected outsiders' caring, which is most often experienced as — and very may well be — divine intervention as it reaches in through others to participate in the restoration of the identity and will. The former is often and otherwise believed incorrectly by many to be unrecoverable or not restorable. But it always is so if those surrounding the persons who've been hurt understand and know how to respond most effectively to the human ontological composition.

That activity, recovery or uplifting is augmented by a fifth element of human ontology: creativity. Thus art coming in the forms of visual replications (paintings, photography, graphic story telling as in stage plays and movies) of life, music and literature interface, facilitate and interchange or otherwise communicate well with the identity elements of ontology to assist in its restoration or other strengthenings of the whole. Where epiphanological level experiences originate with the referenced molecular learning activity, they get their wave- and rocket-like rides out of creativity, which regrettably no one quite yet knows the molecular source (Am waiting at this writing for Kandel's March, 2012, book on the substrate of artistic capacity to explain it to us regulars). At least we can know that its origin or fundamental components derive from the accelerated LTP of the synapse. But saying again for emphasis, when seemingly irreversibly sundered by horrific-traumatic events, and nevertheless the degree of that depreciation, identity is always recoverable - restorable no matter the negative views attending ignorance of the ontological

delineation and functioning of these natural biological attributes of the physical human consciousness; creativity through the experience of epiphanies can play a magnificent role in that restoration. And for many, even most, the behavioral manifestation is of, again, intervention by an influence invariably appearing to be greater than the oft referenced self.

An additional two biological elements of human ontology pertinent to this discussion include the means and manner through which the brain integrative process compartmentalizes its integrative activities and the most common but not always clearly delineated manifestation of feeling and its attendant states. In the former, the brain uses its cerebral or abstract thinking capacities to organize or store elements of the integrative process. Again, as told by Eric Kandel, Francis Crick — considered to be the greatest contributing biologist to the understanding of the molecular elements of consciousness — believed and argued cogently that the great integrating capacity for moving these elements of being around, that is, the “conductor” of this ontological “orchestra”, lay in the claustrum. It is a sheath or layer of neuroplasticity that exists below the cortex and between it and the amygdala, the area playing the big role in emotion. The claustrum, according to these extraordinary and intuitive scientists, derives its best bet as the primary organizer of this compartmentalization — which facilitates the integration between conscious and unconscious aspects of being — from its unique status of and as being connected neurologically to all the variables that produce the human experience.

There's so much that bombards it that some of the memory and experience referenced so far is maintained stored eventually as unrecalled. The shifting of memory from short term to long term, respectively and sometimes from the mossy fibers of the Hippocampus to the Cortex decreases many of those memories' recollectibility. But it is all still there, maintained eidetically, to mean recallable as if a movie or photographic images.

From my view of using the TRT structure to address what Scrignar called the psychodynamic overwhelmedness attending storage of the emotional and thought consequences of traumatic events, the conscious ticket into an ordered recall is supplied by the magnificent contribution of the Limbic system. It provides for experiences that function as protective states against too rapid a change to identity. They come in the form of shock, numbness and disbelief. Endogenous Opioid neurotransmitters' bindings on post synaptic Opioid system membrane's receptors underpin those states providing for the identity's transition to the new reality. The Limbus gives the location and basis for the molecular response that when identified

consciously provides for the feeling delineation's essentials: mad, glad, sad and afraid. And they can and are expanded, depending upon the degree of stimulation or nature of the identity change to include terror and horror; embarrassment and great shame; anger and rage; profound guilt, sorrow and loss; and if we live right or are lucky, happiness and immense joy.

One primary benefit to the brain integrative activity of these experiences is that they lead into that referenced storage area, sometimes termed the vast unconscious, presenting us with a path to and for the conscious determination of the identity changes undergone. That, then, leads additionally to reconciliation, restoration and satisfaction-comfort. Re-strengthening of will completes and is one of the fine benefits of the whole phylogenetically directed brain integrative identity restorative or uplifting cycle, depending upon the circumstances attending the change.

Although marshaling information so that it may be compared for the purpose of reaching a decision takes the organism far into the abstract, the substrate or neuro functioning of which stems from the Cerebellum - Cortex and thus seemingly away from its core being, that trait nevertheless influences constructively that essence of existence.

A problem for observers of the ontological definitional process is that this abstract (cerebral) capacity sometimes appears to be the all of being, which is far from an accurate interpretation. And this reasoning is seen to set humans apart from other living organisms (meaning primarily other people). It is that apartness that often results behaviorally in this brain integrative element appearing to predominate over its other components. But that appearance is actually a function of the earlier referenced compartmentalization that supports the full molecular learning activity. Interpretations of how this molecular interactivity occurs within the complete integrative neural procedures are both born out of the learning effort and part and parcel will influence its effectiveness or non upon, by and in conjunction with the whole of individual ontology, making its definition a struggle.

I would like to say at this point of this essay, that I began my study of the neuroendocrinology of trauma etiology twenty years ago by going straight to the journal studies of trauma neuro-investigators. That is what they call themselves. But the nomenclature and the attendant depth of knowledge overwhelmed my learning efforts. So I ended up having to buy and read Eric Kandel's undergraduate textbook that explained what was known then to newbies, me of course being one of them. Since that time, when I need to upgrade or do a review of changes that are affecting this field's

breakthroughs and so forth, I go to Kandel to explain it all. He does so with intuitive (for determining my interests and needs) understandable language – clarity – for the non-neuroscientist. Every time, about every five or so years, I come back to this subject I say to myself “God bless Eric Kandel and his explanation of what is going on in the exploration of this inner space.” I think of this great Nobel laureate as the Mars Rover of interplanetary space exploration.

From Molecular Learning to Thought: Historic Philosophical and Management Outcomes of Compartmentalization

Thesis: Since the beginning of Greek philosophical thought, to include the works of Aristotle, Plato and Socrates, Western Civilization philosophy and the majority of management methodology which respectively defines and advises how to manage the human consciousness and society has been generated out of the referenced (above) compartmentalization process which in turn has been affected by traumatic events. The philosophies, with the exception of the explanations provided by a few sophists and the deity known as Jesus of Nazareth and the original Buddha, which and whose works demonstrate the value of caring and love and the timing and appropriate application of the use of force as a defender of such approaches, are actually compartmentalization responses to trauma. Sometimes they're good and sometimes not. Absent those particular existentialist-oriented thinkers who advocate caring for others with referenced necessary defenses as a preponderant life modality, the subsequent definitions of how the human consciousness is designed and functions are skewed to accommodate the neurological molecular learning process following changes (rapid and radical in the instance of trauma) to identity. Thereafter, the philosophers, which have been providing our leadership for the past several thousand years, are trying to figure out what hit them.

That means they've been traumatized people who've required compartmentalization (the uses of delusion, denial, suppression and repression) to protect themselves as their own brains underwent molecular-based integration. In some instances those thoughts produce some and even much intellectual value; but some of the time it is psychopathology born out of trauma. In the latter case, abstractions by non-directly affected traumatized person like third party observers of the political scene will also adapt their molecular changes being undergone as a result of their observer experiences of the same traumatic events. In those observer cortexes, the views that detract from the victim's integration activity by either blaming the victim (for example, the *Disturbed Personality Hypothesis* and *Attraction to the Trauma* – meaning by the spouse of the Alcoholic or batterer – theories) and those notions that

support the perpetrators, or which shift the focus of the tragedy / loss to some other subject (which is usually very broad in its abstraction), has gargantuan negative impact on the victim's or most directly affected persons' capacities to complete the extinction of the original LTP's process.

In other words, hysterical answers to wild interrogatories keeps people from resolving psychological trauma in the deeper areas of the brain (again, the hippocampus). Conversely, and which is the subject of other books pertaining to offensive trauma manager (terrorism) tactics (*Guerrilla Warfare's – Terrorism's Pathogenesis and Address-Cure*), precluding that interference within the TRT module so that the extinction of the primary trauma survivor / target molecular substrate may run its course will preclude the projection by the hysteria onto both the primarily traumatized person/target and the polity. When the polity is spared the angst of hysterical abstractions, the Etiotropic approach being applied to the wider affected system for its resolution brings it about more readily, simultaneously strengthening the identity and will of those targeted. That is a subject related to the strategic application of ETM to systems-communities and of SHOM (at the time of this writing in theory) to even nations and civilizations, one purpose being to stop perpetrators of trauma from using it to manipulate those populations, thus getting the perp's way by, for example, murdering innocents.

You can stop hysterical third party responses to trauma by ensuring that the most directly affected person is allowed to complete the cellular extinction – thus speaking behaviorally or ontologically to resolve completely or cure the trauma. No matter the social consequences of those constructs, the compartmentalization activity is allowing the trauma affected human brains to create abstractions, fantasies, hallucinations, hysterias, philosophies or other intellectual views that serve to protect all the organisms involved that otherwise are experiencing their endings while the cellular adaptations to the underlying molecular extinctions run to completion. That process can be facilitated, again, by precluding the abstractions' pathological interferences (for example, as does the so called Stockholm syndrome where the hysterical response/abstraction begins in its most bizarre manifestation to support the person/perpetrator causing the trauma-causing events), keeping the focus of care on completing the original extinction. Reiterating, end the original extinction process and end the systemic use (social response) of the bizarre application of the Stockholm or otherwise known as suicidal-styled syndrome.

The Substrate and Molecular Purpose of Philosophy — In this instance using the Example of Manichaeism or the Duality of or in the Universe and so on

Although inquiry into philosophy has not been my interest, I've had to enjoin that journey for the purpose of framing the Etiotropic perspective of brain integration of trauma and loss's influences on thought. In that capacity, I'm often challenged by those who would invoke the concept of Manichaeism into the discussion. That evocation invariably prevails for those students-psychotherapists, usually with religious backgrounds and trainings, who inquire into the molecular aspects of the meaning of brain integration as viewed in the context of human duality's good and evil.

That Etiotropic molecular answer to that set of interrogatories can be long and drawn out. It would take us away from the subject of this book. And, I would have to show the comparison contrast ETM thesis within a host of philosophies. So let me summarize this important one, only because the question plagues some students in such a manner that it demands at least a summary response from me.

Duality or good and (or versus) evil are from this Etiotropic perspective functions of brain integration of trauma-loss and its relationship to the so called Elan Vital or life force. The latter is phylogenetic in theory and drives the organism toward, as the US Army would say to "Be the best that you can be!" That theme has always underlied the concept of competition; that is, excelling from all the genes handed down to an organism and combined with striving from what the figurative heart can produce. The life and movie of the racehorse named "Big Red" and "Secretariat" particularly as demonstrated in the last challenge in the Triple Crown's Belmont Race, emphasize that theme as the meaning of the film and attendant story. The adage "Run your own race." as used throughout the film meant just that: be what you are with the striving application of the best of what that is.

"Strive" is the key word in that concept. It is the last admonition, the very last words, that the first great Buddha spoke to his followers and disciples as he died at eighty-eight years of age, now approximately twenty-five hundred years ago. "*Strive*" to understand — to Be.

In this ETM interpretation, all that is learned and compiled within the molecular long-term potentiation of the synapse as related to that striving to Be, is rendered into its molecular anti-thesis, long-term depression of the same synaptic traces, which is

brought about in this Etiotropic view by an inhibitor of the original reality bearing synapse. The inhibiting activity is the long-term potentiation of the new and always countervailing reality attending the event (trauma and loss). When a traumatic event is imposed upon that organism, or the experience is of loss as attends failure, and which can present into the milieu of experience of living things, the brain's integrative activities consisting of the inhibiting of the original LTP manifest consciously and behaviorally in terms of thought as the ending of the organism as the molecular process proceeds. The integrative activity will send the brain into the compartmentalization activity, which of course is the use of the various cortexes to explain away the ending ongoing, usually as current guesswork holds, in the mossy fibers of the Hippocampus. That process is facilitated endocrinologically, again, by the HAPA response which includes Noradrenergic and Opioid system bindings or no with other molecular neurotransmitter influences intended modulation of previously constructed synapses and the building with protein and other neural modulators of new synaptic substrates of reality. The full description of the theory of how that change occurs in detail is provided in my first book (twenty years ago) on this subject but without consideration of the role of gene influence. That title is *The Neurobiology of Trauma Etiology and Its Resolution (Cure) with Etiotropic Trauma Management*.

The opposites that prevail within those molecular changes are experienced consciously in thought along a continuum of very bad and bad, to nothing, to non plus or neutral, to not so good, good, very good, and then even extraordinary best. That continuum is interpreted in the cortex as an image of duality and consciously stored there as philosophy, at least until the brain integration (extinction of the original LTP representing the pre trauma thought and perceptual reality) molecular process underneath, most of which is done in the unconscious in the hippocampus, has completed. Due to the complexities inherent in brain redundant systems, the preponderance of the brain will participate in the integration. And I don't know of the locations; nor will I pursue them as the functionings of the brain continue to be revealed in the literature. The molecular functioning of the brain is not my interest, but only something I've had to pursue to take the academic or scientific mind in my training programs off of the behavioral or CB approach to the study and thus interpretation of the human psychological process during its influence by psychological trauma.

The brain during extinction of some of its elements always asks through the compartmentalization attributes what these ongoing molecular changes mean to the organism. The behavioral manifestation (question posed and attemptedly answered of that interrogatory is almost always, at least, "Why did it happen?" and then "What

can be done about it?” The experience of duality underpinned by the actual molecular changes being undergone that act to work against the temporary and apparent demise of existence retards or gives the appearance of countervailing the so called, again by Bergson, Elan Vital. It will attempt to overcome the molecular changes in memory (ongoing molecular extinction), and will if the original extinction process is allowed to run its course. That can be facilitated by the intrapsychic, interactional and systemic participations of caring focused upon the underlying or original extinction activity and the preclusion of the external variables referenced in this work as “exogenous” ones.

When done, the need for the compartmentalization creation of Manichaeism in the abstract is over. The philosophy as a molecularly housed abstraction as maintained in memory will dissipate (also become extinct) as the original substrate’s (LTP) extinction is completed. Extinction of the original molecular learning (thought reality) as it had interacted with the phylogenetically-based in this usage again called “life force” is manifested behaviorally or in psychological thought and experience as grief. The more pain and denial attending that manifestation, the greater the need for and amount of integration-extinction ensconced in their compartments (Hippocampus and cortexes) filled with abstractions (philosophies and theories) required molecularly in the substrate.

Generally speaking, CBT competes with the instantiation of molecular substrates of philosophy in the cortexes. A CBTer will listen to someone who has adapted Manichaeism, for example, as a coping mechanism to an event like a war or familial alcoholism, and then didactically offer an alternative view to the one of good opposed by evil: another philosophy, for example by providing, again, a medical or psych disorder model that is suggested to be a better coping thought system.

That’s how TV talk shows and “How To” self-help styled books work. They bring hundreds of guests on to the show or publish the “How-to” descriptions in a way so that they can help as many people as possible through those mediums — give their interpretations and advice to millions of affected folks at a time. Although help for many is gained, that didactically presented coping information also sets off additional molecular inhibitive LTP to LTD molecular unlearning and relearning in the various cortex regions housing the competing theorems and philosophies at play with each other. Of course that results in great confusion not to mention diversion from the hippocampus area’s ongoing or attemptedly so that the molecular extinction of what existed before the original traumatic event occurred can proceed unadulterated or otherwise unencumbered.

In contrast, ETM is not a didactic anything, so it doesn't work from TV or Self-help guide books (unless co-facilitated by a TRT therapist) for advancing one's mental status condition. Its (ETM's) TRT module stops the CB interplay of cortex molecular interrogatories-explanations as to why, attended by competing answers cold with its rules barring for example, codependency-styled discussions, or also called shoot-the-breeze interpersonal dynamic guess-works. TRT then focuses the preponderance of human ontological capacities on the deeper existential change, referring in this instance to how trauma creates a loss of continuity to that existence. And it's done structurally and incrementally – one contradiction to identity, an associated feeling state and then individual feelings (again, one presenting at a time until they dissipate) attending the individual loss that will be identified at the end of that structured existential process. Good and evil conceptualizations and other replacement philosophies are headed off to preclude their didactically induced diversions while the hippocampus (likely) focused work is completed.

Philosophies like Manichaeism are not the only thoughts providing diversions or obfuscations of the original trauma initiated synaptic extinction. The construction of the earlier referenced Survivor takes up compartmentalized residences the same whenever needed. Knowing where, exactly these defensive learning and unlearning thought processes, whether they function pathologically or not from a behavioral perspective are not important to this theory and application (ETM). But the idea or notion that they exist predominantly as *connected* diversions or again obfuscations of the underlying extinction is. “Connected” means that the neuronal structures will function to reduce the diverting survival thought constructs, whatever and wherever (developing in other organisms through their capacities to share in the experience of the traumatic event through the phenomena of empathy, projection and transference) they are, as the original extinction activity in the most directly affected target (or victim) proceeds and then completes.

Upon learning these axioms of trauma some thirty plus years ago, I subsequently organized all clinical and systemic management response to adapt to those concepts. The rules were to, while empathizing with the need for them in part, preclude at other times the supports of the diversions and engineer a structure that maintain caring focused upon facilitating the original extinction along its neuromolecular path. That cordoned and structurally caring focus on etiology resulted in the resolution process, or cure for both the psychological trauma and the so called disorder, PTS.

It was not my purpose in the exposition of this theory to argue against a God or devil or just good and evil or the replacement you-have-a-disorder-so-work-on-it model.

Those possibilities fall mostly into the category of the unknown, with the exceptions of what *experts* have told us, again in the hypothetical, about how those unknowns interface or not with our situations. Examples of experts in those instances would be theologians in the former expression and CBTers or analysts in the latter. This subsection only provided my understandings of the molecular substrate of the Etiotropic concepts of the brain's integration of life (traumatic) events as professionals and other students inquire of those ideas with and from me. Because I'm the one who thought this Etiotropic stuff up, it's been my responsibility and obligation to answer the questions as they are asked and as I am capable. And of note, I'm not a student or investigator of the subject of spirituality or religions as a believer from within their contexts, other than as I'm required to show how they interface with the ETM TRT resolution-cure of psychological trauma and bring an end to certain kinds of criminal violence. Those are my goals; they are not to lead anyone into the spiritual ever-after or to contribute to spiritual serenity as do the yogis, Buddhists, and a couple of Christians holding séances or to compete in the general living philosophically supported world with those who do.

The section does explain or suggest, depending on the number of times you've applied ETM TRT to a traumatized person, the molecular explanation of the difference between Cope and Cure of psychological trauma. CBT (or didactic education models wrestle around in the cortex with the conscious philosophy or other manifestations of the Survivor while trying to make coping more facile with alternative perspectives and so forth and as the hard work (extinction) is being done in the hippocampus; that is, where the core address for trauma has to be and without diversion into the recesses if one wants to cure or otherwise completely rid an individual of trauma-loss. And that's pretty easy to do if as a helper you can put a lid on hysterically embraced or imposed philosophies and drug/alcohol/medication use; they both retard the natural molecular phylogenetic capacities of the brain to reconcile what has happened to it.

Etiotropic Human Ontological Theory General Purposes

The Etiotropic perspective of the brain integrative process serves several purposes.

1. It orients individual and social management focus on human ontology as an integral and addressable partner with human behavior; the latter is de-emphasized as the *only* or otherwise argued by some to be scientifically valid approach to management of human beings, which is the opinion of the Behaviorism theory and approach to such managements. Moreover, Behaviorism as

either a life coping (with changes- traumatic interruptions to identity) mechanism if imposed as the predominant management construct, which is the case for controlled social system operations, can not only be a narrow and inaccurate interpretation of the human consciousness, but the behavioral model, even when mollified with always updating, readapting and reconfiguring Cognitive-Behavioral precepts and concepts, can impair human understanding and be destructive to its functioning. Worse, it accords a pseudo psychosocial air of scientific guidance to human understanding and management that albeit having some value given some organizational goals as they are met in business enterprise and military-styled operations, the applications as determiners of how the complete human consciousness functions add more than false echoes. Behaviorism philosophy is patently inaccurate in its assumptions and representations of how the brain functions at the essence of its attendant mind — its ontology. Hence the need for managerially focusing upon the latter.

2. Demonstrates the immutable linkage and thus available remedies for both restoring and defending individual and collective identity by restoring and strengthening will against untoward and inimical political methods (emphasizing the use of offensive trauma management models like guerrilla warfare and terrorism) otherwise intended for undermining will, to include both its individual and collective manifestations and uses.
3. Provides a neurobiological support for individually oriented approaches to self-government offered by consensually-based social management political models.

Because of the imbuing experiences accompanying the referenced neuroendocrine substrate and interactions with itself and other organisms (people), ontology of the human consciousness is routinely referenced or also metaphorically conceptualized as the human spirit when it is understood and properly exploited (meaning effectively addressed) by good souls. Hence the value of the existential aspects of valued religions and humanist recognitions of the wider and sometimes thought to be unidentifiable aspects of consciousness and their concepts of forces that are perceived in their existences to be greater than are we, as we are otherwise known solely as or by ourselves.

There's a political spin to these base-biological functional activities. Within those referenced molecular interplays ongoing within the substrate of the human consciousness and its collective manifestation in systems — again referring to centrifugally interacting effects upon individual relationships (two people), then spiraling even further out to families, neighborhoods, football teams, whole

communities, organizations, regions, nations and entire civilizations — every human entity draws its sustenance from itself, its own identity, will and caring first, and then secondly as that compendium of cells integrate with others (referring to the various and often interlocking systems that support each other) through that equally phylogenetic capacity to care. Imposing, for example, behaviorally or attempting forcefully to define identity elements through implementation of the foregoing referenced hierarchically implemented management approaches of Leninism-Marxism, Fascism, other dictatorshipisms, and behaviorally sustained religions like Islamism — without consideration for the natural individual molding required to run its course existentially, to emphasize in this instance meaning biologically, will eventually result in the overthrow of the imposition so that the qualities inherent in the original ontological - biological essence of uniqueness will prevail in determining the actual identity biologically comprising that human individual and or collective entity.

Another way of saying the same thing behaviorally or again in political terms: consensually based social management models will always overturn behavioral or top to down societal management approaches, but with one caveat. The overturn will occur if the biology is not killed off: the ashes retain no embers at all. Which is why controlled systems have to so rigorously maintain themselves with well-constructed vigilance (use of force in defining how to Be) against free thought and open discussion. That's the behaviorist's implementation model requirements if it is going to continue to exist when otherwise having to operate contiguous to / with consensual or also termed open systems - societies: democracies that foster and maintain (as in fighting for) due process. It's all about human neurobiology and the way that it functions most naturally, purposefully, efficiently and congruently, and various thinkers' and groups' best efforts in figuring it all out and then bringing about the desired outcome: getting people to do what management wants them to do versus figuring out what people want the managers to do and then following the self-governs' directions.

Where many of this past two century's historians, philosophers, writers and seers have concluded that the forces driving civilization's conflicts are four — economics, race, religious differences, and the acquisition of power — I've opined in contrast (when addressing this issue publically in political discourse) that the matter is much simpler than that. The referenced imposition's subsequent conflict resulting from cultural or national managements' mistaken understandings of how the human ontological substrate is designed and functions, and then combined with its subsequent miss-uses or miss-applications are the root causes of most of those disruptions — some

occurring to the point of catastrophe — repeatedly ongoing between the various both intra and international existential level disputes. The natural substrate underpinning ontological focus-first model (democracies that assiduously defend due process) provides an individual and a culture or polity with the abilities to evaluate, to combine with others, to care at more profound levels, to know what is right for themselves, and to negotiate that belief in rightness with its external environment, much more effectively and efficiently than can be surmised or otherwise induced by a few statist- and behavioral-based philosophers who from time to time try to figure out how to get the masses to do their bidding.

To throw a little necessary *ad hominem* into this discussion, in the end I've argued often and do again today that those managerial (behavioral-based) type thinkers are just trying to get others to be like them in order to shore up their own weakness in identity construction, and in so doing cater to those otherwise periodically floated-as-superior and usually restricted-to-cerebral-use (miss-guesses in how the human being's consciousness is supposed to function) only whims. Ensuring the opportunity of those natural variables to function individually and collectively properly (in accordance with the actual and full capacities of the substrate of how we think, feel, care and strive to be) is what America is predominantly about.

They are the discoverers of this knowledge, the people who hammered out this true wealth of our society — the most accurate understanding of the complete construction of the human consciousness and how it best manages itself. And those societies and their people subsequently are the beneficiaries of their discovery, which is perpetuating itself throughout the world, perdurably protected by the best person in us all — the endogenous capacity to strive, to care, to struggle, to both endure and learn from loss, and through our resilience to even love. And as in some instances we are so gifted by providence to live in our time in this reality and as our stronger believers of faith argue is available in another and better life, again and again, and then again.

The subsequent congruity attending the American human management model is although usually not always analyzed as I have endeavored to do so for my reasons over the years, is nonetheless felt very strongly by its citizenry; and it is this strength of experience that doesn't just bring and hold *us* together, at least during the really hard times — for example, when our innocent loved ones and neighbors are being murdered — but that also undergirds with additional strength those who've been born, raised and continue to live in non consensual-based controlled systems. Our work in and life of freedom calls to them, sometimes as from afar; no matter the distance, this phenomenon dramatically influences the likes of the Sharansky's, Ali's,

Glazov's and Gabriel's — those four Rebels are now free persons who have become the truest of freedom fighters — and at the same time recognizing those who are still remaining in those darkneses to aspire to acquire the same experience of freedom to Be that we live, breathe and then with grace give back to the entire world every day.

Conclusion: The Importance of the Neuro-Endocrine Substrate of Identity to Our Lives

From the time recorded history began, philosophers, seers, cultural managers and other deep thinkers-leaders have attempted to produce abstractions that defined the basis of human thought and experience, and how it should be managed. Although we have not reached the end of that discussion, the last two decades has produced well documented neural and endochrinological descriptions as to how those two areas of study and subsequent operational implementation actually exist and function, letting us reach some pretty rational conclusions. Without ambiguity or equivocation, that body of information and other knowledge support the concepts and management thesis underpinning consensually based organized and administered societies — explicitly emphasizing the John and Abigail Adams and George Washington versions (emphasized in the original essay from which this abstraction on molecular ontology was taken-borrowed) as opposed to current European social democracy adaptations — over those that have elected competing hierarchically conceived and orchestrated programs. Moreover, the substrate's analysis further supports both the value and necessity of strategically defending the environment of management of thought that enhances that neuro-endochrinological reality of consciousness. Those two ideas, existentialism and defense through fighting, are immutably mutually inclusive. They need and co-facilitate each other to do good for the individual as he and she integrate most effectively — albeit not always without painful learning experiences, naturally and as imbued spiritually by many-most, otherwise born out of conflicts emanating from functional differences and similarities ongoing between state and behavior — with the rest of the world. In the ideological wars regarding how we should all be and get along, America's management epistemology, following a couple of hundred years of struggling and sometimes painful additional definitional work, was correct. Given how the neuroendocrine elements of human ontology function, she was on the right side of those wars in the end.

The following essay is reprinted with permission from another work referenced and entitled here/next.

From

Part III (conclusion) The Good Rebel in Most of us; Distinguishing Good from Bad Rebels; and How to strengthen the former against the latter

***How the Westbury High School Rebels
Houston, Texas, classes of 1962-1965***

2. [Author's Message: This missive describes ETM TRT SHOM's purposes and goals developed and pursued during the past nearly four decades, and now established herein for the rest of the twenty-first century](#)
3. [Dedication](#)
4. [Part I: A Regret](#)
5. [Part I: Eden, Guadalcanal, a Westbury Rebel, and La Bahia Road; From 1838 to 2014](#)
6. ["Part I: Navy Corpsmen: Tribute to a Westbury Hero"](#)
7. ["Part II: \(beginning\) The Westbury Rebel's Meaning to Me." or "The First Play from Scrimmage in the Westbury vs Bellaire Fifty Year Rivalry"](#)
8. ["Part II: \(conclusion\) What Happened at the End of the 1962 Westbury vs. Austin Football Game?"](#)
9. ["Part II: Entertainment in the 1960s"](#)
10. ["Part III: The Good Rebel in Most of Us \(beginning\); For What Do Good Rebels Fight and Die?"](#)
11. ["Part III: The Good Rebel in Most of Us \(continued\); Competitions, Challenges, and Making Things Right"](#)
12. ["Part III: The Good Rebel in Most of Us \(conclusion\); Distinguishing Good from Bad Rebels"](#)
13. ["Part IV: Westbury Rebel Management of *Really Serious* Troublemakers in \(and from\) the Global"](#)
14. ["Part IV: Master of the Lake; The Great Peking Duck and Yorkshire Terrier Battle; or, A Scientifically acceptable Anecdotal Example for the Study of Visceralness in Fighting"](#)
15. ["Part V: Turn the World Right Side Up: Theory and Application for Depowering Psychopaths, BS Managers gone Berzerk \(Bad Rebels\), and the National to International Institutions they Manage"](#)
16. ["Part VI: Series Conclusion; Semper Fi; Tribute"](#)
17. ["Part VI: Series Conclusion; Combat: The Animal Self Unleashed; A Docudrama"](#)
18. ["Part VI: Series Conclusion; The Last Flashback"](#)
19. ["Appendix A: OPED regarding Board Removal of Westbury High School's Historic Mascot, the Rebel"](#)
20. ["Appendix B: The Genghis Khan of Psychotherapy; Behavioral Therapy and its Reformation, Cognitive Behavioral Therapy"](#)
21. [Appendix C: Glossary](#)
22. [Appendix D: Reprinting the Preface from the "Whackomole" Book](#)

Preface to this Part III (conclusion)

This is another section, somewhat like the neurobiology of human ontology component (in previous "Part III continued"), that requires some interpretation from me before one tries to read it.

When teaching helping professionals how to use our trauma management model, which focuses upon trauma's individual and systemic etiologies (to be found located in human ontological aspects of brain functioning) in lieu of its individual/systemic symptoms (behaviors), I had to learn something new, and develop the same: another language. The professionals and licensing paraphanelia of the time were quickly becoming Nosotropically attentive if not outright declarative, as they were mandated as so. That means that facility licensure procedures directed remedies to focus on observable behaviors and to directly address them as the presenting problems. Because our approach was the opposite of that focus, we had much explaining to do. We had to provide a new schema for perceiving how the human consciousness affected by trauma worked. That was a challenge.

A class of professionals (as students learning or entertaining transition to our Etiotropically-directed clinical/management model) would come from myriad educational, theological, psychological, and to include personal belief backgrounds. It would not be uncommon in a class of fifty individuals to have thirty differing views of the human consciousness and its capacities presented during the discussions. The same was true of training the professional personnel hired to facilitate our multi-tiered model in clinical settings.

Subsequently, I spent much of my early clinical management life learning the details of those differing views so that our model's trainers and literature could interact more efficaciously with those professionals, our students. To that end, I learned about "thought constructs" or "thought models" (for want of having other modifiers), each consisting often of a distinct epistemology, evolving philosophy, logic and methods that governed how the individual saw both themselves and other people, and thus also how to best help them. Because perceiving life in "thought models" is not an ordinary conceptionalization of it, and which the mainstream reader peruses even at least sometimes — studying the subject can be akin to trying to evaluate a big plate of spaghetti, with sauce — I've added into this preface overview its origin (of thought model conceptualizations) for me and why I consider it important enough to include in this conclusion to the "Part III The Good Rebel in Most of Us."

It was most common for these challenges to present on a continuum. A Freudian psychiatrist trained in psychoanalytic theory might hold down one end of it, with a protestant fundamentalist or charismatic pastor presenting at the other end. In between might and usually did present Behaviorists; Cognitive Behaviorists (Behaviorism's reformation); Person Centered Therapists specializing in Group Therapy facilitations; Catholic and other denominational priest with masters or doctorates in Divinity; Alcoholism and Drug Abuse counselors steeped in the Twelve Step programs; Licensed Professional Counselors and Social Workers as advocates of Reality and Rational Emotive Therapies, and some with family systems specialties; and numerous psychotherapists also having personal recovery experiences in the co-dependency models attending such self-help programs as Al Anon, Adult Children of Alcoholics, and other conventions related to the address of more

direct, say, eating and sexual disorders, in both instances doing too much of it. Clinical Psychologists of most varieties and persuasions participated frequently, and then less so a couple of Muslim counselors; a Buddhist every once in a while; lots of psychiatric nurses and some Rabbis; and some lawyers, judges and crisis managers, to include members of military styled managements. In their own merits, all were extremely intelligent and very well educated people, and etc. All retained an expertise in the symptom- or also called Nosotropically-focused perspective of PTSD and were licensed from within their respective disciplines to practice within the culture. Their helping activities included models of thought and belief regarding the constitutions of people who had existed and inspired relief for decades, centuries and then even over thousands of years, and for millions of followers.

My job required interpreting these various so called thought constructs and bringing them through the training in our model in a homogeneous manner; meaning so that they could all get along (where doable), not to mention tolerate what I had to say. Importantly for achieving that task, if I knew that a particular construct or system of thought logic was not going to workout with the approach I was teaching, I could explain the why of that so that a student would not have to waste his or her time going in our direction. They could exit early on and avoid the known conflict and the challenge, if they so desired. Out of a whole of twenty-five hundred class attendees, none did.

Doing this for over thirty and going on forty years, I developed a language and knowledge base which identified thought construct collisions or conflicts before they occurred. Hence, I also learned how to, where possible, head off such crashes. To me, the inability to stave off conflicts that led to major catastrophes as has occurred throughout history has resulted in no small part from these, again, so called in this essay thought models/constructs or differing ways of seeing and addressing people.

I've written this "Pretty True Texas Stories" series from that background and perspective. In particular, I've applied that epistemology to this next section using some of the referenced language.

Please forgive me for bringing, should it be the case, something to you that you may not understand, and I may not be able to explain as I would prefer, given prospectively, my shortfall in talking to your particular background and experience that I may yet to have studied.

Distinguishing Good from Bad Rebels, and How to Strengthen the Former against the Latter

Vitya (Victor) Andreyevich Kravchenko was born on the night of the Yekaterinoslov Railway Workers' strike in 1905, Russia. His father, a strike organizer escaping death administered by the Tsar's mounted saber-wielding Cossacks, made it home that night to cherish his son's beginning. In the emotional moments that followed, and while the new baby lay between his mother and father, the latter gave his son a forever loved title: "The Rebel."

Living up to the iconic nickname, he would help his family through the chaos of WWI, the 1917 Revolution, anarchy, civil war, the famine of 1921, and then become a Communist Youth member, and finally with zeal, join the Communist party of Russia in 1929. That history, which is chronicled in the 1946 book *I Chose Freedom*, takes the reader through power struggles within Bolshevism, Leninism and Stalinism, and then shows the young man's evolution, following advanced education as an engineer and then military service, into diplomatic prominent life. After the Lenin-era of the Revolution, and as one of the Soviet's new internal managers of the production elements of its apparatus, Kravchenko, trying to determine what's right and then doing his human best to bring that about in virtually intolerable situations, experiences as both an administrator and victim of, and then fighting rebel within, their implementations: the Ukrainian forced collectives; regular political purging (1930-1933); heinously contrived millions-killing famines; then "super purging" — mass murder attended by conversion of fifteen million adult citizens into Soviet slave labor (the prototype for the Nazi's extermination machinery) by the government (through 1936-1939) and reaching thirty millions, including ten million children ages thirteen to seventeen by the mid-1940s; and changing alliances of the Soviet Union through WWII and until 1944. It is in that last year of the war that this Russian rebel would escape from that dehumanizing Soviet system where it had been intertwined with America through its Lend-Lease program.

Most influencing to me, this particular Russian, when no others on the world scene would even approach the truths now evident, told us of the dramatic loss being incurred in and to national (USSR) management and the population as a consequence of the very management shortfalls I've considered in this paper. No other author exposed as much fact as did he. Better than that, if anyone epitomizes the seriousness of the concept of good versus bad rebelling differentiations and distinctions, which I have highlighted as the primary themes of this three-set essay, it would be Victor Kravchenko. As a rebel from birth trying desperately to retain and thus honor its moral beginnings, he lived the harshly difficult lessons-to-be-learned regarding good vs. bad rebels. May you — and all aspirants of American-styled freedom — not have to learn the same as hard as did he. Hence, why I have drawn much from his efforts and included reference to them in this essay.

Introduction: From Conflict to Danger to Congruent Resolution

Given defining relationships that have existed between rebels and their causes, the differences between a good and bad rebel, as in the differences in causes, go to the heart of those matters that when not addressed by a people, result in cataclysmic happenings: because of their differences, causes clash and, thus, so do the rebels representing them. That is, when those distinctions, some of which Samuel Huntington identifies as "civilizational fault-lines" at the global level, are not assiduously addressed in a timely manner — they are allowed to break their containing boundaries and pour across their former constraints, the world degenerates into an acute level of survival where it experiences lots of death and other catastrophe like we had in the twentieth century.

Due to the portentousness of recurrence, then, emotional pain from memory has attended the rebel identifier when rebels fought, physically or other for their particular causes. Continuing as a sequela, that pain, then, spawns intellectual conflict which presents on multiple levels of being and interaction, some of which is necessarily defensive. To give one and, as well, a predominant example of that pain-turned-into-abstractional disparateness, fighting-versus-Pacifism ideological, philosophical, theistic and methodological conflicts influence perception and understanding of rebel value. Those thought tug-of-wars are discussed earlier at the beginning of this Part III and then again in greater depth in Part IV of the series.

Those influences upon rebel qualification are attended by others.

To take an example of one — this time from within the English/American lexicon, as Alice discovered in Wonderland some words seem to have different meanings, particularly for different situations and at different times. In the early 1960s, which marked the centennial of the American Civil War, the Confederacy's Rebel was still valued by a polity as representing elements of a loved culture. The rebel fought for and thus was seen as protecting that culture. The Confederacy's rebel was honored by the remains of that society for about a century, but while those formerly retaining the valued memories died away, and changing demographics took their tolls on political perspective. Fifty years later (following the centennial) that same South's Rebel was stigmatized by additional changes in social perspective.

I think that denigration naturally had to happen as citizens once institutionally denied recognition as people became increasingly recognized as such, placing opprobrium, then, on the polity having imposed the now illegal differentiations in the first place. Albeit much naturalness was involved in those changes, I also think an imposed measure of hype added to the thought model contests and then exploitation by and through application of an invader modality — again referring to Huntington's completely, if not irreconcilably different, thus "clashing" civilizations — has made the changes sometimes procede in the wrong directions. That modality is described below.

Another rebel qualifier has held that winning and losing of revolutions determines who was worthwhile and who was not. I think, though, that there's more to the differences between good and bad rebels than just who wins, which adage has plagued the definition since its inception. It has presented hand-in-hand with the parallel notion that the party in the revolution that was the winner was right, an idea holding that the one that comes out on top writes the history and forms the public, historical and usually biased perspective about the winning and losing sides, at least until the revisionists and re revisionists perspectives get their turns at telling the story.

Victor Hugo would weigh in on the subject of moral differences between rebels. His notion of that which inevitably determined who was good or bad in those rebelling capacities was whether or not social progress had been made as a result of the particular effort, referring, for one, to the risings at barricades, and then the ever-complex contrivances coming from the lesser aspects of man, and which I thought were symbolized by their long-time extensions into the Parisian sewers. He had this fight within himself, that is, determining good from bad

rebels, between 1832 and eventually the publication in 1862 of the novel, *Les Misérables*, that chronicled his thinking. France, 1852, and according to Robert Tombs, was a good place to try to figure these complexities out. From my understandings of the French, they still have not.

One notion regarding the moral quality of the rebel posits that rebels exist only as those attempting to overthrow a current authority or government. So if the government is bad, as it turns out in history, then the rebel is likely good. The opposite of course, and which we don't see very often, if the authority was good, then history paints the rebel as bad.

I'm well aware that the "good" and "bad" rebel qualifiers are excluded also in moral relativism applications that attend evaluating conflicts that particularly come from cultures formerly thought of as led by what have been termed over the last four centuries, "Noble Savages." In that usage of words, for a while it has become popular by those attempting to avoid the European-, Russian-, Mongolian-, Chinese-, Japanese-, some religiopolitical organizations- and a couple of islander-colonizers' mistakes to refrain from applying one's own morals to competing groups. They are thought of as just different. Understandable. Thus, in that light, rebels, too, have become thought of as the same: all honorable kinds of folks fighting for various versions and perspectives of right and wrong. Thanks, also, to Star Trek's The Next Generation's Prime Directive: when exploring, invading, visiting or just passing through interstellar space, never interfere with how the misguided, even if they are morally corrupt, manage themselves.

Attending those processes and arguments, and then exploiting them, a pre WWII and then Cold War-initiated take-over mentality — a subject of this Part III's conclusion — replete with a cause and methodology invaded during the mid-twentieth century western culture in its entirety, the goal of which was to bring it down; to destroy the whole thing, not just America's South. "It" refers to all thought models spawned out of the American Bill of Rights noticed in the first ten Amendments to the US Constitution. Convolutionally wrapped up in that invasive and ever inimical force, which had its origins in Eastern Europe, the word "rebel" again took on different meanings, which then got wings from the myriad rebel activities struggling within the global.

Hence, with all those factors influencing the Rebel's image, controversy abounds. And, it has since become a hallmark of and in the Westbury Rebel mascot identity conflict ongoing for several decades at the ending of the twentieth century. That same conflict, particularly when it leads to war, proceeds as well not in just a few students and educational professionals living and working in southwest Houston, Texas, but the populations doing the same throughout that state, the hemisphere, and in those comprising the entirety of the world.

But nearly all of those views, including those created within the context provided by relativists, I think end the analysis, leaving the good versus bad rebel often-only-felt-intuitively concept without serious qualitative understanding, if not adjudication. So let's give it some, and with a little absolutism, or as much as we can bring to this matter, and do so through the application of a theme that from the perspective of my culture, which has been

the original America. It is different from the one being viewed through the lens screwed onto the history camera's aperturatic face in the early goings of the twenty-first century.

I will endeavor to tell this story by aligning and attaching where appropriate those rebel qualifiers to and within the additional thought constructs that I think cause the need for the moral modifiers in the first place. Moreover, I've highlighted what I believe has become the most aggressively dangerous thought model that has ever existed, and is still being applied in the current era.

The word "dangerous" is not hyperbole. The referenced threatening model comes on in full view of its target polity, albeit almost as if the targets are also blinded by the incursion; puts its members as if to sleep — or into the traumatized states of individual and collective shock, which then manifest behaviorally as denial that an attack is even ongoing — so that they are vulnerable to the eventual and most hostile and physical elements of the assault; turns otherwise good reasoning and intelligent peoples from that polity against themselves, and even their country, until both the attacked and the country are no more, or nearly so. I've given the referenced model a name which has come from my world of managing trauma and perpetrators of it, as this often difficult-to-identify hegemon apparently needed one, not being addressed yet as a subject for study in either peer review or general literature, other than through legitimately vociferous clamorings — at least as presented at the beginnings of the assaults, but to diminish in sound and fury as they succumb — of prey.

So let me summarize this essay's thesis. Despite the fairly myriad notions that cloud definitional lines pertaining to the rebel concept, I think there are significant, as in measurable, differences between good and bad rebels. In exploring those dileneations, I've discovered that a relationship of consequence exists between rebels depending in great part on the thought models that they support, which then support them in the performance of their activities, and emphasizing in this essay within the context of a management model that, as referenced, is not only dangerous, but sometimes is also very difficult to stop its onslaught, once it has targeted a polity, nation, or civilization's management of itself. I'll summarily reference at the conclusion of this piece how to up-end the deleterious effects of that invader modality, and which I asseverate to be so portentously harmful to the world. Please, know that as one who, as a rule, generally disavows moral relativism as a global management methodology, I write this essay from within a full awareness that I am biased toward the good rebel and, consequently, the methodologies and other thinking constructions which instantiate the obviously perdurable need for its, also ever-enduring, existence.

Ontologically vs. Behavioral-to-Systemically Focused Rebels; and Power

Ontologically-Focused Rebels

Starting with the notion of good rebels, they think ontologically, first, when contemplating a polity, themselves included. That is, they declaim and then defend *the right to fairly*

unfettered existence for and of those *determined to be legitimately comprising their civilization*. "The right to fairly unfettered existence" has been simplified by Tocqueville in his summary of Americans in 1831. They are "Englishmen who've (finally - my parenthetical) been left alone." "Legitimacy's determination" has been fought for in and adjudicated by several historic events. They include the legacies handed down from Britain: the outcomes of its millennia long and continuous ebb-and-flow-stripping of hierarchically structured monarchical- or aristocratic-power structures, hundreds of years of common law development, representative government, and the struggles between Protestantism and Catholicism. That start was then advanced by the Americans in their late eighteenth and mid nineteenth centuries, respectively, through the Declaration of Independence-Revolution/Constitution-formation and Civil War; recognition at the beginnings of the twentieth century, through the Nineteenth Amendment (to the US Constitution) of women as equals, or at least on paper; and followed by a further definition of the meaning of equality via the civil rights battles and related laws passed a hundred-plus years later (subsequent to the referenced Civil War).

Once that legitimacy, or right to being a person was institutionally established, it carried with it an interpretation under the US Constitution of an administrative balance that differentiated between behavior and *state*, and which emphasized control, when adverse, of the former (behavior) and to honor (as opposed to controlling) the latter (state). "State" in this discussion is comprised of identity, being, conscience, and the brain's creative capacities to establish and then assign meaning to those phenomena. (Of course, regardless of social recognition/legality, human state is going to function accordingly anyway, even if the legally minded don't know about or understand it.) In that focus, behavior interprets out as acceptable, or otherwise not-to-be controlled, until it intrudes upon state, either one's own (when also deemed socially detrimental) or somebody else's. So in this kind of management system, the members of that polity can do lots of things, like thinking and roaming around without concern that they have anyone with whom to check in or to otherwise get approval from to do that conjuring and traveling.

Americans consider that managerial construct — as in epistemologically so, and which consists of both an idea about what people are like and method for interacting with them — to be freedom. Good rebels are the people who created that approach and who are now responsible for keeping it that way. Extant good rebels, referring to "keeping it that way," is so because the ontological-focused revolution started by America during the Enlightenment (eighteenth century) is an ongoing revolution against other world thought models that did not and still do not account for the focus on human essence as the primary civilizational management value to promote and defend.

Behavioral-to-Systemically Focused Rebels

Instead of viewing the environment like their counterpart good rebels see it, that is, accepting what and how people *are* (as in existentially so), some people organize Behaviorally and Systemically, first, when defending or otherwise advancing a particular notion about how things, to include people, ought to or ought not be. That means, as simplified here, that the

viewer looks through the lens, and often with a preformatted schematic of what's right and wrong (Behavioral), or supposed to be or not, and without limiting his view to just one person, but out into his entire world, generalizing the group's interrelated parts into one whole (Systemic). He, then, is an appraiser or judge of conduct of it as comprised by its intellectual surroundings and how they should be constructed. He interacts with that environment invariably with a stringent sense that what's wrong can and should be corrected, and that it is one of his purposes in life to make it that way. Although not my choice of how to think, that's ok for consideration in this exposition, as in tolerably different, so far. A culture may benefit from such thinkers when they don't get overwhelmingly carried away with implementation.

Because that Behavioral-to-System-focused (acronistically in this essay represented by "BS") model is short on built-in breaks against misuse or abuse — which fail-safes are considered below — some people-managers who use the approach do, however, take it TOO far. That is, they get carried away with success attending their progresses, which includes expansion of their influences upon others perceived as requiring the guidance. Feeding upon that fortune, the insights derived from exploitation of their acquisitions of growing domains of influence or just increasing control due to the guidance, and adding the pile-on effect by like-mindeds joining the expanding force (advocates for the approved edification/change) or as they say in their sister clinical camps, positive reinforcements, pave the road to power.

Power within the Ontological and Behavioral-to-Systems (BS) Management Models

Power is, as referenced in this article, about desiring, pursuing, acquiring, wielding, exploiting, and becoming enamored by, relational influence. Respectively, then, they/it produce a force which presents within the Ontological and Behavioral-to-Systems (BS) management models as its own challenging event or mechanism to be identified, understood and, if lucky, rationally managed, sidestepped, or where necessary (having negative managerial consequences that must be overcome) and possible, intervened upon. The primary problem with power, the contests for it, and its contributions to leadership direction and stability, of course, are that — within the always-limited time frame allotted to do the job — they divert management's focus from its stated *raison d'être*: to serve those being managed. Both the presentation and the degree of destructive influence on/interference with leadership duty to the populace are different, however, in each approach.

The ontologically managed system's design, as well as has been its implementations (most of the time), were and are cornerstoned on diffusing power and its varied influences. In America, power is distributed between several functionings, which then offset each other's bids for ascendancy. The functionings recognize the difficulties inherent to group versus individual interests. The hope, and as has pretty much been the case so far: the offsets produce an outcome that, overall, ensures (or is supposed to) individual human ontology's protections, which then has the effect of strengthening the collective's ongoingness, albeit the latter influence appears (to the BS imbued existing within the effort) to advance somewhat more slowly than would its Behavioral-to-Systemic counterpart, if it were allowed to be in charge.

Kravchenko (1946) documents — from within the most maturely advanced secular BS implementation so far — the NKVD's (Soviet Secret police) interference with factory, plant and entire regions' productions. Facing the challenges inherent to survival, management takes care of itself, first, at the expense of/to the whole. That inevitable outcome of the Behavioral-to-Systemic model's application of power makes the logical pillar upon which that system is supposed to stand, weak. And, from my view, destined to fail. Neither the BSers nor the poor people to whom the model was sold, or who were just overrun, ever had, or have, a chance — once BSer power takes control. The rest of this section considers why.

Because power is not of physically observable properties, I've viewed it (from a trauma management perspective) metaphorically. Not presenting linearly, say like a singularly directed air flow comprising one whirlwind, but instead like a counter-clockwise twisting-contracting force within a larger, most always external, ever-expanding and oppositely-rotating (clockwise) manifestation, power both adds to and *corrupts*, the latter trope capturing what occurs if the force's development is not at least somewhat controlled. "Corrupts" used here refers to a failure to function as intended, say as opposed to abrogating a universal or even just a local moral/legal code.

Hence, a graphic imagery-based gist of BS modeled power: it operates simultaneously and radically both centripetally and centrifugally, respectively, here to spin its influences both inwardly (toward its core) and outwardly (in its external and expanding bands) at the same times. The outer force often consists of new, freshly imbued, and then due a lot to naïveté, fairly manageable believers (in the method and cause) who aspire to be a part of the happening/event/organization/maybe-revolution-of-sorts, or a full out one, even. The inner oscillation encompasses bastions of longevity and the once most dedicateds, but who become during modality maturation tired, worn- and burned-out, apparently from performing the more dastardly duties attending BS cause-implementation.

This leadership has even been described (*The Great Terror*; Conquest; 2007; p113-114 quoting Pyatakov and Lenin) as dead in appearance ("dead men on furlough" from Vladimir), thought and absence of élan. Reflecting those apparent downers, the inner graphic of this imagery is also rotated counter (to the outer loop or band), which demonstrates different conformities with (i.e., the leadership on the inside doesn't comply with) overall cause-ideals-and-principles otherwise proclaimed in the various manifestos and declaimed routinely by the leadership's spokespersons. Culmination: both the appearance and actual occurrence of individual and systematic managerial hypocrisy. Emulating a dynamo-righting-gyro, the counter-rotating innards also keep the polity-enveloping operation (as zeal from the newbie fresh moves the BS apparatus over the fuller population and culture being taken) from wobbling off its tracks, or at least appearing to have not become unhinged.

People sprinkle or, in some programs, pour into this fray through the outer bands, and then via combinations of work, serendipity, other fates, experience and happenstance of contrivance, evolve toward the differently rotating and contracting, center. It is often viewed hierarchical-

ly, too, and from within the sometimes appearing-to-be thoughtfully ordered melee, as the top.

Despite the appearance of contradiction, the countervailing rotations support the merged Behavioral-to-Systemic logic by strengthening, through balance, the users' both inner conquerors' (centripetal - as in increasingly inner psychologically myopic focuses upon and ascensions to control) and sometimes or even often rapidly growing numbers of followers' beliefs (centrifugally) regarding rightness, or better yet righteousness of their cause, having one effect of making the BS model (in the clinches) much easier to implement, as self critical thinking is first tapered down, and then as one reaches the ever contracting managerial innards, all the way off. A second consequence: with no accountability checks being imposed from the managees (as occurs in the ontological model), the BS program may even — through confusion of direction, obfuscation of plans, bureaucratic inertia, and general incompetence — extend its operational duration and despite the ongoing calamity-in-the-making.

Another benefit of the twin counter rotations is systemic psychological stability, no matter that that being stabilized is, oxymoronically and ironically, degeneration. Portentously descending chaos-to-be comes packaged as order in a chartreuse-colored (connoting BS character) plastic-wrap, which is then coated with a politically-correct, albeit shadier, veneer, all of which sparkling shininess gives its following faith in the management mess that is, and inexorably is-to-be. As a collective, but ever-deteriorating whole, the BS members involved then both believe in themselves and at the same time through hardening dedication, help its leadership at the interior, or at (as viewed from within either management stratification) the hierarchically structured top, to *tighten* controls against prospects for failure, even when those prospects may include diminishment of themselves. That is, the "tightening" might even consist of sacrifice of those same components which (people who) have brought the BS model to its current stature. (If not shot, hanged, or beheaded outright) the entire (sacrificial) event, say for an awful but real example (once and still even as I type these words now count for scores of millions of the world's citizenry) a lifetime in the GULAG, can almost seem — in hindsight pondering why and how one even (to mean miraculously) got through it — spiritual, and if likely not that, at least surreal. Hmmm . . . Assuming they would have anything left with which to do any seeming. And only ten percent of those entering such places ever get out of them.

When things are going well (for BS power managers), all of this dual-weedeater-pruning-like maintenance is done relatively harmoniously — to mean dissent-extermination (culling, exiling, excommunicating, killing) requirements are balanced against ever-needed interests in maintaining system ongoingness. As the collective-based philosophical and methodological Western compatibles' application of the ever-schmoozing idiom went while observing the BS model's otherwise horrific enforcements of power in other parts of the world, "One has to break some eggs to make an omelet." And, I guess that's OK until the yoke being combined — sautéd/fried/scrambled — and devoured comes from the core of that cliché-using, so insensitively-/heinously-inane, and dangerously frivolous, intellect.

More than all that, BS applications of its power also make it more facile just to tell, while holding a hammer over their heads or torch under their butts, meaning the managements' — the segment of the populace requiring the proposed change — what to do and how to do it (application of the BS model). That's as opposed to employing the ontological counter where power is systematically checked by divided authority and implementation rules that reinforce individual ontology: find out who that populace is, what it wants, and then try to bring that about; and stay popular the whole time.

Adding fuel to the easier approach's (the BS's) engine-driving fire, seeing one's plan embraced by those it absorbs, or just rolls over, or burns up, sustains implementer imbuedness, as if the effort is preordained, blessed by a supra-natural force, or just secularly destined — say for example, due to the rotation of the planets — to catapult the believer/proponent into the truest, as in most adamant, state of near criminal, or at least socially harmful delusional narcissism. The BS model's implementer concludes that he or she was born to lead, rule, command or otherwise, just be on top. And always remember, when mounting the Behaviorist-to-Systemicist leadership horse, new BSers never forget to wear spurs, the inherent enforcers of power applied in and to their always-guaranteed-to-destroy-nearly-everything (including itself and its governed) management modality.

Thus, the more power one has, albeit the swirling bronco-busting-like psychological ride can present the referenced (BS) leadership with a challenge, the more successful and also enjoyable crusading can be and maybe even conquering, too, one can do, making the whole affair a positive experience. Ascended to that level of self satisfaction/contentment/happiness, some Behaviorists would call that process actualization, or at least until a significant number of affected innocents finally start complaining; if they live long enough to do so, of course.

Noting, parenthetically, this story-teller's prejudices, although not generally supportive of the conquering component, I'm not averse to all crusades. I think some elements of crusading are a good thing, sometimes. Particularly where program design and engineering honor individual ontology over instantiation of a collective counterpart, they (crusades) can invigorate creativity.

Ensuring that that activist-based advancer-of-change complies with this particular construct's or polity's (other Behaviorists and their Systemically-based compeers) rules for thinking, the BS imbued evaluates for the politics of the challenge — what kind of thought is- or is-not-allowed, or what's cool or not so, and how that perception of popularity, acceptability, integrality, or lack of is either manipulatable, or in some way exploitable, always focused upon answering how to turn a crisis of one's own or in particular someone else's good luck or the opposite, misfortune, into the BS observer's referenced political power. As it grows, the actor-for-change is getting stronger and the task easier, which positives will support the quest, even make it addictive, or the like. As scarcity of and thus competition for it enhance the process, eventually, for some, grabbiness for that power becomes the all — as it often does within the Behaviorally-to-Systemic-focused approach to social management.

When it does, just about anything that gets one there goes, which in turn accelerates the BS modality into the more popularly recognized-in-the-minimum-as-hegemonically, if not violently aggressive political platforms. Putting that concept into the form of the most representative trope or adage, we could just say that power's acquisition is *Fascistly* supported by "the end justifies the means" modality, "Fascism" being the managerial delineation of the win-at-all- or no-matter-the-costs epistemology of the thought construct. Because some "means" crush innocents, in this culture we generally don't agree with the Fascist-underpinned concept. Inevitably, however, such is the formulation of force and thought both initiating and then making up in continuance the ideological boss of the bad rebel, as well as that rebel, himself.

Eric Blair, later George Orwell, writes in one of his books, *nineteen eighty-four*, about power's growth into the is-just-about-everything category, but absent the "just about." It becomes the antagonists' prime motivation for the creation, maintenance and expanding of its parameters for aggrandizement. Power then rules by stamping out, not just controlling, the centrality of individual consciousness. In this thesis, I've called that targeted composition human ontology. The original motivators of the BSers, seeing people's mental (thinking, feeling, and let's not exclude the newly downtrodden spiritual) internals as requiring change or transformation, is replaced or upgraded to the next BS level by the competitive zealotry of the new authority. At that stage of BS development, everything is ok in the new world where morals, compassion, love, and feelings have no meaning, and thus get less play. They are even banned. Moreover, reality, itself, doesn't even have a place any longer, as it is squashed, to mean obliterated by philosophical shooting-the-breeze-kinds of manipulators and other spurs-wearing enforcers, who apparently are born for the job. They certainly get off to it in the book (1984).

Although Orwell's work was dramatically told in novel form, and thus got and continues to get lots of attention, it was provided, I think, as a dystopian (far out futuristic) work which, according to my take on Kravchenko's published just three years earlier, produced only a small percentage of drama when compared to the latter's (*I Chose Freedom*) non fiction rendition of the same kind of system. In other words, read the horror of and in Kravchenko's 1946 testimony of the truth of the matured Behavioral-to-System model as applied first in the USSR, and Orwell's work, then, just looks like a tame fictionalization.

Ontological and BS Power's Significance to Trauma Management (when strategically applied to end criminal political violence).

The management recommendations summarized/referenced below (see "Conclusion: Can Anybody Do Anything to Stop this Kind of Invasion, or Plague-like Under-Growth, by mostly BS inspired Bad Rebels?"), and then detailed in Part V of this series, require a diffused power model that recognizes and supports maintenance of celebrated status of individual human ontology. Attempts to implement those recommendations into a Behavioral-to-Systemic (and particularly mature) modeled system will fail; guardians of BS power will not allow it to exist. Because: Restoration of individual identity will lead to

restoration of original or base collective identity, which prospects then threaten the behavioral and subsequent identity change being imposed by BSers. However, the referenced recommendations when strategically implemented into an ontologically operated system where power is diffused CAN strengthen it against overrun by contiguous BS power-controlled/-managed politics and their high powered politics.

Moreover, power-focused social managements divert an individual from identity exploration with existential-based introspection. It's not going to happen, even with application of the rigorous structure (designed to head off such systemic interferences) offered here (below and in Part V). Analogously, trying to do restoration of identity work in a BS power-controlled environment would be akin to providing the same response to a woman who is living with a battering perpetrator. She has to be made safe from that whirlwind, first. BS cults are much worse in that they are comprised of myriad intellectual — at least — woman- and man-beaters, as well as a good share of BSers wearing other kinds of spurs.

Behavioral Elements' Influences upon the BS Modality

Albeit proponents of Behavioral-to-Systemic thought models train and induce others to become — thus, these proponents produce — bad rebels, they are not necessarily really "bad" people, at least all the time. Where some may be biogenetically flawed, as is considered in the next Part IV (section on psychopaths, also called "PPs") of this work, the biggest problem for them all and which propels their political expansions (fortunes, i.e. to make others adapt their thought methods), is the model itself. In this representation, those proponents, in order to stifle debate and criticism, thus accelerate imbuedness, have latched on to the concept of science (see [The Genghis Khan of Psychotherapy: One Origin of Behavioral Therapy and its Reformation — Cognitive Behavioral Therapy, also "CBT"](#) by Jesse W. Collins II) as the stanchion that supports its advocates' beliefs in the approach. That means, in the short version, that Behaviorists determined at one point in their model's development that if you couldn't see some aspect of that which is to be studied, people for example, then it didn't happen. Or putting it another way, unseeable things are not counted because they can't be objectively (validated by third party disinterested viewers) substantiated.

Intellectual supporters (e.g., say a particular segment of academia) of that science-based model as used by the Behaviorists as a confidence-builder would reduce their claims from always knowing-what-they-were-doing while reforming the world (into its managers' own or more accurately reflected 'hoped-for' images), to just trying to remain in the discussion without too much embarrassment, as the ending of the twentieth and beginnings of the twenty-first centuries produced a countervailing molecular-oriented knowledge base related to brain functioning. That new knowledge base, providing a different concept of science from that offered by Pavlov and Skinner's followers (again, [see the Genghis Khan essay](#)), was showing that there was much more to the human consciousness than the tap tap tapping of synaptic learning theory the behaviorists had been proffering for the previous sixty years during their reign: controlling the world's views of how we think, logically, that is. But being resilient, that is, thinking quickly so as not to lose its power (funding) centers, the

Behaviorists discovered molecular learning, too, opining that the most important secret to understanding of how the human being advanced himself lay within the passing of the charge that flowed from sensory neurons and then through the synapse that connected it to the neuronal motor counterpart. That was it, they've (the BSers) surmised.

But as Nobel laureate Eric Kandel would frame for them over the same period and highlighted in his most recent (2012) work, *The Age of Insight: the quest to understand the unconscious in art, mind and brain*, the sensory-to-motor exchange in molecular learning was but a fragment of the brain's integrative functionings. The big picture regarding learning would have it that the brain was a creativity machine. Understanding that part of its functioning would open intellectual and theoretical doors imposed upon by the BSers to the understanding of human ontology, or essence, where the real definition of being human would find its locus.

No matter the challenges to their science regarding how we all function, the ontological variables which are the engine of identity and being have been and still are thrown out of the Behaviorists' version of their scientific model. Kandel has even opined that the model for scientific study is, itself, likely to be changed in order to accommodate the influences of molecular neurobiology. Interimly, and regrettably for us commoners, because human ontology or essence is not viewable, not to mention being discredited by some scientific parameters for implementing this logic, it (human ontology) too, still doesn't count in the bigger appraisal by those yet fully informed Behaviorists' and systems advocates' determinations of their political understandings. The implementers of that model continue even in these changing times to press their views regarding their claims to intellectual management ascendancy. Coincidentally(?), that happenstance allows, shores up, enhances the confidence for those employing the BS modality as a control method of social management, to continue employment of that methodology.

During the Behaviorists' appraisals of the polity or say, a society formed by yet-to-be-Behaviorally-streamlined ordinary people, if the behaviors viewed don't look so good, particularly when they quantify individuals by statistical analysis into Behaviorally observable categories of critical valuation, then objectively screening out of ontology or the essence of such people is followed by the observer-screener's filling in that essence (making it up for the possibly misperceived ordinaries), and usually as not, given the Behavioral analysis, so valuable as well. That group (the objective observer screeners), too, because the model is notorious for supporting the guessing of what's in people's minds — as opposed to listening carefully to actually find out what's in them — and then basing policy upon the guesswork, is missing the point of the human condition it is endeavoring to manage or sometimes even conquer, and then lead on into hoped-for everlasting, but not always attained, happiness, or in the cases of the bigger utopia-creation aspirations, euphoria.

According to Melanie Phillips' latest work expressed in *Guardian Angel*, those aspirations include constructing, after having demolished the current method of managements in charge of Western thought, a "heaven" right here "on earth." We can thank two more Brits — Tim

Rice and Andrew Webber — for consolidating in their musical, *Evita*, that spin through the character of the singing Che Guevera when he elucidates for his audience the meaning of the term “politics.” It is, at least as reflected thematically in this contribution to entertainment, “the art of the possible.”

Dedicated Behavioral-focused socio-political managers, which in this essay’s worst prospects become bad rebels, are operating out of a skewed logic: a flawed methodology which because it doesn’t get or evaluate for the entire picture, is pitted from its epistemological inception against the more laidback and personally-already-satisfieds of the world who do. Or at least as for those in America, and before anybody gets to the argument stages, debate conference tables, and then finally meeting the Behaviorist-to-Systems thought model’s culling-killing requirements which almost always attend the big movements, at least near their endings.

And, no matter that that shortcoming of the BS thought model or construct has been interpreted for everyone myriad times over the same numbers of generations, people who yet don’t understand these differences and thus natural conflicts can and do wander into such programs never knowing what’s going to happen to or otherwise know what will be expected of them, or after having been in the program for while, what hit them, psychologically speaking. It is easy for such people to become part of BS schemolas. Enjoining the individual to the BS model’s collective, mind, they operate a little bit, or sometimes a lot, like cults. The joiners or members are controlled by the referenced psychological force otherwise noted in this essay as the Behaviorist-to-Systemic thought model. That thought model control produces bad rebels.

From this view as well as in actuality, these new members and now implementers of the thought model are not necessarily flawed themselves, no matter how much they may look that way. And these join-upers may come from honored backgrounds replete with the character to aspire to and follow an ethical code, meaning to watch one’s self and make sure that he or she does not, while overarching one’s intellect, arch too far over the top, at least for a while. But no matter that special strength found in some individuals who’ve adopted the BS platform, the model is, depending on the assiduity with which it is applied, all powerful and will sweep even the ethical away and into the coming catastrophe. Again for emphasis, the thought model’s construction, its skewed logic that denies individual human ontology or essence, is, once established, the primary problem.

Systemic Hysterics

"Well. Why does that problem-based view of BS narrowness have to carry with it such an ominous forecast for its long-term or fuller application to groups (peoples)? I mean, what's wrong with a little absolutism stringently built into a group-based Behavioral management device gone haywire? And, besides, who says it has to be such a bad thing?"

Well, for one, Le Bon. In 1896, he says about crowds, which characteristics also fit BS modeled systems:

"It will be remarked that among the special characteristics of crowds there are several - such as impulsiveness, irritability, incapacity to reason, the absence of judgment and of the critical spirit, the exaggeration of the sentiments, and others besides- which are almost always observed in beings belonging to inferior forms of evolution-in women, savages and children, for instance."

Except for his examples, which during the last century have all been forgiven their apparent (as interpreted by that French systems expert) evolutionary shortfalls, particularly since women got the right to vote in 1919 America, and movies and books about savages and the anti-colonial movement gave them, too, new class statuses — and children are still children, which doesn't seem to be an evolutionary thing to me — Le Bon nevertheless does a good job of highlighting the behavioral characteristics of groups going bad.

Where Le Bon was fairly caught up with movements like the French Reign of Terror, the chaos attending the eighteenth and nineteenth centuries, their wars and other person-centered catastrophes (more on Le Bon and some others like him, later), I had my own laboratories for watching systems act strangely. Chemical Dependency and Psychological Trauma Family Treatment facilities: nine of them under my direct management plus another seventeen initiated through consultation design, foundational training and start up implementation into psychiatric hospitals. Inevitably, the lessons learned from the address of those client trauma relationships and their managements would be extended to organizations and communities as a whole. Given that my job required making such groups turn out right instead of just chronicling observations for posterity, I studied — for purposes of influencing a constructively positive outcome within those environments (meaning I was paid to get people, both individuals and groups, well, not just study their shortfalls or unlucky moments) — clinical, industrial, community/national/civilizational managements, worked assiduously with, and theorized formally about traumatized systems, usually adversely profoundly affected by something. Aside from the mainstay pathological drug/alcohol use as a social perpetrator of trauma, the work enjoyed focused upon such groups and prospective remedies as psychopathically run Fascists; the Soviets, which was the same thing; local community gang interactions, strategies and applications; American Republic with its Bill of Rights defending individual existence; ontologically-/existentially- vs. BS-focused and managed theocracies with attendant secular and non secular contesting thought models; tribalism; totalism; totalitarianism; most other isms as they struggled from 5th century BCE Athenia to and through the various reformations and Enlightenments, and modernists and post-modernists, and then attempts by currents to sunder or resuscitate some or all of them depending on extant statuses and followings (believers). Throughout that extracurricular effort, I incorporated the views sustained in working with emotional pain, denial or delusion in response to perpetrator-based aggressive behavior-influencing illnesses and systemic management models' gone kaput as natural outcomes of the various invasions and attacks. Whether in clinical settings,

organizations, local communities or the world in general, the influences of abuse on individuals and systems was, except in surface analyses, the same.

Within the context of this paper's focus on good versus bad rebels, group managements, all by themselves, have their play as issues for study, evaluation and prejudice. Where I've addressed those subjects in considerable detail in clinical and organizational management work/writings and in other venues, in this one, I'm throwing a wider albeit more generally interpretive loop that encompasses some public management discussion within the historical context pertaining to state-to-multinational-to-civilizational management models. My take on these matters, then, blends [*Etiotropically-based \("etiology-" as opposed to symptomatology-focused\) trauma management and supervising/teaching perspectives*](#) with the referenced more globally-oriented nation management histories as I understand them.

In that regard, then, here (in this section) is a synopsis, summary, outline of what I think is important about collective-based group management processes, and not just as occurs in every day crowd activity, but in well planned and scrupulously managed efforts, and then as those subjects pertain to good and bad rebelling. Systematically speaking, the crowd or group is encumbered at individual (intrapsychically), interactional (as in relationships existing between only two people), and systemically (the confluence of everybody in the group's trying to experience life and accordingly to relate as one) by projection of trauma-depreciated sundrances to/of existential elements of identity (pertaining to the ongoing or not aspects of either the individual, primary relationship, or systems involved), thus lesser thoughts of and feelings about and from each unit (derivative of the three stratifications) onto something or someone else. That real defense, which refers to actually thinking that the entity is seeing those negatives in something other than where they truly exist, leaves the posited negatives unaddressed, at least straightforwardly so.

That failure establishes the fuel for inevitable decline in the functionings of the preponderance of participants at eventually all of the referenced strata/levels, no matter that everything seems to go well at the beginning, particularly when introduced to the model, say for example, during college. Starting out, the experience can provide states of (experience of) inclusiveness; increased feelings of control through input; a sense of self-efficacy, to mean the experience of so called empowerment; building trust in others; a hope for more epiphany-styled creative level decision making; the wonderment of watching freedom of expression gone positive; an inflated view of a member's substantiability of and by size or increasing age (a group has more numbers than one plus a few aged, so a belonger naturally feels a little bigger and maybe even wiser with some borrowed longevity); and comfort.

But when the systemic decline begins, which often attends group traumatizing scenarios, the place ends up like *Lord of the Flies*. The obvious hysteria attending the decline is accelerated by systemic negative synergism — represented by a sum where its force is greater than the total of all the group's parts. Negative synergism is the systemic pathology's blood flow, carrying collective decompensation to ever-spiralling new lows. In systems-based clinical therapy, the death spiral has been called an "irresistable run" — there seems to be no stopping

the pending crash. A new chant, then, from those who survive is for somebody to be in charge (return to or reapplication of the old hierarchically-structured individual responsibility and accountability model), but hopefully in the West at least with a recognition of the importance of individual human rights, etc; this latter component being available to those fortunate enough to have studied the individual vs. systemic interests-balancing management principles inherent to the U.S. Constitution.

Others, as did the management of the USSR during its history, learned quickly and several times that a central autocratic thread was required to run from top to bottom within that born-/bound-to-degenerate and designed-to-always-predominate-over-individual-interests collective approach in order to hold that once social/group interactive-based system together. "Otherwise," said (as reported by Robert Conquest; 1967; 1990; 2007; in *the Great Terror*) even Stalin's victims of the only early 1930s purges (they hadn't yet gotten to the more mature, i.e., better organized, onslaughts of the second half of the 1930s, all of the 1940s and early 50s), "the whole thing (meaning the 'Revolution') would fall apart." And adding a Russian moreover, "Things could become dangerous." also said even some remaining and known-for-their-bravories Trotskyites, a once (1920s) fairly staunch Stalin-opponent group, just before they were *sent off*, too, with the first ten million Kulaks (Ukrainian and Caucuses peasant but once property owning farmers), in this unfortunate instance (1930-1933) apparently for good. Here, "for good" means "forever;" and "sent off" means "murdered."

In Robert Tombs' Introduction to *Les Miserables* (Clothbound Classics version translating the title as *The Wretched*), he emphasizes Victor Hugo's mid-nineteenth century take on the moral (good and bad) differences of the rebel/revolutionary class — that which would comprise those heroes manning the barricades in his novel — in 1848, France. In his notes from the period, Hugo, referring to the rebels presenting at the beginnings of that year's revolution, and then again near its conclusion in the summer of the same annum, said:

They were, in some circumstances, the 'noble and worthy people', but they could be 'perverted and misled' by extremists and turned into a destructive and anarchic mob. During the February Revolution they had been 'ardent, good, generous, full of respectful love for every noble thing', but by June 'the same people' had become 'bitter, discontented, unjust, suspicious', some of them 'dreaming of pillage, massacre and arson'. They had been demoralized, he thought, by 'inactivity, laziness, organized fecklessness ... Handouts that corrupt the heart rather than wages that satisfy it.'

Here are a few characteristics of groups, albeit when traumatized can be called system symptoms (generalized), giving the whole matter a medical rather than, say, legal rights spin. They are taken from [*Guerrilla, Terrorism or Asymmetric Warfare's Pathogenesis and Cure*](#) (Jesse W. Collins II); 1991; 2003; 2010; Chapter Three "Individual and Systemic Symptoms" as they may present in open, nationally- and democratically-managed units. There are more; but this should be enough to convey the concept that "there's trouble you can count on"

(presenting) when managing a democratic "River City-" -like environment subsequent to disruptive influences like war.

1. media hysteria
2. chaos, panic
3. surrealism
4. massive denial of the etiology from past events minimizes the increasing need to take appropriate action, that is, to take direct military action against the perpetrators - war
5. grief continuums: emotions attending grief include shock, confusion, terror, horror, anger, profound sadness, the experience of loss
6. and the opposite, staunch rebuke (hiding from) of the internal emotional elements attending the events
7. eidetic (movie like) memory recall
8. startle, withdrawal, irritability, connection (relationship) impediments, hyperarousal (all are symptoms for individuals and systems)
9. paranoia
10. dissociation
11. overwhelming confusion
12. preaching 'we have to be tough' when it's too late
13. obsessive (constant) media reference to and pronounced fears of/about 'quagmires'
14. extraordinary and pathological divisiveness (intra-system conflict alters opposition focus)
15. fusion between team members
16. low morale
17. troop expressions of low morale: 'I want to go home'
18. Stockholm syndrome effect (where the invaded system's members support the attacking opposition)
19. leadership deception
20. leadership blame by competing parties, weakening security: the blame supports OTM (Offensive Trauma Managers, sometime called "terrorists") will

21. possible over-constraint of civil liberty
22. home front attacks on military personages
23. rationalizing mission goals
24. third party exploitation of the disintegrating personal and professional identities
25. third party exploitation, as in surfing the ripples caused by the stone's contact with the pond, of individual and system symptom manifestation
26. perfidy
27. expressions of will asundered
28. dramatic lessening of regard for mission meaning
29. premature abandonment of the mission
30. repeated castigation of individual, unit and national selves
31. ever questioning, without answers, the meaning and purpose of the war and themselves within it
32. inability to adjudicate traitors

In more closed systems — mature as compared to a start-up BS implementation, e.g., found trying to take root in an ontologically-run environment — trauma's individual and systemic symptoms can be considerably more brutal. For getting to the point of that exposé, I recommend, again, and again, that seriously dedicated problem-solvers not fool around with this very important part of the story; see all of Kravchencho, 1946. Moreover, if during the last half of the twentieth century you happened to have been a fighting individualist who was rebelling against the West's concurrence (see *American Betrayal: The Secret Assault on Our Nation's Character*; 2013; Diana West) with the implementation (between 1917-1991) of the Convergence doctrine — its proponents argued that collectivism-management of the Soviet type would eventually merge naturally with the US Bill of Rights approach to balancing the various interests of individuals with and within the group's — then you'll learn without equivocation, if you don't know already (for sure) what you were fighting both for and against.

Currently, or at least till this period in history, the best proven protection against the multi-tier and more aggressive elements of the projection and systemic symptoms-causing phenomena has been honest, or straightforward, or maybe still better said unencumbered address of the so called negatives, which is always challenging of individual, relationship and group self-perceptions, and thus, also, are always emotionally painful to do. That social defense against collective hysterics comes in the form, of course and again referring to management of the more aggressive consequences, application of Bill of Rights-undergirded civil and criminal

law, and freedom of expression, the latter intendedly protected by the First Amendment to the earlier referenced US Constitution. The former focus upon the application of law is designed, configured and perdurably adapted to prevent social decision making from stemming out of and thus being controlled by the referenced crippled morass of confusion and distortions inherent to the crowd pain-projection-through-both-internally- and externally-manifested-synergistically-degenerative-thought-/behavior phenomenon.

Albeit yet unproven, some protective theories, considered with a little detail later, hold that the entire morose part of that destructive mass can be lifted above itself through simple hallucination, also called fantasy, wishful thinking, and sometimes even concerted denial of reality (none of which are necessarily always ALL bad). Although this latter protection appears at the onset, frivolous, it nevertheless is not, as it provides the principal natural resource for the economy of the collective's followers. They produce the program's livelihood with psychologically influencing (conceptualizations/abstractions for retention in the consciousness as opposed to bricks-and-mortar-asset-based) variables. For example, socialist systems have been notorious for their inability to create and store wealth adequately for the entire citizenry, but are hailed for their members'/leaderships' formulations of creative rationalization that encourages multitudes to not just comply with, but to participate in the acquisition through expropriation of others' properties in order to compensate for the collective's theoretical and methodological shortfalls.

Aside from those referenced mainstays of law, debate and both individual and collective constructive dissociation, Western society or cultural managements have enjoyed (or suffered) many additional ways of trying to address the also referenced systemic negatives. They've included religions, entertainments, philosophies, ideas about the influences of economic variables, concepts of both justice and injustice management, violence, drugs, a sort of and actual cannibalization of themselves, some lesser stressful (than eating other people) Machiavellianism from time to time; individual, group and media-based psychotherapies, and a blend of all, or significant elements of all, of the above.

Now. About the Westbury Rebel and its relationship to these hysterically-affected group management efforts/models. In the end of not just contemplation, but attempts to make a better world as well; and, regarding what can go right or wrong with social group management courtesy of the nineteenth, twentieth, and now twenty-first centuries, the matter and its solution turn on the concept of Deviationism. It is an old collective's canonic-like capital offense, which in its either actuality or just suspicion, has through enforcement cost humanity many of its lives. In the form of a mantra supported by ever-tightening concentrically debilitating-to-a-point-of-catastrophic-implosion behavioral controls, the "No Deviation!" — from the particular cause's narrative — chant imposes both the conscious's motivating terror and unconscious's conforming impulse the collective's hysterics use to run its show. Deviation, then, operates/functions against the deteriorating system's, or near the end, cult's, both natural and promulgated laws required to sustain such programs' haggardly portentous continuations.

Within the paradigm of anti-Fascist/-cult theory and operations, the identical twin of Deviationism and as well leading legal charge upon presentation, staunch Individualism, becomes rigorous Rebelism in the same (Fascist-/cultic-based) group program going berzerk. And, Rebelism is celebrated in places like America when not, also, hysterically manipulated, or more simply just done-away-with, by the so called — as coined by the philosopher historian, Alexis de Tocqueville — "tyranny of the majority." Individualism, also required to become a more pronounced Rebelism when the collective gets truly carried away, provides the bulwark, the pylon, the force of resistance, the fighting balance against the referenced and feared civilization's systemic propensity to self destruct. It is the rebel who first stands up against the swirlingly-gone-mad hystericals comprising the systemic hurricane. Hence, Rebelism, which will for a while at least culminate in individual sacrifice and loss of social prestige — and as represented symbolically in the, now post (as of January, 2014), Westbury Rebel icon — can be a very good thing, particularly as a counter collective antagonist for keeping us all, otherwise, alive.

One purpose of these rebel essays is to introduce at the general management (more widely informed component of a voting polity) level another or additional means of strengthening civilizations' capacities to save themselves from such things as internally-generated or externally attacking cult dominations that are acting out hysterically: i.e., the subject of this section. I'll do that for this essay toward it's end and in another part of the series, "V". For now, the message from this effort is and will be that there's more available to survival against such groups gone-, or about to go-, amuck (and then taking the rest of us with them) than just law enforcement, awareness through open expression, and manipulation of a bunch of poor traumatized citizens' abstractions regarding what we are all doing here, and how to go about it.

Back to the BSers

Down-the-road- or Hereafter-styled-utopianisms like Marxism, (John) Knoxism (Christian protestant Behaviorism by seventeenth century Celts), unreformed Catholicism (now, or at least currently, reformed) and Islamism (a not yetter — depends on the language medium; for example, it demonstrates and proselytizes its reformation when presenting to its competitors in English, but maintains its original Behaviorism-to-Systemic non secularism approach when presented in Arabic to its primary Dar al Islams), which supplied, and still do where "not yet" reformed, ready-made plans that incorporate this kind of undefended thinking (i.e., Behavioral-to-Systemic-based), fit irrefragably into the always attendant "get-it-done-at-all-or-no-matter-the-human-cost" Behavioral- and Systems-based thought logic. There is little or almost no individual ontological thinking-feeling-intuitive component that can present to defend — through the experience of attendant and with the inherent warning qualities of emotional pain that something may be or likely is wrong — the user or implementer against the model's always-reinforcing dictates coming from and returning to, as in hamster circular treadmill operational functioning, the abstract of consciousness. The BS model resides in that abstraction, again not just in the individual bad rebel, but in the confluence of abstractions

hosting the bad rebel polity as a whole. And if it does in one, two or several people who comprise the group's movement, then the ontologically-based cannot remain a part of the overall and now changing thinking apparatus; the simpletons who feel correcting or defensive pain, or maybe compassion for the trounced, get ostracized, as in formally excommunicated. Moreover, where so undefended, causes which underpin the methods for achieving the ends become *the* everything, even to the extent that lots of regular persons who are not into those or any other such political crusades are morphed, in the eyes of those crusaders, into nothing. That phenomenon constitutes the most serious beginning of the bad rebel.

Despite those referenced negatives, Behavioral-to-Systems aggregates have a place in the management world. For example, the model holds up well on contested beaches like Iwo Jima, Tarawa, Okinawa and Normandy; the combatized jungles of Peleliu, Saipan, and Vietnam; and the frozen mountains and deep snow-blanketed forests of Chosin, Korea and Bastogne. In fact, one of my Drill Instructors in Marine Corps boot camp was one (a BSer) way back in 1964. Then I would, too, upon return from a tour in theater, adopt the model as a trainer of new Marines (within the newly reactivated 5th Marine, also honored as "the Iwo", Division) heading into the continuation of the Southeastern Asia conflict between my after years 1966-1968. That kind of stringent or also said rigid or maybe goal-focused-oriented thought model can then propel individuals confronted by very difficult situations, like war, into becoming extraordinary persons who achieve what otherwise appear to be impossible feats.

To take another positive application of Behaviorism, in organizational development models, management-by-objectives, a spin-off of Behaviorism, allows people operating within organizations to objectify the process for evaluation of tasks and their achievements (or not) provide a sense of fairness to the critical dimension of management. The clarification of what is to be accomplished and then evaluating only for that strengthens certitude for those who need and want to know what is expected of them. Out of that distinction comes the so called arms-length transactions between employer and employee, which in turn gives credibility to management judgment, helping to establish parameters or other boundaries for people otherwise spending much time together, and where fusion-of so called human aspects of the interactions might encumber or otherwise detract from their working in concert for a common cause. Performance of duties that lead to the achievement of well structured goals and objectives makes for congruency within interactions, or is supposed to.

A problem as I've come to understand it, though, is that almost nobody can sustain over full (life) periods that kind of living experience and particularly forever, as it becomes virtually and so called inhuman in meeting its implementations' demands. The users adapt their organizational management tools for business or those implementing social programs by leaving the rigorous structure at the office, factory, or bureaucracies, hopefully. That is again for emphasis, Behaviorism doesn't give human ontology room to breathe, and thus thrive. So those so called human needs are met in other environs: churches, synagogues, mosques, entertainment, dating, marriage, child rearing and love, sports and other competitions, art, music and outings with friends.

Operating in the global, as a world management device, is different. When that Behavioral-to-System psychic force is engineered to take over those individual spirits by those aspiring to impose their wills on non-combatant ordinaries, who usually don't deserve it by the way, then all hell presents for the innocents (the takeoverees), as going against that application or force is nearly impossible once it gets rolling in the public management sector.

Staunch (and really well educated) Behaviorists, whether secular or non, argue for a different interpretation of what's best for humankind and its consciousness. Taking an example from the non secular application, the tenets of Islam posit that strict adherence to its rules for administering its both religious and political components (actually only one component when totalized) of its program lead to true freedom in the experience of human essence. Hurriyah, the Arabic term for freedom, is experienced when one follows the admonitions of Allah as transcribed or otherwise embodied in their founding documents, the Sunnah (including the Koran, Shariah, al hadith, and some of the biographies of their prophet, also called "the Messenger"), and as has been studied and interpreted by those in charge of Islam's jurisprudence, the Ulema. It is a group of historic imams who've translated what the Sunnah means so that the masses of Islam are not confused by the program's many policies, procedures and directives. The more strict adherence, by following the directions of that body of work, leads to a form of "perfect slavery" to the deity (as coined originally in 1240AD by the "Greatest Sufi Master," Ibn Arabi and his predecessor Sufi scholar Al Qushayri 1072AD) in this instance Allah (thanks to Dr. Andrew Bostom — Shariah versus Freedom pgs. 53-54 — from which that profound perspective on differences in meanings of "freedom" between the West and Islam is presented).

The thought and behavioral "submission," which is what the word Islam means, supplants the chaos, which spawns from the creativeness parsed into productiveness by entropy of the phenomenon being measured, that can and in the Islamic model's reasoning, result from indulgence of what the West thinks of and defines as human ontology or essence (of being human). As viewed from the non-secular Islam in this usage, that Western concept of freedom — perpetual spontaneity of being in the pursuit of being and individual essence — actually diverts the individual and thus the soul (as always, your choice: Hebraic, Hellenic, or Oriental) into a state of non-freedom, as it may and usually is, when not functioning in compliance with Islam's behavioral dictates (meaning to do what the deity says as presented in the program's documentation and then be saved from the vagaries stemming out of a human ontology, or essence gone wild).

Thanks also to Islam for providing this example of the differences in thought constructs that are destined to clash unless or until one or the other caves on its logic. And for at least some groups, which may feel left out of this example, Islam of course is not the only user of the Behaviorism-to-Systemism (BS) methodology for helping one's self and others to strengthen human state, and particularly or even when it doesn't want to be strengthened. Protestantism, Catholicism, and Buddhism have all used aspects of the BS model to advance themselves and similar versions to Islam's, albeit with a different abstraction for the definition of their deity, of the meaning of freedom through their respective programs. However, they, following

numerous wars over the last millennium and much death emanating from the "extermination" component of the contiguous thought models, have reformed some of their doctrines, at least those elements that make them psychologically and physically hegemonous. Thanks to American ontology-based thinkers spawned out of the enlightenment and its emigration (primarily from Scotland) to this land for helping with that overall reformation by separating out the demand elements of their programs from always trying to control through government the full polity's notions about Being, the Heavens, and how to best get there.

Lenin's adoption of Marx's intendedly secular works (regarding similarities in thought constructs, I think, but incidentally to this essay, that the socially administered collective and its doctrine sub for a deity in serious Socialism) have most obviously been reformed in places to cut back that model's requirement of application of some of the killing components of their advancing tactics. But, like Islam still is today, the fairly rigorouers of the socialists' model do not accept the concept of the importance of individual human ontology as the driving force around and from which to manage both an identity and its collective manifestation within a society. And I've no doubt that without adequate doctrinal auto-advancement-breaking influences, the current slow-down in the application of murder as the Behavioral-proselytizing component of and used by the encroaching polity will only be briefly experienced over this next couple of hundred or even more years. Although recently — the last several decades of the past fuller century — they've switched to the very (but more passively so) aggressive systems-based consciousness-raising and –management. Hoping that I'm not prescient, I think the Reds' more violent implementers of change, also bad rebels, are not done.

Out of the System Component of the BS Model comes Systemic Declarative Consciousness-Determination: Psychics and Takeover Politics

Systemic declarative consciousness-determination of a polity — as opposed to appraising it through scholarly inquiry and interrogatory of its unmanipulated base — contrives to make the targeted group Be something in particular as different from what it once was, and through surreptitious means. The process, a lesser manipulative form, has always been around since leaders of those entities first gave speeches to their followers. Pericles is recognized as one of the best at valid shaping of the consciousness of systems of people, in his case the democracy managing Athenia. And of course, that is in part what politics is about in an ontologically-based or -run society — political persuasion. But in 1896, and thereafter influencing social studies, the process got some lifting air under its wings from the work of Gustave le Bon, the author of *The Crowd: a Study of the Popular Mind*. It dealt with the psychological formations of crowds in their both conscious and unconscious structures.

Although not intended for the purposes used twenty-five years later, it is argued that Le Bon's work was fundamental in the shaping of systems management by the National Socialist, Fascist and Stalinist governments of, respectively, the 1920s through mid-1940s managements of the German, Italian and Russian-to-Soviet peoples. Those well-known methods of

polity (again, as in system) manipulation by strong rhetoric, immutable belief in the cause, suppression/repression of ontological elements of human psychology/spirituality, Supremacist philosophy, propagandizing, intimidation of expression and control of information flow have then been added to, starting in the 1920s, and then taking off in the 1960s by some Eastern thought and what became known as New Age thinkings.

That latter idea, narrowly described here, is that individuals hankering for change in their collective peoples' environment can bring that about in mass by simply concentrating individual thought on how they wanted it to be and then focusing all discipline of so called psychic energy into selling (through declarative consciousness raising methods) that desire to the crowd. Adding a couple or three or three hundred sharers of the psychic declaration — and don't forget to expunge the unbelievers from this séance — and you've nearly got yourself a movement. Manipulative devices operating in parallel like psychological shaming of those holding perspectives not commensurate with the psychic ploy (more detail in Part IV of this series) became one of the most effective tools for determining a system's consciousness desired by the manipulators. That consciousness, when combined with the Behavioral configuration referenced in this essay, became the systemic component of the Behaviorism-to-Systemism device methodology coined in this work about good and bad rebels.

That systemic declarative consciousness-determining method acts for the Behaviorist, who is otherwise dedicated to changing his world, like a bunch of auto-machetes cutting through the jungle path so that the safari can proceed unencumbered by the obstacles attending differences in individual human essence. Using a battlefield analogy, the declarative consciousness-determining method is the artillery, air and naval bombardments of the beaches and otherwise well defended terrain to be taken by the invasion force. Declarative consciousness-determining is to the Behaviorist's change model what the shock and awe bombardment in March, 2003, was to the beginning of that season's Iraqi War.

Regrettably for those who intend primarily to exploit the model's strengths, they are attended by some weaknesses. For example, declarative consciousness-determination forms the underpinning of the split in human consciousness referenced during the era of this writing as the "double think" outcome inherently attending the group think methodology. It is responsible for the oft noted hypocrisy of its advocates; they opine publically the more altruistic, at least in appearance, themes of the declarative consciousness-determinations, and live privately as the selfish or at least self-first-based individuals railed against in and by the collective determinism's psychic force. Hence, the foundation of double think which almost always attends the Behavioral-to-Systemic modality's proponents: bad rebels.

That so called psychic model has not just been used for taking power in political arenas. Napoleon Hill rediscovered it, through interviews of the extra economically successful, during the beginnings of the twentieth century and showed how it could be applied to any effort for the achievement of its success and in particular, economic and business achievement, but for Hill always ethically: to mean without attendant deceptive manipulation. Then, in the late 1970s while attending an Alcoholism Professional Education Conference in

Austin, Texas, I would listen to the keynote speaker, a nationally renowned psychologist deliver his address straight from the pages of Hill's famous depression area book's (*Think and Grow Rich*, 1937) introduction, and doing so without missing a point, and also unfortunately without attribution.

Positive application of the less offensive aspects of the declarative-system model began to be implemented in and by the psychological professions during the later quadrant of the twentieth century, and by giving it a simple name: visualization. Athletes were taught how to see, attended, of course, by the rules for concentration-sending of the psychic force into the brain's supra-stratosphere, their future performances of excellence in their current consciousnesses. Picking up on that success and its repeated presentation in mainstream aspects of the society, i.e., sports competition, positive-thinking enthusiasts added the use of that force into their milieu of success-motivation affirmation techniques, which puts the thought model right back where it started at the beginnings of the twentieth century, and as Hill would explain as then adopted by Robber Barons of old. Importantly, none of these more fame-chasing and money-making success applications were trying to bring down civilizations as their new adapters from the later twentieth and early twenty-first century have apparently applied the model to aid in meeting the more nefarious ends.

Those aspects of the catapulted psychic aberration might not be so bad were it not for the extremely dangerous aspects of it. Both individuals and collectives so possessed will hypothesize invulnerability to bad things happening just through declaration. For example, the notion of gun free areas is intended to sanctify a space where everyone can be safe without concern for things like protection and paranoia invading the consciousness of participants. Proponents believe that that psychically conjured wish will stave off harm.

Same with terrorism. Just think it away. Fontova Humbarto describes this spiritual power applied at its zenith as he recounts certain African militia leaders liaised with Cuban guerrillas. That leadership would use various kinds of water, either taken internally or applied as in sprinkling, combined with some magic chants that would make the so blessed impervious to mid-1960s ammunition. If the live rounds broke through the psychically conjured protective-to-be phenomenon, then it was always determined that these sadder cases had not worked the program properly.

In America during the terrorism years, an entire federal government administration helped its citizens by applying the model to foreign policy management, but with a slight twist. Be nice, non-arrogant and empathic with those declaring that they would destroy America, and nobody'll bother us.

This latter psychic application can be witnessed by the collective's attempts to make the model come out right. For example, an event can happen in one part of the world; and, then members of the cult chant the exact same words eventually as shibboleths, throughout the rest of it, and as if a mantra, or in earlier twenty-first century terms the "narrative," and at their opposition: us non-cult aligned ordinaries. Symptomatically, the chanters' eyes seem to

glaze over (when one can see them), thus presenting on television as pallor-faced and hyped zombie-like lip-syncers trying to emulate live people.

Speaking even further to the BSer's more active zombie-like mind — because it is so hard for ordinaries to grasp — as well in its use of declarative consciousness-based psychic political ploys, Nadezhda Konstantinova (Vladimir Lenin's widow) ran into it while mistakenly arguing against Joseph Stalin at the beginning of the 1935-1938 purge, eventually termed by Robert Conquest (1967, 2007) *The Great Terror*, the same name becoming the title of his landmark book. The once esteemed wife of the first leader in this collective was not a Stalin fan, and in January of 1935 was causing the new premier or secretary general considerable problems as he was attempting to do away with his, thus from his view the people's, adversaries. But unlike the others, he didn't think he could get by with simply killing her. So he moved to have the group currently in charge declare Mrs. Lenin to not be herself. They would find some other woman to fill the role of Lenin's widow, now eleven years after Vladimir's demise. Declarative consciousness would rule in that instance with Stalin's timely adapting declamation: "Yes. The Party can do anything!"

Deitizing it, Sayyid Qutb took (takes) the psychic-political model to its non-secular pinnacle. Through his oratory, a little bit of it eloquent, in *Milestones*, written while in jail in the 1950s in Egypt, he admonishes Muslims in fundamentalism's approach to religious belief as no preacher I witnessed in the same and also slightly earlier (late 1940s as I was getting started apprising these kinds of things) periods, even in our historic East Texas Assembly of God, Pentecostal, Baptists, and later-to-be just Charismatic Sunday morning presentations of the Word. He repeatedly makes the case that Islam is itself a divine ongoing and immutable act of Allah whereby its members are inextricably linked to that heavenly direction, making it occur as inspired by that one true God, in this case of course, his. (And regrettably for the rest of us, he allows, thus the Brothers' Islamic resurgence allow, no others.)

Their mission is to free the world's peoples from their slavery to other men (democracies, dictatorships, communism, socialism, tribes and other monarchies), their rule and even themselves (their sinning frailties), not to mention worshipping false gods like Jesus, Yahweh, Buddha and Indian livestock (cattle) for example, until the entire world is functioning in a harmony characterized by direct freedom to be with the Creator, Islam's, that again, is. I guess to our benefit or remorseful regret, Qutb and now the entire Brothers network feel obligated to insist that that freedom be passed on to the rest of us unenlightened kafirs: people who hang-on through ignorance to their own community's management models.

That extraordinary piece, when confabbed with his (Qutb's) multivolume work also produced in prison before he was finally hanged — almost on the same day that I returned from a tour of duty in Southeast Asia (1966) — has been one of the cornerstones, in conjunction with the start-up efforts of Hassan Al Banna and, to a lesser degree the current Sheikh Youssef Qaradawi, for rousing in this eighty-five years the 1.5 billion Muslims worldwide to the new Brotherhood's reclamation of an otherwise decaying Islam. It had occurred for the several

hundred years just prior to 1928, coinciding with the final failure of the Ottoman Empire in 1923. Make no mistake, nobody better applies the system-declarative psychic model, and for us Westerners most assuredly more threateningly, than Sayyid Qutb. Should you want to understand the core of this psychic strength and how it works first in one's mind, and then expands or spins into the umma or host and its institutions, as exemplified in this religio-political-social-takeover context, *Milestones* will give you that view without an utterance of equivocation.

If you don't have a desire to dig or otherwise explore that far, just think of the model's steadfast progression across humanity in the latter twentieth and twenty-first centuries as an USA Midwestern spring rough weather front line roaring across the near center of the continent. But instead of just thunder, lightning, wind and hail, in their stead or in conjunction with them are coming myriad tornadoes, appearing along that advancing line asymmetrically to destroy the landscape and all within like so many Hiroshima-level nuclear explosions. The swirling cyclones are, in this analogy, the consequences of the formulation of thought that makes each participant who follows the system's dictates, and no matter the Muslim nay-sayers who've tried to change Islam into a lesser aggressive collection of thought constructs during its degenerative period, a force of super natural destruction targeted at all that appears as opposition, to include those peaceful elements of the umma who would just like to get along with everybody else.

Systemic declarative consciousness-determination is the art of harnessing the power of collectively engineered and harmonized psychic disturbance. Bad rebels thrive both on and in its application.

Trumping Behavioral-to-Systemic Carried-Awayism

Leaving the psychic thinkers' contributions and influences, socialists and some others provide excellent examples of the systemic side of the conflicts resulting from this polarization brought about by differences between ontological and Behavioral focuses. Non cause-oriented ordinary folks who just like to do simple things e.g., fish, play cards, dominos, golf or baseball, work in their gardens, embroidery lace or learn quilt-making, do their jobs, love their families, read enjoyable and meaningful books, and listen the same to such music during leisure time, can even get in the way (because they don't readily join up with the crowd) of Machiavelli- and Qutb-styled and always-systemically-plugged-in kinds of thinkers. Crusaders or sublime surrenderers need pretty much everyone to participate, otherwise the crusade imposing the change (which usually consists of tightened behavioral controls for making a society better, or at least more malleable by the bigger thinkers' management devices) may appear unsupported, which appearance is threatening to the movement. It loses its political efficacy. Thereafter, the ordinaries become from the fired-ups' perspectives, lesser-, if not eventually, non-persons; or as some cults would asseverate: sinners, apostates, reactionaries, blasphemers, counter-revolutionaries, some kind of phobics, deviationists, and even a few outright defamers. That cult control dictum makes it appropriate for these

innocents to become targets (for removal) of the big thinkers' implementations of otherwise unsolicited change.

It is not — which is one of the salients of this essay — just evil Fuhrers and other psychosociopaths (considered in more detail in Part IV of this series) that cause all this. It's the nature of the thinking model, albeit it is often initiated somewhere in its history and then facilitated with considerable contributions along its path by the psychos of the planet, that is the primary culprit. No matter; their administrators become the bad rebels. Hence and simplifying why they are modified in this essay that way, to mean "bad." Viewing and treating some people as nothing, and even more dramatically removing them from the inputters' class, isn't good management, unless one's goal is just to destroy or conquer something; or everything, when Behaviorism-extrapolated-to-and-then-merged-with-Systemism — also called at maturity, collective Totalism, or for another slant, Tribalism — gets carried away.

Parenthetically, some bad rebels may be salvageable if you can get to them early. That is, if regular, to mean non criminally invasive, people remain in the unrestrained Behaviorist's construct for a long time, they eventually become the model, and thus are almost lost, as in forever. Not only, then, is the model warped, but the personages become that way, too. Taking an example from popular art, such was the undoing of the otherwise honorable Javer, who you'll no doubt remember as being the proponent of following only the legal dictates of the law in *Les Miserables*. He was alleged to be missing some things regarding his understandings of the human consciousness and how it functioned, which is what the book, musical and show were about.

When it comes to defending or otherwise fighting within these two expectedly (meaning naturally) clashing managerial notions, the good rebel can only fight defensively, because that is the configuration of his model's epistemology. It asserts, for example, "Let everyone be as they are, except when their behaviors become harmful." Miscalculations due to things like pathognomonic perceptions are formally restricted from application in this theory.

That is, psychopathologies that project or transfer one's inner sense of worthlessness onto others generally, and in this usage specifically onto the referenced ordinaries, i.e., those who are or may be otherwise just minding their own business, can cause the so more rigidly deranged to always see the need for personal change (actually of themselves) in the personages of other human beings, instead of seeing it where it may truly lie, within the Behavioral-reformer's self that requires the defense-projection. The subsequent ideology at maturity, Totalism-/Tribalism-based Behaviorism, has no methodological defense against that outcome, other than through application of some cognitive disclaimers sometimes called ethics — they only monitor themselves, which selves-serving shortfall produces a managerial equivalent of oxymoronism: bullet train-like and naturally hegemonic nihilism-to-chaos.

Although it still happens, that kind of hysterics is systematically, say in the American culture, precluded, or is supposed to be, by the implementation rules attending our constitutions and laws that govern the land. They stop the hysterics, meaning quixotic and ever-capricious

crowd projection-based kinds of thought, like that which operated France's Reign of Terror during one of its revolutions, from using those methods (again, the hysterics that attend mob- and collective Behaviorism-like thinking) to quash or otherwise squash individual essences into oblivion. Through America's current (or once upon a time) constitutionally formatted legal doctrine (e.g. the Bill of Rights as it influences the laws of the land) and its enforcements (the various levels of courts), those covenants preempt invasions by Behaviorist-to-Systemicists upon and into individual human essence. Or at least, again, they are supposed to. In terms of priorities under the referenced Bill of Rights-styled government, human essence, through protection by good rebels, trumps Behavioral carried-awayism, or out-of-control application of its surmises about the evolution of the world's psychologies and how that interpretive outcome is supposed to go.

The bad rebel's management construction, on the other hand, is innately or let's also say endogenously offensive. Again, it is hegemonic. It looks at its surroundings and the people in them and determines that behaviors not acceptable to the viewer represent the polity's essence, which in the big scheme of things is not always true. So that estimate(s) of individual and collective ontology (of other people) — when it doesn't comport with, or otherwise come up to the standards underpinning, the Behaviorist's view — has to be changed.

Behaviorism's Implementation Requires that Somebody Either Knows what He or She is Doing, or at least is able to act like they do, which is a Role of Higher Education as periodically administered by Bad Rebels within the Behaviorism-to-Systems' Paradigm.

Smart people who study others, have figured those things (that is, how to get the perceived not-so-brights to do what the thinking-of-themselves-to-be-intellectually-evolved want) out, from which figuring is where they draw their authorities (albeit non seculars blend that "draw" with and from the Almighty's revelations, other or like epiphanies or psychoses, and such) for imposing their notions of right or correct ways of being onto others and the subsequent change required to keep the faith (with either or both the secularists' and non-secular Behaviorists'-to-Systemists' notions).

Imperatively, that educational pillar of Behaviorism — where the evolved tell those not how to do things — although helpful for a little while, doesn't carry the social management panacea their proponents hope for. However, before getting into what goes wrong, and that then making me look that way, too, because education is such a naturally rewarding element of life, let me explain that I love and admire the effects of education on the individual and their groups when it inspires goodness, wrapped in caring, with a ribbon of humility tied just right with a bow to starburst its great gift to us all. I love educators and their product, but as contributors of hard — often even gifted — work and talent; not as the rulers of the universe.

Now for the bad view. As noted earlier, one of the great initiates of Behaviorism in America, B.F. Skinner, and in one of his last televised interviews, expressed his considerable

disappointment in education as a or even the primary remedy for what ails the human consciousness. Adding to that capitulation, academe's schools of Behavioral Science have repeatedly studied the hierarchical elements of the relationship of education to the capacity of humans to help others in the psychological treatment arena. That literature, considered as we say to meet the criteria of good science, show unequivocally that hierarchical (most educated on top and the lessers so at the bottom) relationship to be converse to that underlying the Behavioral political world management theory. The greater the education and licensing levels, the less efficacious the clinician is in facilitating psychological wellness. Importantly, but incidental to that body of information, my experience in training such people has shown that although the higher educational and skills development variables may be concluded in the literature to detract from treatment efficacy, that many higher ups on the education totem pole still have the capacity to care deeply for patients, which caring is, in my experience of managing multiple facility treatment entities, the requisite criterion (more so than education and skills) for bringing about profoundly real positive, as in meaningful, life wellness for those in need and being helped.

Nevertheless, Behaviorists keep managing by passing on hierarchically, as if that is the primary if not only means of helping, or trying to, their erudition to the masses, no matter that for some reason it just doesn't stick. Professor Stephen Hicks, in his three hour documentary (2006) exploring the relationship between Nietzsche's work and the rise, support and management by the Nazis in early-to-mid twentieth century Germany, didn't just tear into intellectual elitism's transition to a supremacy management doctrine, and how it led to nearly one hundred million deaths worldwide, but he also showed that the greats of science and philosophy from Europe, six of them Nobel laureates, and to include, although passing on a little early, the stellar German philosopher Hegel, would support the beginnings of that horrifying collective transition. When it came to public problem solving, education didn't do a very good job for a host of folks.

In America, Michael Ledeen makes the same point recently, emphasizing that pre both WWI and WWII, Europe, and highlighting Germany were able to draw upon the finest of all academic effort, treatise and objectivity for the application of science, and particularly as applied in the study and then management of people. Then topping this list of that era's brilliants was Austria's finest academes, who on a single March, 1938, spring weekend said at the start of it, on Friday, that nobody from that edified Austrian community would support the German Nazi party, and that all ethnicities were safe in that finely staffed academic mountain top of Europe.

By the time the Fuhrer's weekend visit was over on Monday in that pretty city, however, these always acknowledged-to-be the most enlightened of thinkers had fired all the Jews at University (equaling about half the faculty), only because they WERE Jews. By November 19 of the same year, they were seriously on their ways to being fully gone, with not only academia's not providing them with a defense against the coming mass extinction effort, but by collaborating with the killing machine which would take it a few, albeit unfathomable-to-the-ordinary-human-mind, steps past systematic employment discrimination. Hail

Mary full of Grace; or blessed be the Westbury Rebel; save us from the trained but always blowing-in-the-winds-of-change abstractionist (lost-in-contextual-space academes), of which the intellectual leadership of the Continent (Europe) is still comprised. Moreover, that blob or collective hollow man narcissistic being has trans-gravitated across the Atlantic during the fifty year period of the Westbury Rebel and established, hopefully only temporarily, a rotten occupancy in the dark days of America's twenty-first century beginnings. It follows Europe's suit, heading us (Americans), too, inexorably into that degenerate way of academic supremacism, emphasizing as opposed to just healthy elitist (meaning naturally prideful of one's strivings to do well within his or her chosen field, discipline or endeavor) thought about one's self and constituents.

Drawing from collected essays from inside Academia today, Mary Grabar (*Exiled*, 2013) highlights for us how academia got into its current state of management by collective prejudice and bigotry, and worse, the shutting out of opposition (now having to be thought of as counter-revolutionists) views through the (New, Hard, Uppity-Elitist or just different from the old liberals) Left's control of research and scholarship projects and ideological discrimination in hiring practices. Through a complete series of articles, Walter Williams has brilliantly shown how the same phenomena turns intellect to rot.

"You mean decay?" Narcissism embedded in the abstract cannibalizes the whole. And of course, the war horse communist-turned-conservative-think-tanker-head and unintimidatable David Horowitz, who understands the innards of that degeneracy's effects on freedom, fights that collective mental illness with all the character he can bring to the battle. It is simply a struggle, not just for the freedom to shoot the breeze in the tower with arrogance-piercing honesty-tipped ammunition, but for the survival of the species.

Providing the central pillar for the Behaviorism-to-Systemism's onslaught — the same academia-gone-deranged that gives the Behaviorism-to-Systemism thought model its non sequitur but very popular elan in the twenty first century is the identical inner force that contributed to the sundering of Russia, eastern Europe and the whole of the Continent between that horrific turn of the twentieth century and its climatic WWII (1945) and Cold War (1991) conclusions. The Left's academic contributors, collectively speaking, again, and this time with unrestrained ferocity of malice, is squeezing out the old America's individual ontological-based reality and replacing it with a hierarchically structured intellectual supremacist influence upon, and thus fostering of, collective degeneracy. All this thanks to the newbie thinkers who've come into the culture since its rabid advance of and into ever-deepening inanity begun in the 1960s.

Inane? Sure. Because we've, that is, the world, has done this many times before, and always lost big from it. I mean, what kind of IQ is required to keep herding unfortunates off the cliffs, just for the sake of hyping one's or a group's mental failure at becoming a real person or people.

Robert Lifton and Jacob Lindy, along with a grand entourage of other psychiatrists from the West and then supported by those clinicians surviving the death of the Soviet Union and its

control of Eastern Europe (1945-1991), document in their book *Beyond Invisible Walls: The Psychological Legacy of Soviet Trauma* the takeover of vast cultures of the both individual and collective minds. And they don't just show what happened to the lay polity, or ordinary masses, but how the Behavioral-to-Systems take-over model (my term; Lifton uses "Totalism") affected, and was even implemented by, the institutions representing the psychological helping organizations; those who were in charge of righting the traumatizing wrongs were the wrongdoers in the first place.

The best way to do that, at least at the jump, was to implement an overarching policy that the individual, particularly as linked to its ontological and mostly unconscious counterpart, didn't exist at all. Therein Freud's writings about that unconscious were banned from publication so that academes couldn't even read — from the near (1929) start of Stalinization of the Bolshevik's groundbreaking work in mass terror (actually getting off the ground as a world, to mean accepted as civilizational, class management model in 1905) — about opposing theories regarding the depth of the individual human consciousness. That banishment of thought lasted a full sixty years until 1989.

Psychodynamic inquiries into the mind were stigmatized and replaced with Behavioral and other models that represented the systemic authority's values, perspectives and prejudices, not the patients sitting in the therapists' facilities. Worse, merging clinical application with government hierarchical managerial control of the population, the use of psychiatric pharmacological and other invasive models were notoriously applied by agents of the state to suppress any investigation by the population and even the therapists, themselves, into those selves, unless they were interpreted to define all problems within the collective's authorized directives for viewing the human consciousness and how it most naturally functions.

Why have bad rebels been so successful in the school house, which advance then spawns a rollover into a polity's leadership? Marx redefined for the abstract world hosted by theoreticians the oft used term, freedom, as a function of erudition, to mean learning and accepting the current new view of how to do things, which he happened to have made up. The more one understands his perspective, the freer he or she is. So if you've read all these doctrines in the right books, agreed with them (as many did because they were promoted as scientific), and maybe even adopted them as your own reality, then you'll be free, mostly because you've gotten the most current big picture that without, you never had a chance. Do it right, and you can even go out and murder people who yet have not, and feel righteous about it. Now, that capacity for intellectual acumen turned culler-of-lessers exemplifies REAL freedom, according to that fellow and his academically disordered followers. What's not to become dedicated to, about that?

As that spiral of non performance, meaning too many people are dying, and not just metaphorically as in becoming slaves but also to real death from violence too early, loses control, the Behaviorists-to-Systemist blame the management shortfall on the manages. When not doing as told, they are rationalized (at least in the back rooms not accessible to

open story-tellers) to be just a bunch of unedified, recalcitrant and irresponsible members of the public, mostly in the South, and particularly if they are from Texas.

It's not that, however. The problem lies within the design and engineering of the Behaviorist's learning, teaching and management modality. It's inadequate for doing the job; during its objectification exercises, their model doesn't account, and thus manage for, the whole of who we are. And that failure then leads the simple elitist into the great dangerous territory of both individual and collective delusion. As Plato and Dr. Woodrow Wilson, the latter being president of Princeton University, pointed out, academia — and then just writers who were discovering the economic or cult-creationism fruits of contrarian expression through Behavioral-to-System analysis of the masses — had the inherent right, albeit not the American Constitutional one, to, by virtue of intellectual mental supremacy, ascend, often through media-journalistic merger, to the fourth power of government, sort of like *divine* managers. "Divine" means that they argued that their work not be constrained by petty agreements for employment, as Americans had stipulated in their personnel management contracts with ruler/leader-aspirants. They would have to follow the laws of the land as did the commoners who needed the managing, and no matter those intervening influences on the new deities' mental health shortfalls: deeply imbedded self absorption set to flights of fantasitic creativity/imagination otherwise sold as socially aware literature.

Fred Siegel tells that story rivetingly, and I thought also risibly, well in his 2014 book, *Revolt Against the Masses*. He emphasizes how the Left's intellectual leadership from its inception (as liberals) argued for professional discretion in the management of the people's interests. The common man was just not up to it.

Not new. In Plato's *The Republic*, the early author and thinker opined that for even divinely-evolving kings to be successful, they would have to come, or otherwise be educated to emerge, from the philosopher class, making them perfect, albeit a little removed, managers for and of the non educateds. Divinity and slavery together again, albeit this time through education.

A Core of Intellect

But those proponents of the academe supremacy doctrines don't hold up in practical competition with their human ontologically focused management counterparts. As John Adams analogized this principle in his comparison of the two values, heart and furniture of the mind, real, or maybe it would be appropriate to call it supra intellectual strength, is drawn from the homogenation of the human capacities to not just follow a particular paradigm of logic out to its inth, as does an academe when he or she has the opportunity to think about the question fully, but to along the way draw upon and thus be measurably influenced by the heart, which is another term for the essence or ontological composition of the human consciousness. In this instance, that essence can include the learned abilities to exact from one's being an understanding of all that is valuable to that Self, whether manifested as only a single person's development of and love for a plot of land, an empire created from one's

spirit, an immutable belief in God, the performance of one's duties to the best of his or her abilities, or the capacity to care for the uncareable; to aspire to know and be what greater-than means, and simultaneously know the same about the wonders of humility during negotiations with, and of, failure and loss; unlike the renown Msrs. Lenin and Muhammed — two of the greatest Behaviorists-to-Systemicists designers of all time — who would argue that music presents interference with their approaches to managing the soul, ontologically managed minds can swell with strands of music's uplifting influences upon the core of Being; to relish in the expression and appreciation of art, immersion into the intricacies of nature, and participation in the completeness of spirit; to be resilient when confronted with fear, terror and horror; to unravel hate through the experience, expression and then dissipation, even, of embarrassment, shame, anger, rage and sorrow; and to be found by and to find love with happiness, amazement, and joy; to intuit the entire universe, or just one's backyard; to change or to accept, at a point of introspective metamorphous when and as it becomes one's solitary challenge; to embrace an honorable quest, then follow it; and, to become with the ease of dignity, more or less, as the glass of one's life, respectively, fills or empties.

From that essence; from that human ontological basis of being; from that heart produced by humankind; and emphasizing not-power, derives the foundations of a lasting civilization. Human ontology produces its cornerstones: honesty, integrity, truth, valor, perseverance for understanding, honor, creativity in the pursuit and consequent expression of wisdom, love and the capacities for some of us to fight for all that is good within or for those endearments we hold in such high regard. Therein, and as different from only partial learning participation by compelled or coercive dictates, which are hallmarks of the Behavioral-to-Systemic-gone-amuck paradigm, learning within the ontologically-based model occurs from spontaneity of desire where the whole of unrestrained creativity strives to respond to that spark, then embrace the ensuing fire of and for that individual life. Those foundations of the heart — not the Behaviorists' objectification of consciousness, ever organically attended by the nearly always-obfuscation of its pursuit of power — are the driving forces of real intellect. They provide it with purpose, a meaning for life that transcends temporal gains otherwise acquired through a competition for power, and most often at another's expense.

Human essence stops out-of-control Behaviorism-to-Systemism in its otherwise perpetually accelerating tracks. When abstractions, i.e., big plans for the masses, venture too far over the top, overarching those concerns for preferences attending individuality, then human ontology functions, or is supposed to where still in existence, to send its signals to the Behaviorist-to-systems managers; "Something's wrong here!" Stopping the onslaught is the down deep message, which is followed by truer, meaning more profound, analysis. Large scale cult-management effects can be avoided. The arm-banned decorated brown and black shirts, and their skinhead descendants — whose only mission during debate is to surreptitiously thwart the congruency that is expected to attend honest expression, and without which the marshaling and supremacist ideology undergirding the Behaviorism-to-Systemism methodology would eventually just collapse — can be corralled early on.

Best yet, where power, due to rigorous and perpetual competition for it can be fleeting, human essence endures. That is the foundation upon which a civilization must stake itself, if a goal is to avoid extinction. To take one example, America did that with its Bill of Rights. To sustain that endurance, to extend life to that heart, that essence of humankind, so that civilization's people may survive, is the purpose for which the good rebel dedicates himself. And that is why he or she is "good."

Attempts to change another's, as opposed to focusing upon one's own, ontology, essence, or state, identity or existential aspects of self means that somebody has, or is likely, to get clobbered. Such contrived and notably misguided efforts are tampering with or trampling upon deep stuff, often perceived eventually by the existentialist as worth fighting for or over. And, existentialists don't fight over many things. So they'll get pretty mad when finally aroused, like they did following Pearl Harbor and then again upon the crashing down of the World Trade Center in New York City. In other words, if the bad rebel or essence-reformer crosses that line defended by the good rebel, which for almost all of us is somewhere in there (most or at least many human psyches) to be called upon — the delimitation being the composition of individual identity that fits that particular organism — then somebody is likely, or almost assuredly, going to get hurt.

That harm, which occurred in hundreds of millions of people's lives during just the twentieth century alone, can sometimes be avoided if the differences between the ontological and behavioral thought models are confronted before the antagonists get to the killing stages of their ideologies' implementations. Hence, ontologically inspired good rebels are learning to intellectually fight their bad rebel offenders from the aggressive thinkings before everyone degenerates to the rougher stages of the conflicts. Hopefully, that is.

So this subsection has contemplated why some rebels are thought of as "good," and others are considered as "bad." From inception — the good rebel's management modality pertaining to these subjects being protected by the United States of America's Constitution — most early Westburians, plus their constituents who comprised the other high schoolers coming from across the America of the 1940s and continuing until at least the mid 1960s, are therefore good rebels. There is no doubt that the American high schools following those periods have produced lots of good rebels, too; but with the distinction being that they — from a statistical correlation analysis (meaning empirical) perspective — have been probably harder to find since the bottom fell out of thinking. Albeit typical for my passage through life, the going south in popularity of that special activity — thinking — happened just as I was wanting to do some of it.

Example of Good and Bad Rebels

During a televised interview, the author of *Rules for Radicals*, Saul Alinsky, and about thirty years after completing his onsite Masters Internship under Chicago's Frank Nitti, reported that he wished to be remembered as a rebel. That's all he really wanted regarding the polity's recollections of his life. But because of his method and teachings to achieve political power at

pretty much all costs — he demonstrated no affinity for or allegiance to the ongoing health of the system, itself, particularly those elements that ironically supported the expression of his desires and methods for rebelizing — he wouldn't achieve the positive remembrance he understandably desired. That is, win or lose, the methods must existentially support trust of the interactive process between peoples; and the methods must never destroy that trust in those interactions, as did and does his approach. Thus, I concluded that Alinsky was a *bad* rebel.

"Bad" meant that he sundered belief in the expectations of people for generally-applied honesty and thus the profundity attending prospects of achieving goodness in their interchanges, despite the conflicts that attended them. Goodness was not the goal, but rather getting his way was, which he opined would provide such good for an underrepresented group. Worse; destruction of those existential-level system tenets sends the opponents in to a disordered option: physical conflict for problem solving, or as some would surmise, anarchy and nihilism. I doubt that Alinsky, because he believed humankind would emerge or at least evolve out of such moralizing concepts, would have thought that someday the Rebel, which again for emphasis was what he wanted to be remembered as, could be not-good: to mean in simpler terms for this essay, bad.

Not what he expected; and, I also doubt that he would have been aware that there was a difference, which, too, is (lack of awareness or conscience) a problem for bad rebels. Some are clueless as to the havoc they wreak, remaining that way not just through the pathological-to-blind transfer of all that has gone caput within themselves and onto the poor souls of the targeted polity being conquered, but by asseverating that they, as the gifted, have risen above, by virtue of their studies and good academic works, or just reading the right things, or maybe having just attended the right schools, the intellectual understandings and capacities of those being managed; honesty, truth, honor, other precious elements of character and a few existentially-based, as in required for everyone's continued existence, morals being damned along the way.

And that explains the true gift of Alinsky to the world, which is summarized at the very beginning of his book: Lucifer was the first rebel. He should have written it "The first *bad* rebel."

Why?! He takes on, and then loses in match-ups of principles to, the always human ontology/essence-honoring Bill of Rights embedded at the beginning of the US Constitution. He argues that his cause, which is his view of what management should be like, is so valuable that it behooves its advocates to stealthily work within the protections accorded for that ontology/essence to overturn them, in the process shifting the premier value from the system that lays the golden egg, subordinating it to the cause. That great value of richness metaphorically depicted in the "gold" imagery, is not just about wealth represented by economic value produced by a more unrestrained individual creativity, and then opportunity for its practical expression, but more intrinsically the problem-solving capacities of a system spawned and then managed by individual freedom (ala the Bill of Rights) and the attendant

requirement of responsible, to mean here mandated honesty-based, implementation. It constantly designs to balance conflict that naturally evolves between individuals and the system in which they each do their best thing.

And, Alinsky's deceptive model for overturn is one, in its closed-shut lid upon human ontology's expression, that has no golden egg-laying apparatus for producing either eco wealth or human differences problem-solving richness, except in illusory, or better said hoped-for fantasy. Hence, that author's logic, which is exposed in its ostensible application in contest during the Westbury Rebel era, is self-cannibalizing; or in clinical terms, always self-destructively pathognomonic. Bad rebels fight so hard—as in myopically — for their causes, that they throw away the bigger view, the value of the ontological-honoring system that has given them the freedom of their contrarian views to exist in the first place. Pathology: if the Alinsky-engineered and bad rebel-managed system wins, it also, and as well regrettably everything else that presents as goodness, loses. It will die.

Alinsky's gift? The opportunity during our time, and just as did our parents and theirs fought against Lenin, Stalin, the Fuhrer, and Uncle Mao to battle openly, and this time within our homeland, against another test of the American effort to define the human consciousness at its essence, in the process hallmarking its value — its worthiness for which to struggle. But I'm sure some of our constituents would just as soon have sent that particular gift back to sender, and avoid the contest/hassle.

Pre Cromwellian Puritans brought their — not coincidentally, "purist" — version of the BS modality to America's northeastern coastline at the beginnings of the seventeenth century. It stuck. Although adapted to meet changing popularity requirements — the non secular focus on diety was conformed to (camouflaged by) a secular bent to and upon education as the model's new dynamo — that ever-conquering part of the American world and experience continues to this day/century to impose its reality on the rest of not just America, but the entire planet. Oliver Cromwell, his hegemony-for-righteous-rightness cohorts, and those who've attempted to model his leadership principles, are great examples of equally, and also, great, bad rebels.

Another lacking in rebel-goodness would be Che Guevara. In my view, he was a bad rebel because he believed, and engaged, in the killing-for-political-shock-effect of innocents in order to achieve the power he and his associates or management group sought. One of that bad rebel's thought-by-some-to-be-cool slogans was "Kill them first. Then we have the trial." Being cool when bringing about the death of others, in the reality (as contra to video games, TV, movies and other entertainments) of the blood-to-human-carnage aspects of the experience — particularly when presenting in mass — is not, as one walks among the bodies, cool. And it never will be no matter the spins put on it by pathognomonic-to-criminal-narcissists, cowards and fools.

An example of a good rebel, that is, someone who would fight for the right for individuals to be a free people as defined by the ontological man and woman, and with all that that notion would entail to include defending them against the Alinskies, Cromwells, Guevaras and other

carnivores of the world, would be those personnel comprising the United States of America's armed forces, and two former SEALs turned, near the end of their fully heroic lives, civilian. They were Tyrone S. Woods and Glen A. Doherty. Thanks be to providence for that group of good rebels. They must have all been from Westbury High School, or some branch thereof in free America; or don't you think?

Victor Kravchenko was a good rebel. Despite his dedication to his love, Maxim Gorky's brand of humanistic communism, and which would never abandon him even until his macabre death in 1966, we could use more like him, especially when required to fight for freedom in the trenches. Vitya: tough as nails.

Conclusion: What Can be Done?

Can Anybody Do Anything to Stop this Kind of Invasion, or Plague-like Under-/Over-Growth by mostly BS inspired Bad Rebels?

Sure. But, although valuable to the overall struggle, you can't stop the BS modality just with management by rational/cognitive and traditional Western reasoning kinds of approaches used to fight non cult-type (e.g., non-psycho-caused and -based) ordinary villainous adversaries. The Prophets'-, Marxs'-, Lenins'-, Uncles Maos'-, Hos' and Pos', and Qutbs'- styled thinkers have interpreted out that kind of thought (logic) long before it ever gets to the podiums or conference tables. Their Western civilization-undermining arguments are promising followers not only the gold at the end of the rainbow in the bright unblemished sky on the other side of the clouds, particularly storm-carrying ones, but the capacity to create their own wondrous never-ending happiness made from that high thin air, spiritual or erudite evolvment, or through the philosophically authorized grabbing of other people's property, and to feel ecstatically righteous in the inevitable Stalinistically-/Zawahirilly-supported, to mean inexorably mass murder-induced formation of the fantasy. All under the aegis of socially devined justice. That is, participants kill inadequates or unluckies when they can't demonstrate that they strongly believe in the movement's slogans and leadership's divinity properly enough — always use the right words during even casual conversations while expressing yourself with the BSing movements' comrads or Brothers, sharpening the skills level for the once euphemistically-termed politically correct, but now just group-psychopathically-imposing, implementation.

On the other side of that moisture-producing cloud, and down here on that part of earth yet secured by the takeoverers, we rationals are trying to sell not just what appears to be, but quite frequently actually is, mud, and without any cogent psychic spins, other than, of course, that periodically, rain is good for farmers. To overcome or survive in that contest, it takes something special if one wants to avoid having to risk all on a reality-inducing 1683 Gates of Vienna-styled dramatic ending for one side or the other. And the rational/cognitive social learning and teaching model — where you figure out the truth and then tell it to other peoples along with what they are doing wrong, and then how to instead do right — rarely holds up once the big BS-driven, Enlightenment-destroying onslaught gets going. Here's what

Aleksandr Solzhenitsyn said about the efficaciousness of these kinds of hoped-for, as in openness-based, light-shedding or -spreading, humankind-saving discussions/conversations.

"Once I used to hope that experience of life could be handed on from nation to nation, and from one person to another, but now I am beginning to have doubts of this." (From Chapter 1's heading in, and thanks to, Diana West's *American Betrayal*; 2013)

Viewing the world's psycho-manmade-calamities from that of this trauma management approach, which involves interdicting thought model clashes before they occur, and undoing them when they already have, the Behavioral-to-Systems thought model before it is applied with its near-concluding force component, which is what I've described as naturally inevitable in this essay, is both the first and final societal functions responsible for the cause of repeating catastrophic death and property destruction that attends the kind of aggression that leads to and occurs during war. It is what causes otherwise innocent people to die prematurely, and — again, in my view as someone who wants and tries to head these harmful life events off — unnecessarily. As history has shown repeatedly, the elements required to bring that upheaval and ruination about do not just start with the explosions. They begin with the Behavioral-to-Systems evaluator/manipulator's attempts to conform the world into what that person or group cannot do for himself, herself or themselves. However, no matter the both perceived and real threats, you good rebels, that is those of you who fight against these horrible and sometimes unseen, or at least undefined until now forces, will be glad to know that the seemingly indomitable Behavioral-to-Systems thought model for which your adversarial counterparts, bad rebels, fight, has an Achilles Heel.

It comes in two parts. Albeit, a weak third is presented at the end of this section, but not with much confidence, thus hope for its success, as it represents the West's currently most popular approach for addressing cultural, even civilizational, and in particular, thought-model differences.

BS-Countervailing Approach Number One — Rated "Much needed and Good"

First, the well-known standard *bête noir* of most stealth-based BS takeover campaigns. It is the willingness and determination of a polity to, even though it only slows the BS avalanche down a little bit, express their differing views, and to fight for truth and their ideals as many champions of the value of standing-up-to-bullies and -delusion exclaim (and of which I am a fan). That good stand-up-and-fight model though, albeit necessary for survival, depends upon considerable eloquent, if not great, rhetoric in order to "wake up" the apparently sleeping constituencies to which the exclamations are directed; to ask the thought-to-be-timid or -reserved to stand and fight the BS model's invasively transforming incursions upon reality. Supporting that hegemonic, and sometimes tsunamically blanketing psychological warfare-instigated wave, those incursions most always include mass denial by members of the attacked polity of the coming danger, which is also and often referred to as the head-in-the-sand — and particularly when attended by the most egregious Stockholm Syndrome's traitorous-like presentations/manifestations — effect. Hence, the oft-referenced sleeping from which most counter-BS exclamations are trying to wake the so encumbered up. And, that

waking may come so late that the delay likely increases the real risk of being able to survive not just ontologically (as in being able to keep a polity's psychological freedom to Be), but at all, in this instance to remain physically alive, as well.

Moreover, that delay makes it more necessary in the crunch — when a people have, speaking euphemistically, "slept" for quite a while: which seems to be more dignified than calling a polity's psychological denial (of invasive change that causes prospective harm), or attempts to not become adversely influenced by what appears to be a rashly over reactive fringe, or willful blindness, or even more directly, cowardice — to fight with life-destroying tools rather than just life-respecting and -ensuring words. If applied in time, those words, albeit because of their uncomfortable confrontation of frightening prospects, might have prevented the appearing-to-be inevitable tragedy from occurring, as reflected by mass premature and violent death. But, no matter the difficulties, risks and high stakes inherent in that delayed action model when applied alone, here's to those heroes who provide that stand-stalwart exclamatory rhetoric, reasoning and courage on a daily basis; who fight that battle of survival by encouraging and requesting others to stand up and weigh in the same and along side of our valiant, albeit late, orators, Paul Revere-warning kinds of private citizens, Thomas Paine-styled writers/spokesmen, Larry Grathwohl American-trenches-fighting heroes, and other good rebels.

BS-Countervailing Approach Number Two — Rated "Popular; but Superficial; NOT Unlikely-to-Succeed, although it would be Nice if it Could"

Here is the second — and, albeit highly (Westernly) popular, most unlikely-to-succeed — prospect for ending the BS modality. Like that old bearded, sardonic and almost bitter Russian quoted above, it is not one for which I hold out much hope. Running into it during his stay in America, the superficiality sent him back home, probably scratching his head while wondering what he had run into. It is the Cognitive Behavioral (CB) or didactic educational model (quick expression print, television and etc.) most influencing of the masses today, at least in America.

Generally speaking, clinical professionals, media and the public may learn on their own that relationships based on guessing what's in others' minds, as in telling those others what they are really thinking and often only for the purpose of beating down their hopes and aspirations for a reasonable encounter with life, is isolatingly pathognomonic (disordered) for the viewer, not to mention degeneratively victimizing of the observed. That is, it ends the standard (as in supposed-to-be) two-way relationship by extending a conduit, as akin, say, to an invisible vacuum cleaner or dryer-exhaust hose, for inculcating always in singularly half-duplex (but never allowing receiver reciprocation) mode prospective pathology of the viewer onto and then into the mind of the viewee. Once that interactional pathy developes, the viewer or seer in the BS supremacists' swamp is really only having a relationship with him or herself; and the viewee becomes both a repository for, and thereafter thus is enshrouded in, if not sometimes completely controlled by, the former's mental health problems.

Learning in that BS-engineered society doesn't really get passed on, as Solzhenitsyn had hoped for, because it has been convoluted by incongruity attending governance by mass BS-created, individual identity-stripping, cortex-driven-abstractionists-adoring hystericals. None of them are having so called REAL communications that are supposed to attend, again, so called REAL relationships, for example, where people listen to and hear each other, because the ever-filling and being-stired pot containing all this abuse serves as an ever-continuous molt of diversion from the main, whatever the intended subject was or is.

Those educated hysterics, collectively assembled as if fused by nature, are producing a pseudo-intellectual mask that the Oz-like employ from behind their curtains to imitate learning, obfuscate the BS-cause of contrivedly-induced nihilism's brand of chaos, and make its believers believe that they are progressively going forward, when they in fact are taking themselves and a bunch of others straight backwards into cataclysmic failure, which almost always in the end is considerably worse than the experience of Hell. At least it seems that way when you hear the screams¹ of the targets and count the deceased generated by the more emphatic controls imposed during their less popular social construction adventures.

Moreover, although professionals — using psychotherapists as the example, because they provide the culture's leadership in such matters — often believe that because they are licensed to read minds (lawyers, media, and a bunch of self-help enthusiastic commentators do it a lot even though not licensed), they must be capable of it; they are not. Even if they are fairly good at their guesswork, sometimes, eventually they learn, if lucky, that they are isolating themselves from the patient, client or target, which isolation functions as a defense against discovery of professional-to-personal psychopathology, often again, a hyped expression of narcissism or something similar, at least. And it can get worse as regulars in large numbers adopt the mistake. When the media and then public emulate that professional failure, few people are allowed autonomy of identity, and the system itself finally corrodes. Inevitably, it has to implode.

But who knows? Maybe civilization (all of them) will get a break, and use its didactically-implemented CB teaching model to learn itself out of the BS mire before it finally overwhelms, again. Probably not. However, if someone, say a CB-oriented manager, e.g., television (TV) health show producer, could get a media psychotherapist to say "Nobody does that anymore (reading minds)," and then turn that statement into a hip (cool and popular) adage, replete with increasing viewer ratings — making it a long-term hit — then the BS model might lose one of its pillars. Without that capacity to send woeful self pain tipped with a little other-minds-penetrating delusion somewhere else, what's the use of developing the Behavioral-to-Systemic thought model described in this essay? Without that guesswork, then nothing related to thought logic would hold the whole collective-to-crowd-to-mob-based pathological projection thing together, not even superficially thinking — because large associations of them have been intimidated or otherwise suckered into joining the BSers' parade — academes. After that crumbling, then that'd be that for the long-term influence of the BSers, presupposing, or maybe hoping, that this century's prime users of the BS model,

that is, hard Leftists, rabid Islamists, and other group Helter Skelterists, watch and believe in TV's (including the Web's) health-based psychological wellness programs.

So you see, the negative or one-of-little-hope view of the pop-problem-solving method is not necessarily without supporting rationale.

BS-Countervailing Approach Number Three — Rated "Best; Supportive of 'One' (in this subsection); and to Come (present)"

Third, and in the era of the Westbury rebel, a contravening methodology has developed that can take advantage, some of it unconsciously so, of the Behaviorism-to-System management thought model's vulnerabilities. It is new, now only thirty-five years old, and provides the impetus for not just this article, but the entire Westbury Rebel series of articles. It explains why I see the management world and even history itself differently: that is, from a trauma management (epistemologically [Etiotropic](#)) perspective.

Because loss of individual and collective identities caused by the Behavioral-to-system invasion simultaneously erodes both individual and systemic wills to fight — they, the losses to both the identities and wills, are connected underneath the span of collective conscious thought — reconciliation of those losses restores that identity and will at individual levels, which, in turn, restrengthens its systemic (community) counterparts as well. More specifically, applying the restoration effort strategically and to the most damaged incremental components of the attacked culture, say, for example, the destruction of combatants' identities of those men and women who've just fought your pre-emptive- and often proxy-styled wars for you, and particularly to do the same for the innocent civilian survivors of violent terrorist-styled attacks, shall have rippling strengthening effects on both identity and will of the targeted/attacked polity as it wholly exists.

Iterating an important feature of this additional and more specific restoration/restrengthening-of-identity and -will to fight for survival approach: we don't have to wait for, nor rely upon, effective wake-up calls, which may, as in pretty much always, be slow in coming to the rescue. But best of all, an additional postulate of the incremental identity-/will-restoration processes asseverates that those restorations intervene upon the Behavioral-to-System's weakest element of its otherwise thought to be formidable structure — in-mass projection of the BS users' inner experiences of self worthlessness onto innocents — is thereafter blocked by the restoration, thus precluding the otherwise planned transforming of the target by the collectively obfuscated, but nevertheless criminally, insane. An administrator of that intervention can expect implosion of the attackers' pathognomonic self-loathing-to-aggressiveness eventually to and upon itself, which ends the BS thought model's power, threat and, inevitably, very existence.

In foreign policy lexicon between 1947 and 1991, the strategic elements of that intervention theory and methodology, enunciated by George Kennan, was called Containment. It worked against the Soviets and world communism in general. And it still is working in some places. But there's a big difference in this referenced trauma management approach from the

Containment model's management of the Cold War. Using the noted trauma management theory and method (as emphatically distinguished from general "counseling"), we don't and won't have to rely, as we did with Containment, upon mutually assured destruction (MAD) by world-obliterating weaponry's never-ending face-offs to achieve the trauma management model's successful intervening application.

That more preempting-styled armament for shattering trauma-induced individual and collective, as in massive — or even killer — denial, which is what fighting-styled rhetoric is also designed to overcome, is detailed for the public view in Part V (of this *Pretty True Texas Stories* series); it is entitled "Turn the World Right-Side Up; Theory and Application for Depowering Psychopaths, their Followers, and the National to International Institutions They Manage;" not yet posted (3-30-13); and as included in this series; *How the Westbury High School Rebels, classes of 1962-1965, Saved Western Civilization from Extinction*. The professional perspective of the same has been offered in the online *Etiotropic Trauma Management Tutorial* and supporting texts under the heading [Strategic Human Ontological Management \(SHOM\)](#) for over two decades.

Summary

For now, at the end of this qualitative consideration of otherwise very subjective subject matter, that is, regarding what's to be done with the Big Brother-minded and like psychos of the planet, and as goes most such analytical endeavor — in this essay to mean at least hoped-for-logical-explorations — here in Texas, there are two brackets of thought that when viewed alongside each other both simplify and summarize the differences between good and bad rebels. Firstly, bad rebels fight for a kind of freedom that requires repeated and heartfelt surrendering (to mean complete submission to the particular ideo-narrative) on almost an hourly to at least daily basis, and to the correct or approved somebody- or something-else, or just waiting hypnotically in perpetuity for a sense of serenity to overtake them when the also right day comes — that is, either when all the exploiters are properly, as in righteously, blamed and finally done-away-with, or when reaching the designated Hereafter. In contrast and as de Tocqueville exclaimed in wonderment after observing it in 1831, to instantiate the freedom fought for by good rebels, we only have to watch our corks to see if we got a bite. Secondly and as promised to rid this article of any hidden bias, good rebels think like me. And bad rebels, particularly those from Thug City, Illinois, Red Cuba, Cromwellian (northeast) America, and places like those, don't appear to think at all, or to mean independently so. They, instead, just apotheosize their aggression-rationalizing abstractions, give and follow orders, create intellectual hystericals for political exploitation, hallucinate-for-success, raile at selfishly over-productive individualists and decadently phobic kafrs (sometimes the same things), and devour.

That is, if we let them get away with it. And as the Texas Confederate veteran, Ethan Edwards (in *The Searchers*), upon returning from the American Civil War would repeatedly remind us while searching the Greater Comanche nation for his only remaining family member, his abducted niece, "That'll be the day" in this Good Rebel country.

A New Trope for Life

So now we can conclude this pretty true Texas story by adding a third trope to the world's first two major categorizations of human beings coming out of this last half century, hallmarked by what is now in the year 2014, the post Westbury Rebel Era management modality. They each begin with one commonality, that the world is comprised of two kinds of people.

Firstly and as always the leader: "There are those who see the glass half full; and then there are those who see the same container, half empty."

Secondly, "There are those who watch TV; and then there are them who are on TV."

Thirdly, and fairly new, but nevertheless now available to us for all time: "There are good rebels; and then, there are bad ones."

Notes

Footnote #1; in his book *Witness*, Wittiker Chambers describes the turning point for a former communist believer who reported the following while living in Moscow during the infamous 1930s. "One night, he heard screams." Those "five words", as Mr. Chambers would emphasize, referred to that program's implementation of purge activity by their model's still dedicateds. The screams were of and from children pulled from their parents, spouses separated from each other, loved ones taken from their homes, and of those unlucky enough to be removed to the Gulag, or just put to death.

Annotated Contents

1. [Series Introduction \(and Home page\): Will Western Civilization's Freedom Survive? Essays from the Heartland on How to make it Do So](#)
2. [Author's Message: This missive describes ETM TRT SHOM's purposes and goals developed and pursued during the past nearly four decades, and now established herein for the rest of the twenty-first century](#)
3. [Dedication](#)
4. [Part I: A Regret](#)
5. [Part I: Eden, Guadalcanal, a Westbury Rebel, and La Bahia Road; From 1838 to 2014](#)
6. ["Part I: Navy Corpsmen: Tribute to a Westbury Hero"](#)
7. ["Part II: \(beginning\) The Westbury Rebel's Meaning to Me," or "The First Play from Scrimmage in the Westbury vs Bellaire Fifty Year Rivalry"](#)
8. ["Part II: \(conclusion\) What Happened at the End of the 1962 Westbury vs. Austin Football Game?"](#)
9. ["Part II: Entertainment in the 1960s"](#)

10. ["Part III: The Good Rebel in Most of Us \(beginning\); For What Do Good Rebels Fight and Die?"](#)
11. ["Part III: The Good Rebel in Most of Us \(continued\); Competitions, Challenges, and Making Things Right"](#)
12. ["Part III: The Good Rebel in Most of Us \(conclusion\); Distinguishing Good from Bad Rebels"](#)
13. ["Part IV: Westbury Rebel Management of *Really Serious* Troublemakers in \(and from\) the Global"](#)
14. ["Part IV: Master of the Lake; The Great Peking Duck and Yorkshire Terrier Battle; or, A Scientifically acceptable Anecdotal Example for the Study of Visceralness in Fighting"](#)
15. "Part V: Turn the World Right Side Up: Theory and Application for Depowering Psychopaths, BS Managers gone Berzerk (Bad Rebels), and the National to International Institutions they Manage"
16. ["Part VI: Series Conclusion; Semper Fi; Tribute"](#)
17. ["Part VI: Series Conclusion; Combat: The Animal Self Unleashed; A Docudrama"](#)
18. "Part VI: Series Conclusion; The Last Flashback"
19. ["Appendix A: OPED regarding Board Removal of Westbury High School's Historic Mascot, the Rebel"](#)
20. ["Appendix B: The Genghis Khan of Psychotherapy; Behavioral Therapy and its Reformation, Cognitive Behavioral Therapy"](#)
21. [Appendix C: Glossary](#)
22. [Appendix D: Reprinting the Preface from the "Whackomole" Book](#)

Category: [Sample Data-Articles](#)

Part Six

Who's to Blame for this Mess (referring to the advance and pathological management perspectives and subsequent social controls of and by CBT)?

If blame is important to the reader, or just a question you ask after determining in your own follow up research and study of the issues I've raised here that this op-ed is correct and sort of fairly presented, then here is the answer. It belongs to the earlier referenced dentist and oral surgeon dynamic duo (combination) working in Santa Fe, New Mexico in 1996. Bet you thought I was kidding earlier! I wasn't.

Between the periods of ETM TRT's early individual and family treatment development starting in the late 1970s and then extrapolation to organizational management applications in entities like school districts, children protective services units, probation and parole departments for the courts, the military, women's shelters, police departments and other social service agencies in our communities where we had built treatment facilities in the 1980s, the DOD and start-ups like the VA, there were no other serious (complete) trauma management models available. Jeffrey Mitchell's model written in 1983 for first responders was really the only dedicated activity used as a program. And, as he iterated numerous times, his approach of doing critical stress debriefing at the scene and following the event was not intended to replace full out long-term therapy for them determined to need it. Harvard University had not yet conjured its notion of organizational management of systemic trauma yet. And the Safely Sleeping (that may not be the right name) program originating from a Harvard academic's application of CBT had not yet either held its first federal grant funded group therapy. And the current champion designed by the VA's National Center for PTSD was still ten years away from hitting the drawing boards. It began to be applied during the Iraq War of 2003. Except for Mitchell's efforts (which relied upon Client Centered brief interchanges at the scene following an EMS response to an event), these competitors were all basically CBT stuff.

Consequently, we had a good lead on the competitors then going into 1995-1996 when the series of calamities about to be described happened. In fact, between 1988 and 1995, we (Craig Carson and I) had trained and certified one hundred and sixty-five school districts (with an average of six schools per district within the state of Texas) and had started a training program for the Department of Defense. We didn't use grants; but instead Craig charged a fee for service for each system in which he worked. When groups had no funds, we donated the training. Our strategic goal was to use Texas' total 1057 school districts to prove up the wider SHOM model concept of ending criminal violence as it is applied politically (to achieve pecuniary and

ideological advancement, for example) in communities. We would replicate the model applied in a large El Paso school district and that had recommended following its application and study of ETM organizationally over two years to TEA (Texas Education Agency September 4-6, 1994) that the model be adopted by the entire southwest. After saving the great state of Texas, then, we would take the country using that work as the proof of effectiveness at the larger region level. And in proper entrepreneurial capitalist thinking, mixed with the altruist component attending doing good deeds, we would then save the world. The Behaviorists and CBTERS and academia didn't have a chance. Neither did Mitchell, albeit he was out front in terms of National recognition. But he didn't have the treatment liability constraints that I did. And the Bs and CBTERS didn't even know yet that trauma had systemic organizational effects, much less how to undo them.

At the end of 1995, while Craig was driving all over Texas training school district principals and counselors, my wife Nancy was diagnosed with Breast Cancer and entered treatment, including surgery for that disease. On February 22, 1996, my life and the Etiotropic or cure approach to individual and systemic effects of trauma, the only one in the world, came as they say to a screeching halt when I wandered in to the wrong dentist office in Santa Fe, where I was finishing up the documentation for the three ETM-based models and the curriculums and placing the whole thing on the Internet so that the school districts and prospective users within the DOD could and would be supported with the new and emerging online system of Internet and database distance learning combo management.

As I entered the dentist's office, and no matter Nancy's Breast Cancer treatments, we were still blowing and going as they say to get so far out in front of what we knew would be coming in the next century (the CBTERS and probably an extension of Mitchell's product into treatment settings, thus giving it a full continuum) that we would already have defined for the industry, field, discipline or whatever one would call it, both complete psychological treatment (full resolution or what we now call the "cure-focused" approach) and the same application to organizational management of crisis oriented groups like the military and EMS.

As the dentist was extracting the number two molar on my right upper jaw, he yelled to his assistant who was somewhere down the hall to bring him a particular tool

needed for this extraction. She yelled back “What’s it look like? He tried to describe it, then, in a huff gave up and left me with a device hanging and clamped on to the tooth to retrieve the instrument, himself. I heard him mumbling and chastising the young lady because all the tools he needed were not in the storage canister. When he returned he applied the new tool to the extraction until futility appeared to set in. So he yelled again for another one and received the same answer from the little helper “What’s it look like?” as she sorted through the canister. I could hear the steel metal objects clanging against each other as she seemed to be stirring them up. This time, the man became frustrated, and ran down the hallway cursing, and then quickly finding what the tooth needed and ran back, as more devices by then were hanging from the molar.

Within a few moments, the tooth came out and he began looking around the napkin on my chest and then moving my arms around in obvious search of something he seemed to have dropped, all the while holding onto the final extracting device which was holding the tooth. I looked down out of the corner of my eye and he was on his knees on the floor looking under the dental chair. Finally, I asked “What are you looking for?” He said “Not sure.” Then grumbled and cursed again. I asked a second time, “What’s wrong and what are doing down there on the floor?” He responded finally “I’m looking for the tip of the root.” “Where’d it go?” I asked. And he responded “Shut up and don’t talk or breathe hard through your nose! I’m not sure.” So, and being on Novocain which makes me feel inebriated, I said not to worry about it. “Maybe it fell into my clothes. I’ll look for it when I get home.” He said again “Shut up and don’t breathe through your nose. This may be a problem.” And I said “I don’t care and stop telling me to shut up!” Following the search for the root, he looked back up in my mouth, for example under my tongue and between my gums and cheek, for it; and then after checking to see if I had swallowed anything substantive said “Uh, look. When the tooth came out it punched a whole in your sinus which runs along the area where the root used to be.” And I said “What’s a sinus? It’ll be alright. I gotta go take care of my wife and get her from radiation.” He said, “No. It’s the maxillary sinus and the root tip may have gotten lost in it. This could get complex. So I have to send you to an oral surgeon and see if he can find it, right now. We can’t leave it up there.” I told him that I had my own oral surgeon that I would go

see the following week and maybe he could find it. "No. This has to be done now with my associate; he's the oral surgeon with whom I work."

Someone drove me to his oral surgeon who whisked me right in for x-rays and examination. Sure enough the sinus had a hole in it and the x-rays were inconclusive as to whether or not the root tip was in there. So the surgeon said "We may have to do surgery immediately, as in tomorrow morning, to explore for that tip and get it out of the sinus if it is in there." I told him I'd rather go back to the dentist office and look more carefully under the chair instead of going through surgery. But now the dentist office was by then closed.

The next morning the oral surgeon, no less a Harvard oral surgery school graduate, drilled through bone in the area that used to contain the upper number two molar, using a device that vibrated the entire building the same as would a power jack hammer knocking out the cement on the floor; no hyperbole. He went through the sinus and apparently higher into the face, in the process cleaning up the apparent mess the dentist had made. Here is where the hard part of this story begins and what it has to do with ETM's competitive position with CBT in western civilization in the years 2011-2012.

He pushed a suction device through the hole and into the (maxillary) sinus, all the while trying to find and suck up the root tip which he guessed was somewhere toward the nose. With no such luck in the sinus, he turned the suction tube and machine upward (pointing toward my eye), which engine was as loud as a vacuum cleaner, and as the end of the device inside my upper face approached the right eye, the nerves, later said by other experts to have been the infraorbital two and five cranial, apparently, components of the main Trigeminal trunk became caught in the suction system, then pulling my eyeball back down into the socket. It felt as if it were being pulled back out of my skull altogether, but strangely from the inside. I began yelling and even screaming (the eye itself was not blocked by the local anesthetic) and the device was turned off, but not before it severely damaged the Trigeminal nerve. Thereafter, the nerve was said by neurologists and neuro-ophthalmologists to have formed nodules or nubs in the damaged area. They began to emit pain that not only emulated that experienced during the accident, but began to proceed over time to produce continuous chronic pain of the non-endurable type in the whole of the right

side of the face, in the eye and socket, along and to the top and eventually center of the skull and its cavity where the brain is housed.

“Non-endurable” was to mean that I could not withstand the presentations of the pain cycles for more than forty-eight hours before I would decide, “This is it. I have to go; am done for.” In fact, I eventually, that is, several years later joined a VA sponsored three person support group of people affected by the same malady, Atypical (surgery or injury-caused) Trigeminal Neuralgia. But the group closed when the other two members gave up and took their lives. Importantly and for fairness, their surgeons were not from Santa Fe, however.

Significant to the reader’s understanding why the world is not facilitating ETM for the masses of trauma victims instead of CBT, the pain presented in never ending restarting (as in back-to-back) cycles. First, a pulsing stinging would begin at the spot of the damaged nerve about one inch below the right eye. It felt as if someone had just hit me there with the rounded end of ball pin hammer. That experience would then flow up the face to invade the socket, where the pain accelerated to that of having been just beaten with a rubber hose; thereafter, the effect would change to that of a wine cork screw device being twisted over the eyeball, itself, and as if the device while trying to uncork the bottle began cutting around the eye and more deeply into the socket, much as if the eyeball was the cork. Then the part of the cork remover that twisted (as if) straight into the eyeball’s center was beyond excruciating. It was as if the eye were being dug out with the cork screw. Of course I would have to again yell and scream during that part of the cycle as the cutting effect was incomprehensible and particularly to third party observers, as there was nothing for them to observe except a closed eye lid and many tears and my vocalizations. That part passed and was replaced with no further cutting but instead the feeling of a railroad spike for laying track being at first just pressed but then driven through the socket completely and behind the eyeball, continuing inward until the spike reached the back of the skull. On each occasion it seemed the invisible steel spike was increasingly heated as if attaining orange-to-red coloring denoting a hotter piece of metal-steel. The side of my head between the corner of the eye and to include my ear and scalp all the way around to where the point of the intrusion seemed to connect with the back of the skull would feel aflame, as if on fire. After about thirty to forty-five minutes of that part of the cycle, heat would die down and the inner skull sharp pain from the illusory

railroad spike would change first to a dull ache, as if a billiard ball were rolling around in the top of the skull; then it was joined by another and another until it felt like three to five spheres, all emitting at first a dull ache but that then graduated to emissions of poundings each at different intervals as if my head was going to burst apart by the crescendoing experience. I would go numb from seemingly several inches above my head and then to pass as if through my entire body from top to bottom (below my feet). I could no longer even cry or speak, but remained as if paralyzed, lasting like this for about fifteen to thirty minutes as I later was able to time and record the cycles during intermissions. The entire series of cycles or one long pain interchange would last approximately three hours before the cycle would restart with the experience that my faced had just been whacked or better said tapped aggressively with the rounded end of the ball pin hammer, again. But just proceeding the intermission, which included a blanked out fifteen minute period of no pain at all to speak of, the later identified as spherical and colliding cluster headaches would converge on the area directly between my eyes creating a psychological experience of profound loss and grief, when otherwise no one near me had died, except nearly myself, it felt like. This last part of the cycle would lose its physical pain being replaced by uncontrolled catharsis; that is, I would weep involuntarily not unlike I just lost my most favorite lifetime love, whomever that would be. Usually there was no personal identifier.

As noted earlier, the entire cycle(s) would last between two to and usually three hours, before restarting itself. It would last solidly until either I began pain medications, in the beginning comprised of two 500 mgs of hydrocodone. Those and increasing amounts through titration would stop everything and return my vision, which became blurred during pain presentations, to normal in and from the affected eye. Regrettably, the codeine only held the pain and cycles at bay for approximately four months.

Under the care of private neurologists and neurosurgeons, who warned me repeatedly not to go back to the dentists, I was switched to Amitriptyline with a new strategy. The idea was to replace opioid binding drugs, because they gave out so fast, with neurotransmitter effectors (antidepressants). Their purpose was to slow the charge's progression along the axon. Well along with the axon charge slowdown, so also was I commended to the deep along with it. At first, twenty-five mgs did the job of

interrupting the cycles and slowing them down to where, although felt, the pain would become endurable. But after about twelve months of those applications I reached 250 mgs per day dosage and was so toxic that I couldn't walk by myself into a store without my wife's pulling me along by my belt. And the unendurable levels broke through again.

We switched and titrated pretty much every available combination of differing meds for the next four years many times as each and cocktails or mixtures of the same would eventually run their courses of effectiveness. The cycles just kept presenting. And life became nothing more than adapting to the med side effects, which among other things was complete thought incapacitation for no pain to entry back into the cycles of pain which were always wearing the drugs down, always winning the battle.

Sometime in 2001 or 2002, I gave up the hope of the pain's stopping and allowed the use of opioids applied in the form of Methadone. That was a life saver as eventually the dosage stopped the experience of the pain and their cycles all together, or at least mostly, and simultaneously provided for stabilized thought. But I still could not work as creativity required in writing and other communications was not existent. Neither could I have verbal conversations with professional people. I could not think strategically enough even to play my favorite game of Mexican Train Dominoes. Nancy would have to sit next to me and tell me which domino to play and when it was my turn. And because she always positioned herself to follow me, she always won.

Almost a year after the oral surgery injury, Nancy, who was convalescing from the breast cancer treatments of surgery, radiation and some chemo was driving us to the hospital for one of my appointments when a truck on the highway and coming in our direction went out of control and flipped into our side of the highway instantaneously hitting us head on. Both vehicles were destroyed as the collision speed of the combination was opined by all investigators to be seventy miles per hour.

Nancy was pinned into our Jeep. She suffered body damage but regrettably to include brain injury of the frontal cortex (lobe) and anterior cortex. Although we were both wearing our seat belts, our Jeep was squished like an accordion pushing everything up to and upon our bodies and crumbling I would learn later the undercarriage's complete steel frame. The experience of the impact occurred for me almost in slow

motion as the three quarter ton and much larger truck interdicted the front of our Jeep and began to push through our vehicle crumpling the steel in ever increasingly large rivulets in front of us, much as I would imagine an earthquake might destroy a section of rock and earth in its path. For a flash of an instant, I asked, pleaded, “Do not keep going through my wife!” It felt, we both testified later, as if our bodies, brains and minds had been strained like some soft living material through a steel food strainer. Where in another time of my life I had been blown through the air by a Vietcong’s grenade, and in another incident knocked unconscious for hours, and even living through a crash of a UH46 helicopter at Binh Son, SVN, nothing was comparable to this head-on collision, which when the dashboard and windshield reached us also knocked me either senseless or out for only but an actually indeterminable apparent second. In the following still silence the next thing I heard was Nancy’s voice “Jesse. I am hurt.” Turning my head, again as if in slow motion I was without any equivocation completely terrified of what I would see; thinking that her body would be obliterated. It was not; but she began to cry, then louder in pain as the steering wheel and dash were pressed into her chest. Fearing the car would burst into flames I acted necessarily to save her, but was immediately surrounded by people coming to her aid. They stopped me from moving her, yelling over her screams that they would take care of her. They did; and as I slid to the ground holding on to her hand, people began to throw snow on the fuel pouring from inside the fore-wreckage.

While negotiating survival immediately following the crash, I experienced some very touching experiences that I remember both clearly and at other times as if in a surrounding haze. For several reasons, I had been moved to the center of the highway on our side while Nancy remained pinned inside the Jeep on the driver’s side. It was cold that morning, seventeen degrees. As I lay on the asphalt a young man held my head in his lap. He tried his best calling to me, while he periodically cried, as I drifted in and out of consciousness. He was shaking from the cold; he had placed his jacket over my upper body. I began to notice that I was warming no matter the deep freeze as he kept laying other jackets and even large coats over my body. I asked how he was getting me so warm. He explained that people driving by and before the ambulances arrived — which took I’m told more than forty minutes to find us — the drivers coming upon the scene were pulling to the side of the highway, removing their coats and outer wear and bringing them to him and those helping Nancy,

covering us, shielding our bodies from the temperatures. I know that we were in shock, and Nancy was yelling, it seemed, almost all the time. I would like to say that that young person and all those people who covered us for that period, I believed they saved our lives with their caring, hard work and their own clothing. I hope they got their coats back. Thank you, you very good citizens and fine human beings on that morning of January 21, 1997.

The jaws were required to cut Nancy out of the wreckage. We were taken then by ambulance to St. Vincent hospital in Santa Fe where we apparently survived. I had some fractured chest things and left side head injury. We were immobilized for approximately six months and she was unable to walk. We were taken care of by church groups and extremely kind neighbors where we lived in El Camino on the outskirts of the city.

Nancy and I were assisted in moving to the small community in the Northern Sangre de Christos of Angel Fire, New Mexico, where we convalesced from the three events, visited hospitals and were additionally treated by specialists visiting us at home.

The oral surgery-caused facial nerve damage predominated for me the auto injuries. During my nationwide searches with the top neuro surgeons, in the end consulting with about ten, I was told that the TN would never stop unless the damaged nerves, which did not lend themselves to surgical blocks/severing in the face, would cease emitting the pain cycles, which they did not except for the interdiction of the opiates. I also had received from the collision body injury in the forms of separated sternum, cracked ribs, shoulder dislocation, left side head injury and injured legs. Nancy was the most seriously affected as she had lost significant capacities in both short, working and long term memory. Test results showed that she was knocked ahead at the time of the injury twenty years in brain and attendant mental processing deterioration. She went from sixty to eighty years of age in mental functioning within a nanosecond, we were told.

But worse for her, two years later she would develop OCD behaviors that made life for her virtually unmanageable. She would experience long periods (several years) of stability only exceptioned by memory loss, but then enter for months or a year dramatic personality change that I won't record here; but during the aberrant behavior periods she was no longer capable of meeting any of the responsibilities attending

clinical administration of ETM and TRT within her former supervisory clinical and training roles.

The effect on ETM's dissemination by both or either of us is that it was stopped for about ten years, other than my maintaining the support system on the Internet. Without my or Nancy's assistance, Craig had to return to work full time as a psychotherapist. He could no longer continue the trainings of professional people without my directing and guiding the activity. Where we had built a certification program for the twenty five hundred psychotherapists, counselors and crisis managers in approximately twenty states by the time of the injury, we could no longer manage or otherwise advance the system, except again, with the pre-injury work done by placing the support documentation, which came in the form of a highly recognized distance learning tutorial for professionals and patients on the Internet.

Rarely, I'm proud to say, did we have to solicit entry into our schools prior to the, for us and the ETM dissemination effort, catastrophes. Following them, we were contacted by notable groups like the FBI and Peace Corps which requested that we put our program into their organizations. The FBI fellow wanted to make the application to the FBI available then to the approximately ten thousand police departments throughout the country. But neither Nancy nor I were managerially coherent or otherwise capable of doing any professional work that required thinking, feeling or even discourse. So we had to decline those initiatives.

There were a couple of other influencing problems. In 2005, Nancy was diagnosed with Chronic Lymphatic Leukemia and in the same year suffered a broken ankle brought about by the influences of the other maladies. Things for her became very complicated, particularly because I was still immobilized by medications, the recurring pain cycles when trying to reduce the medication applications, and by the injuries to my body and strengths resulting from the auto injuries. Moreover, she had to be treated quarterly in Houston for the CLL and the brain and other body injuries and periodically presenting behavioral maladies.

The other problem was that I was always during my activities affected by combat trauma from my tour with the Marines in Vietnam occurring between 1965-1966. I had two TBIs (traumatic brain injuries with attendant concussions). I had been affected for the thirty years prior to the surgical injuries by flashbacks, nightmares

and so forth. When the pain from the oral surgery accident began, it reinitiated with the cycles a continuous return to the combat trauma experiences and exacerbated the malady. In reviewing the research, I found that this was a fairly common occurrence for so affected patients. The combinations of the experiences from the surgery, the auto wreck, interaction with the combat traumas, and the psychological dynamics attending Nancy's cancer and near death in the wreck all complicated the convalescent period.

In 2005, I was able to scratch out (meaning not very well done) an online testing program that would allow people who had wanted to train in our model to be so and to include becoming certified. However, neither I nor Nancy were capable of providing direct teaching instruction. In 2006-2007, the Walter Reed scandal for combat veterans erupted and Craig asked me to get into the battle over the treatment scandal even though I was limited in what I could do. During our DOD trainings of 1990-1992, Walter Reed had been one of our start up clients from which we had to withdraw following the accidents and diseases described above and the changes in the DOD following the Gulf War. So I started a blog in 2007 in an endeavor to help in the battle for proper veteran care. I appeared to be getting back some strategic kinds of thinking faculties, but the overall capacity that I enjoyed previously in my life was still considerably diminished.

In 2009 a miracle (which it felt like for me) occurred. The pain from the nerve damage began to decrease and with its decline so also did decrease the requirement of the meds. By October 15, 2009, I took my last opiate and found that the pain in my eye and face had declined to endurable levels. I still had the facial, eye and inner skull cycles, but I was able to knock them down with large applications of ibuprofen. I finally concluded the rest of the medications related to all the injuries in February of 2010.

Regrettably, the medications' side effects had done some fairly serious internal damage to not just my brain but my liver, respiratory and digestive tracks. On March 18, 2010, I began to hemorrhage dramatically and lost three pints of blood in approximately one hour, requiring emergency hospitalization and then convalescence for internally scarred intestines resulting from the medications' (of which there were twenty-eight varieties applied over nearly fifteen years) usages. The large amounts of

ibuprofen of course contributed to the rapidity of the large amount of blood loss. Eventually, I would have the need of two additional hospitalizations resulting from hemorrhaging, losing about the same amounts of blood on each occurrence.

I also lost most of my teeth from the medications' side effects as well. I now know that these additional occurrences are results of the need for and uses of the extensive medications attending the underlying ATN, from which I still have incapacitating attacks, but not of the unendurable kinds of pain described earlier.

No matter the adverse influences of the drugs and continuous but endurable pain, the miracle was that beginning in the summer of 2010 and to the current period in 2011, I have been able to return to some writing and strategic planning and production. Albeit, I am very slow and sometimes write long sentences, even using the wrong words to express a meaning — and neither Craig nor Nancy can participate in production — I have been able to reinitiate the ETM approach in an attempt to finish and intendedly win this war pertaining to ending psychological trauma and criminal violence as the world knows it today.

Throughout this fifteen year medical battle for myself and my wife, I've always known that were it not for this unfortunate experience and its influence on our production capacities, the competitors to which I've dedicated this particular work would not have even gotten to first base, as they say in colloquial terms, had I not been, literally speaking, knocked pretty much out of the competition during this decade and a half. I know that the CBTers and even the generalized Client Centered Therapy folks I've referenced, including organizationally-speaking academia, Harvard in particular, and the VA's National Center for PTSD would have never drifted the field into the direction it has gone; it could not have done so if having to go against in fair and straightforward competition (that is, me having my old or former brain and the help of my wife and associate) ETM, TRT and SHOM. And I would be on my way to achieving my objectives and goals of ending violent crime and murder as they have been exploited as political tools in the previous several thousand years.

Now you know why I think that the dentist and oral surgeon in Santa Fe, NM are responsible for the advent of CBT in all the wrong places, and indirectly at least the continuation of terrorism and other criminal violence. Had that dentist kept his tools

next to the operating chair instead of searching down the hall for them, then the referenced sequela of devastating events would not have occurred and I would have continued to outperform all challengers. And when every time a terrorist murders someone in order to advance some cause, I have cursed those two tooth guys for wounding and thus interfering with my achieving what was required of me; and I feel deeply saddened and also even angry that I haven't been able to stop all these people from being so harmed, yet.

“Yet” means that as my faculties are returned, the person to blame for what happens to these innocent peoples' lives returns to me. That is, I know how to stop it, which is what I am obligated and intend to do. So if blame for the political murders of the world is important to you, from now on you can place it on me if I don't succeed. We'll see how providence plays this affair out to and in the end.

You are reading correctly. The main point of this chapter's inclusion and ending is that where all other outcomes of therapy are interpreted as the responsibility of the patient, client, recipient or the mindset and actions of the perpetrator, in TRT, ETM and SHOM the outcome is the responsibility of the therapist, facilitator, manager and modality.

Hence, if I get better, so will the world.

Part Seven

Proof? Thanks be to Safely Sleeping

“Safely Sleeping:” A Hallmark for Determining if CBT Is Really a Therapy, or Is it just Plain Old Didactic Education?!

In 2008, a SAMSHA administered grant for combatting combat PTSD and SUDs was initiated in a single county in the state of Georgia (not the country in the former Soviet Union). It was a good idea and pretty well coordinated plan: screen military-combat caused PTSD in former combatants who were about to become prisoners and send these good folks instead through a series of programs intended to intervene on psychological trauma caused by war after these veterans had reentered the civilian world, but were unfortunately about to be incarcerated for likely related criminal misconduct.

There was a central flaw, in my view, which confused the ETM trainer and TRT counselors in Georgia as they interacted with the program’s implementation through one of the State’s mental health managers. That leader would provide lectures and framework orientations to the community overseeing component of the grant, about thirty-five or so SUD and PTSD professionals representing the professional and private citizens of that part of Georgia. And, during virtually every one of those lectures or what I thought were Delphi Technique-led discussion séances, this gentleman would vociferate that PTSD was incurable, giving credence to the coping approach which he was advocating. I hope he was planning it to come out that way as the Delphi, AKA the Alinsky, group leadership method for getting your own way and making it appear that some kind of community is thinking and adding “input” on its own has become illegal in some places. Everybody is trying to get back to real life honesty, also called REAL due process.

The grant made funds available to purchase the Harvard professor’s Safely Sleeping Cognitive Behavior Therapy program. It consisted of a series of lectures and attendant instructional manual and videos for administering psychotherapists who were describing this psychologist’s Cognitive-Behavioral view of PTSD comorbid with SUD. Significant to the point made in this section, the program was called throughout its manual and on its supporting website “a psychotherapy.”

The grant was prepared, however, to reference the program as “Psychoeducation.” That has big meaning in Georgia. Where “Psychotherapy” in Georgia must be administered by a Licensed mental health practitioner such as a Licensed Professional Counselor or Family Therapist or Psychologist or Psychiatrist, “psychoeducation” on the other hand could be administered by someone like a pastor or non-licensed individual. Mandated MD participation was expensive and psychoeducation-approved pastors were cheap, as in free.

On the surface that doesn't seem like much of a big deal; certainly it would appear to be nothing to get excited about. However, and although it slipped most folks who study these things, it was. Here's how.

As I understood the program, it consisted of twenty-five lectures and attendant group styled séances where whomever presented the material didactically. For the previous decade, the entire program was marketed as “A Psychotherapy,” which also by the way happens to qualify for third party reimbursement in the professional world of mental health treatments. That is important when marketing to therapists. Their services must qualify for such reimbursements so the therapist can get paid and not rely only upon self-pay by patients. But this application in Georgia was to be applied somewhat differently.

According to the proposal and then the grant itself, the program was being administered as a pilot or test for integration with the prospective application to Georgia's peer-led PTSD three hundred support groups available in all counties throughout the state. That's a good idea, we thought, to strengthen those peer-led groups with some education, even though it presented a completely different (being Nosotropically-focused as opposed to Etiotropically-focused) spin on combat PTSD than was provided in our Etiotropic approach. And I truly admired the people of Georgia for wanting to do anything at all for their combat veterans, even if it wasn't what I would and did do in private settings for them through the ETM professional certification program for providing unquestioned psychotherapy in the form of TRT as I would have done it.

Although there were several problems with the proposal, as I was told; for example, the Safely Sleeping model apparently advocated controlled drinking and allowed the

use of alcohol during application of their model to patients diagnosed with PTSD (there was no plan for screening for alcohol use during implementation), and which upset some of the abstinent requirements of the extant drug treatment professionals in the area, there was really only one issue in particular that caused a problem that required address in this section. That had to do with the nomenclature the SS program vs. the grant implementation used in describing the essence of the program.

That is, if sessions were referenced as psychotherapy, the state believed that each unit would require medical doctor supervision. That would make the program more costly considering the three hundred prospective applications. Adding to the decision matrix, and in each of those situations, the state with the assistance of the grant funds would pay for the person who administered each session. Third party reimbursement was not required. So psychoeducation fit better the costing side of the implementation economic aspects of the program. And “psychoeducation,” too, would allow for peer group member administration should that be the final application. Peer group members, meaning peer only facilitators, no matter possibly having specialized training could not administer “psychotherapy” — state law.

For those of you who don't know what this is all about, psychotherapy is governed by local and national accrediting organizations that control professional education, conduct, ethics and performance. Psychotherapy, therefore, is serious business in the mental health field. Psychoeducation and peer-led counseling, on the other hand, does not have a comparable quality control management mechanism. Although it is considered important, it is nonetheless not perceived as valuable as actual psychotherapy. Moreover, there are no controls on record keeping or other means which are as extensive as required under JCAHO or equivalent government licensure standards that audit for such things as treatment planning, congruency of medical and psychotherapeutic applications from assessment, diagnosis, planning and unit charting and with documented progress to which professional folks are trained to administer and in compliance with their auditing authorities. In this instance as in most, psychoeducation can facilitate discussion and it plots progress by attendance. Incidentally, as this was a jail diversion program, the veterans had to attend the lectures are go to jail; a very well done incentive builder to confirm to help with achieving success: coming up next! Pretty simple and particularly easy to understand.

To provide an example of how that success was determined, the Safely Sleeping program noted in its literature (prior to and until 2008) that it measures success by the number of people who complete a particular section of the twenty-five lectures. There are four such sections each of which covers a different topic area. Hence, if six patients begin a section and four attend all of the six lectures, and two patients drop out, then the program success rate is determined to be approximately two-thirds or 67% successful. It doesn't matter to the statistical calculation of success if the people complete the other three sections, as I understood the program's literature. There was no measurement for individual progress toward symptom reduction or as we measure for identity restoration as is provided in JCAHO styled overseeing progress and medical care quality. There was only a statistical conclusion based on attendance. The idea apparently was that there is no cure anyway for PTSD as the proponent for the grant argued, so like the codependency self-help programs relating to just about every behavioral disorder known to man, there isn't any cure for the disorders; there is just the common knowledge mantra that the purpose of the attendances is to keep coming back, and the education will help one to become motivated to choose the right path to cope with the disorder – the methodology was intended as an intervening and then/thereafter supportive coping activity. That whole system then perpetuates not just itself and the lifetime of séance styled and applied continuing education through attendance – where affected folks just keep working their programs forever – mostly based on sharing experiences and following advice from other travelers, and becoming introspective and always looking for didactic (educational materials).

Now I've already said that if you don't know how to cure psychological trauma from combat or chemical dependency (in conjunction with achieving sustained sobriety), then the swirling and never-ending presentation of symptomology or Nosotropic approach is better than nothing, and something that can give both affected individuals (identified patients) and their loved ones hope and in some cases (again, hopefully) actual progress toward achieving symptom reduction, the goal of the coping Nosotropic approach.

But to administer such a never-ending (assuming the unfriendly part of Islam keeps blowing us up) first (see the earlier chapter on National Security) bubbling, then ballooning, then Hindenburging as in an ever-burgeoning system that eventually

combusts itself to smithereens, can have demoralizing effects on participating individuals, the community which loves their veterans and wants to see them get the best help and care available, not to mention hopefully eventually get better. And, think of the attitudinal influence on those great military men and women on active duty who really don't want to be stigmatized by the prospects of joining at the end of their illustrious tours or careers the lifestyle of the ever incurable insane.

Better yet for the Safely Sleeping peer led mostly drug using (alcohol and medication) psychoeducation integrated with the never ending "Keep-coming-back-it-only-gets-better" peer-led approach, there's an ever increasing non-impaired by such things as spoiler interrogatories like "Does anybody get well all the way?" market for once didactic-based psychotherapy but now only psychoeducation sales. Considering the economic growth prospects for this approach (for the vender) to combat coping for infinity applied to the total number of state counties in just America alone, and we haven't calculated the multi-lingual versions, I thought I should try to buy stock in the non-cure psychoeducation version of Safely Sleeping, also a product ingeniously and initially developed with Federal grant (meaning taxpayer's) funding, according, that is, to the attendant literature. And I also wondered if I should have gone to Harvard or at least somewhere in Massachusetts instead of The University of Texas Business School of Accountancy to learn how to do the business aspects of this product and industry right. UT was always big on ethics, which clearly I could have done with less of.

Well; what would they say if my trainer in Georgia were to write Safely Sleeping a letter and ask them the big question? "Would you please declare for purposes of federal grant investigation congruity whether your program, which we were assured is same-same (at that time) regardless of the nomenclature, is "a psychotherapy" as noted in the title of your website and educational materials for administrators, or is it psychoeducation as now referenced in this grant?"

Sure enough, although no one answered that interrogatory, at least things were apparently straightened out the next day when "A Psychotherapy" was removed from the site's heading title. I don't know what they did about the hardcopy (administrators' manual). Albeit, I'm not reporting this profound event as one of the high points

of American investigative journalism, the electronic fast editing response to our challenge proved for me that the epitome of Cognitive Behavioral Therapy is misnamed. And, I just wanted to make sure that they knew that I knew that they didn't know what they were doing; CBT is not a "therapy" after all. And that explained the conflict with and for that non-politically-correct but rather harsh speaking scientist referenced earlier from England. Again, he opined that CBT was a public rip off — "a second class therapy for what people thought were second class citizens." That is, it was sold as therapy; but did not require as much effort to administer and apparently didn't help the people adequately. Too bad. Sort of like phony medical care or quackery he seemed to think and with which I agreed most of the time, at least when applied to psychological trauma, and particularly the American combat veteran.

Thanks be to whomever for removing that description (psychotherapy) from the site title. It certainly clarified that the recognized best, meaning the Harvard spawned SAMSHA EB approved, of CBT is just plain old didactic edification combined with advice-giving; which of course is why the program never works, unless of course, showing up for four out of twenty-five lectures in order to stay out of jail means that it does work. If education and advice-giving ended PTSD, then all the movies, books, articles, plays and TV shows about combat trauma would have already cured every body from the last couple of centuries; thus the authors and promoters of the CBT show-and-tell approach have to cover with "There's no cure for PTSD." Somebody needs to keep expectations down or at least limited so they'll (patients, therapists and the public) stay in the loop. And our veterans in the government program could morph into just having semiformal get-togethers, watch some pretty serious psychoeducation, shoot-the-breeze with each other about daily life and learn at the same time to get in touch with their feelings — that they can change with the happiness control model once they learn how to delude themselves properly, be open about combat experiences, use Muhammad's CBT-based three-strikes-approach to the guys coming to group drunk, and then evolve; maybe spiritually? Like somebody says though, "Better than nothing." If that's all we can achieve — are shooting for: mediocrity or less. Compare that to ETM after a couple of years facilitation and your view of shoot-the-breeze psychoeducation transcends into clinical and managerial malpractice. It is sort of a professional growth thing.

Heck. They could get that hope-somebody-gets-better effect just by sending the Georgia combat guys to the Himalayas, again, (assuming the Chinese will let them in) where Hemingway sent his Shell Shocked characters to study their inner selves in his WWI stories. Looks like we've come full circle from the beginning discoveries and addresses of psychological trauma by pros, except that now we use shooting-the-breeze didactic lecture formats instead of Buddhist monasteries and pagodas in the mountains. Frankly and unrelated, thus only intended parenthetically, if the People's Army is uncooperative, I'd rather bring the Buddhist to populate that southeastern part of the country and have their monasteries / pagodas strewn all over that gorgeous Georgia countryside than Mosques, anyway. Buddhists are always a lot more calmer (intended use) — because they blend such serious (high content) existentialism with their RET balancing component (becoming enlightened by shifting perception to the always bigger cosmic picture) of its model — than those seemingly over-excitabile and often hopped-up mean-sign-carrying and usually oppressed (but apparently not adequately) Muslims who represent that other and also deitized CBT, again with an emphasis on the "B", approach: "Do it our way or we'll kill you!" The landscape covered in those multi-orange-colored-robe-clad other spiritual folks would make for a great, not to mention more artistically aesthetic and palatable decorative counter to the current Islamic spiritual-combined-with-super-strong-CBT-psychoeducation invasion force. That is, the Buddhist usually don't have those ugly beards that confuse Islamic men with the old kinds of Mormon ones, nor do they dress their women in olive drab black Darth Vader headgear-topped outfits which decorative presence not only defaces the scenery, but scares the hell out of the locals.

See how simple it was to straighten all this out? — at least in Georgia where non-costume-`adorned Southern Baptists proliferate the new ever changing clinical thinking landscape! Smart! Unlike their foreign competitors, the good Baptist just blend in with the populace and the secular providers; that is, until they start trying to administer psychotherapy. It's a little bit like trying to merge John Knox with Jean Paul Sartre and Siddharta (before he started eating again), except without the Drowning Pool's EB construct to fall back upon for intellectual and methodological stability.

A discipline enmeshed within an active professional helping community to be proud of! Dig deep into its innards and find cutting edge quintessential Nosotropically administered intellectual whack-o-mole, otherwise now euphemistically called eclecticism, which in 2008 was being arrested by the federal courts for being confused. Lexis Nexis key word search: “US Attorney versus Georgia State Mental Health Department.” It would be funny except that it’s not so to the surviving families of that mental fix-em-up-witches-brewed-quagmire who’ve lost their loved ones tragically to suicide in the facilities brought to you by the same folks, government administrators, who conjured the peer-led Sleeping Safely experiments for the returning Iraq, Afghanistan and what-ever-is-up-next War veteran masses.

Part Eight

Conclusion

Summary of What to Do and How to Do it

This counterattack by me — as the author of a competing helping paradigm — upon which my work has shown to be the *bête noir* of psychological trauma's cure, would be totally unnecessary if the United States government elevate into its principles, not just giving it “Notes” play, the use of legal definitions, that is, logic and reason as decided by a jury, for evidence of treatment effectiveness instead of those coming out of the application of laboratory styled scientific principles applied in conjuring this kind of Evidence-Based definition. Wikipedia.com has produced a fine non-partisan definition of the word “cure.” Use it in place of the silly professional delusion creating apparatus called EB.

Return the database of truth to the full public and free media through all publications, not that bigoted and prejudiced body of literature called peer review journals. Furthermore, the federal, treatment and academic leaderships who have conjured this bureaucratic systemic psychopathological catastrophe can be intervened upon successfully in an open forum of real discussion. In a fair arena, thanking somebody for the Internet and given that my health allows me the time, I would enjoy addressing in that debate their phony claims to intellectual ascendancy. Their arrogant admonitions that they should have the exclusive right to control the time immemorial decisions pertaining to ontological definition of man- and woman-kind must be confronted in order to roll back their calamity in the making. The government's task in this instance should only be one of assuring equal rights to thought via competition of intellect, service and expression.

How can it do that?

1. Change the identification name from the euphemistically Evidence-based category to employ it for what it is: a Nosotropic-based management approach. Then add the Etiotropic-Based nomenclature to the new category at the top. Or, keep “Evidence-Based” as one heading and place Focused Caring-Based alongside as the alternative. And if that’s not clear enough, place the slogans below each category like this:

Cope	Cure
Behavioral Science or Nosotropic Approach to Trauma	Strategically Ontological or Etiotropic Approach to Trauma
Evidenced-Based For Coping with Trauma	Focused Caring-Based For Curing Trauma

See how easily clarifying that is? And aside from that, it's the American way. It's called choice and competition. Another term that fits is called freedom.

2. Get out of the referenced one-sided "Evidenced-Based" performance measurement business for psychological trauma care and treatment issues.
3. Order government's pertinent agencies, for example, the VA's National Center for PTSD and SAMHSA for starters, to retool their management configuration to point outward instead of inward (which relies upon entrenchment). Specifically, establish a department that searches the world's great database, the Internet, and all libraries or other outlets constantly for every effort to improve upon or otherwise influence the care or treatment of combat veterans affected by psychological trauma. All the department needs is an Internet connection and a person with a connected computer who knows how to use a search engine. Then follow through with efforts to understand the big picture, not just the one limited by and to so called peer review journals. If somebody from either the Dar al Islam scholarly or Dar al Harm styled non scholarly environments claim complete resolution of or otherwise a cure for psychological trauma, then get on it and study it fast. Demonstrate that you are constantly doing your job of improving veteran care instead of protecting bureaucracy managers' careers, epistemologies and training backgrounds.
4. Don't side with ideologies, unless they are mine. They come out of the U.S. Constitution which already protects individual identity, the ontological aspects of humankind. Specifically, get out of the manipulative business of telling its citizens how to think, feel and behave, as does Behaviorism and CBT. America is not Bolshevika, yet.
5. Replace the VA's mental health in-house programs with pay for service private enterprisers. Let that constituency determine the meanings of quality care. The government is constitutionally incapable because they are not in

arms-length relationships required to provide true (unbiased) clinical service mental health work on their own employees — veterans.

6. Make the treatment trigger psychological trauma etiology (injury to identity) instead of conformance with PTSD nomenclature currently thought to be needed to initiate the helping response.
7. Lean on the psychiatrists to change the DSM definition of Post Traumatic Stress from a disorder to an injury (Psychological Trauma Injury - PTI).
8. Adapt Episode-Based billing practices for trauma, submitting claims for the end to end — thus conclusion to the — reversal and culmination of the existence of each source of trauma. I can tell you exactly how much it will cost per source for every type of trauma influence affecting western culture (I don't predict eastern culture's trauma resolution costs because getting through Buddhism's influence is somewhat tough).
9. Give Purple or some other colored Hearts to trauma affected veterans signifying with a clear symbol our understanding of their wound and how proud we are of them for giving so much to our country.
10. Modularize combat trauma's cure with ETM's strategic application and remove sensitivity trainings from their convoluted applications with the behavioral management principles that are otherwise time tested pillars of military training and management.
11. Hold individual providers legally responsible and monetarily accountable for their claims and performances with individual patients and organization trauma management contracts.
12. Give value determination for treatments back to the market.
13. Referring to CBT's wide adoption by government agencies, stop dumping as Andrew Samuels in England's Guardian said is "a second class therapy on what the establishment elite perceives as second class citizens."
14. Strengthen audit procedures for individual and facility compliance with JCAHO level standards, not the so called overarching principle of Evidence-Based management operating in the hands of our great federal and state bureaucracies; they arch so high that they don't just miss the point, but cause damage about which they are oblivious.
15. Invite academia to participate in its traditional role as observers, reporters and the opining professors that they are, as long as they can show that their distant observations are not connected through systems measurement control back to individual patients, thus causing no harm by the superficial aspects of their understandings and concepts of humankind and learning now representing the preponderance of academic training being provided to counselors.

16. Institutionally disconnect symptom evaluation theory in the assessment of psychological trauma's effects from disability. If the trauma wasn't cured when it happened, pay combat trauma affected veterans instead for the damages done to identity for however long it took the government to get to their employee and competently — meaning to completely expunge the psychological influences of — address the injury. Focus upon the facts that the event occurred and may have influenced them profoundly, and that they deserve to have the effects addressed. Don't tie symptoms to the factual address of etiology by the patient, that is, if you want to remove the issue for that individual, his or her family and the community, instead of putting people into peer led group therapy for the rest of their lives trying to figure out who they are and what happened to them along the way to being that person.
17. During assessments, don't ask combat veterans stupid questions like "Have you had any symptoms of PTSD since you were blown up by the IED?"
18. Give every American Veteran — before you dope them up — the choice of addressing combat related trauma by helping them to cope with it for life or have it cured immediately and forever. Let the combat veteran decide whether or not his or her trauma was cured.
19. Make controlled-drinking-teaching therapists and their treatment organizations and authors civilly responsible for any deaths or personal property damage caused by their patient when convicted of DUI occurring in concert with the catastrophe.
20. NEVER again experiment on American Veterans affected by combat trauma without the public's vetting of the project, or at least asking me or one of my followers if I'm not with us anymore, for permission.

Part Nine

Credibility

Now, who are you going to believe and trust?

Government, the whole of Behavioral Science-based academia and its affiliated treatment and social management communities, all of western civilization's psychiatric and PhD level associations, the DSM, or me, the only person from the same civilization who has developed a complete secular cure for individual and systemic psychological trauma, simultaneously and attendantly (meaning concomitantly) guaranteeing eradication of undeserved repeating violence in all its forms as those two small *bête noirs* have controlled humankind's learning model, thus the images — perceived outcomes — of its existence, pretty much forever?

Where to Read about EB from EBers

For the study of the Evidence-Based modality from its advocates' opposing views, here below are some excellent resources. In fact, one of them even refers to itself as a Center for Excellence, which title, although I admire its hoped for ideal, I never understood even though I read all their principles.

By the way, with the caveat provided at the end of this paragraph, they are the same as those required by JCAHO and state government licensing programs, of which we had nine, every one audited annually for compliance and patient progress by the accrediting organizations. Aside from being the Chairman and CEO of all plant, I was also the compliance officer, a magnificent medical management training and learning experience working at both initializing macro and micro levels with credentialing auditors. And because of what they taught me, free even except for JCAHO fees, I never met an auditor I didn't like, at least after being converted to their discipline of focusing every iota of teamwork on caring for the patient. But neither they nor I used that gifted organizational management system to shift the focus of the work to suit some other political constituency living in another Galaxy. That is both irrelevant to and diversionary of the healer's, as of course opposed to the researcher's, task of caring preeminently for the patient instead of science.

COCE; SAMSHA's Co Occurring Center for Excellence

Overarching Principles for addressing Persons with Co Occurring Disorders focus on SUD

Evidence-Based Mental Health Treatments and Services: Examples to Inform Public Policy; Anthony F. Lehman, Howard H. Goldman, Lisa B. Dixon, and Rachel Churchill; June 2004

Part Ten

Epilogue

In a far, faraway place . . .

Well, maybe that's too many "fars" as we are only talking about the shining city of Atlantis in the great state of Pluto rising somewhere out of the Southeastern United States — and as you will see significantly contiguous with the Bermuda Triangle — at the beginning of the twenty-first century, a trans- or multi- gendered (reported to have only recently completed the female to male transition) executive manager directed the mental health component of the local Atlantis, Pluto American Veteran's Hospital, during which activity a staff tragedy occurred. One of the team members was seriously injured in an accident, reportedly nearly dying at the time. He only had a 91% chance of survival.

Trauma's organizational effects were pronounced. Staff individual and systemic behavioral symptoms presumably included expressions of individual anxiety, inability to focus on patient care, failure to respond in timely manners to management directives, tardiness and absenteeism, apparent indulgent – inappropriate obsessive-ness with the condition of the injured team member, a fear of harmful use by employees of medications, alcohol or illegal drugs, and some episodes where interpersonal and collectively manifested kinds of distress vocalizations, also called unusually high presentations of over-emoting — sometimes referenced as crying — even presented.

During the weekly professional staffing meeting, the newly or thus possibly still dually gendered manager / executive director interceded the discussion, changing it to a therapy session for those professionals affected by the harm to their friend and associate. The director turned group therapy facilitator evoked, it is said, Cognitive Behavioral-styled group séance rules for addressing the unprecedented and unruly emotion stemming from the accident. But as the group proceeded, several members remained silent. Moreover, when the director tried to facilitate the discussion with affected staff, none reportedly would make eye contact with the impromptu facilitator. Worse, faculty — which included hospital psychiatrists, psychotherapists, nurses, Licensed Professional Counselors and administrators said that they would prefer not to discuss the event and their personal experiences of it in this particular setting and at this noted time. "It didn't seem right." some are said to have said during the meeting.

Finally, the group's leadership after trying everything apparently known within the scope of CBT training responded to the subordinates. "OK, WE'RE GONNA GET THOSE FEELINGS OUT NOW! START EMOTING, GODDAMMIT!!!" Thanks to a lone therapist with the courage and apparent know-how to vent fast, the group process-saving counselor responded "Well, I felt sad, sorta, I think." "Good, good!!" said the director. Great session and glad we got those little idiosyncrasies out of the way! Ya'll get back to work! I need to go square away a group of Marines. I don't know why they don't get some Seals in here so I can help them to live right, too."

Following the staff meeting turned clinical session, that management moved on down the hall to demonstrate for new VA mental health recruits how to use Wand Waiving Therapy (WWT) with which they could show a group of Afghanistan and Iraqi War veterans comprised of — the most valiantly courageous and honorable of our culture — United States Navy, Army, Marine Corps and Air Force combat veterans how to get their lives in order.

That therapy is reported to have been developed by a woman who while walking in a blowing field of tall weeds concluded in an instantaneous epiphany that the waves of vegetation could be emulated by waving a stick in front of PTSD affected American war veterans while they retold their combat experiences. The creativity was spawned at about the same time of the run of the sleeper movie that depicted a WWI Scottish veteran recovering spontaneously from Shell Shock as he walked across a nicely verdant covered hill on the beautiful emerald northern elements of that isle.

The rest as they say is history. WWT, categorized as a CBT modality, was published in concert with a statistical analysis of its efficaciousness in a peer review journal and then studied by the Veterans Administration's prestigious PTSD National Center, a coincidentally Nosotropically-biased-based organization that by some chance had-has never heard the word Etiotropic even though its management paradigm included a claim for trauma's complete resolution and thus a cure for PTSD; had been developed with no cost to the taxpayer over a ten year period in fully Texas government licensed — annually audited for performance and JCAHO chemical dependency and psychological trauma treatment centers; was reviewed, screened and referenced in 1990 by the military Chaplains clinical leadership of the Department of Defense (DOD) as the "Best and only complete trauma management approach to PTSD,"

recommending that the Etiotropic model be implemented in all DOD military training and hospital programs — including Walter Reed; where following five years of application in every major Texas’ border community from Brownville and McAllen to El Paso — some of the toughest places in the world to fight trauma’s deleterious influences on organizational process — recommended in its conclusions presented at the Texas Education Agency’s (TEA) September 4, 1994, annual conference that because they had found ETM to be “the best model for trauma management available nationwide, that every educational professional and counselor in Texas’ one thousand fifty-seven school districts be ETM TRT trained and certified;” had trained more psychotherapists to have included having been a part for four years — even before the VA Center’s opening in 1990 — of the University of Houston’s advanced curriculum for training Chemical Dependency Counselors in psychological trauma for Texas State Certification than the VA’s Center ever would over the next twenty years; was made available for study in thirty-nine publications before that Center’s existence, of which every note of that literature was then made freely reviewable to that center during its formation and start up via point and click analysis in the ETM Tutorial – it was hailed by Southern Florida University in a 1997 eleven million dollar Federal grant request as the “best distance learning example on the Internet;” and that the Etiotropic cure as opposed to coping approach was presented over thirteen years between 1982-1995 in eighteen major academic institutions of higher(?) learning symposiums-conferences in Texas. The VA National PTSD Center through its millions of tax-payers’ dollars supported researchers / employees located in one of their outlets being no less than Boston, Massachusetts — arguably one of our greatest hubs of academic, research and scientific erudition — concluded that although the California culture-conjured CBT WWT method sometimes appeared to help some trauma affected persons reduce trauma symptomatology, the use of the wand, itself, seemed to be unnecessary.

“Any sign . . .”

Part Eleven

*You either beat It; or It's going to beat you.
Regrettably, red is the color of blood and carnage.*

Now that I've said what I needed to about the moronic aspects of this industry gone wild, it's time that we put the competition for the hearts and minds of the helping world behind us — “Let's all pull together!” as they say, but “my way!” With that decision behind us, we can now focus on perpetrators and their psychopathic systems-organizations and stop them from harming innocent people. You can see how I intend to do that Etiotropically for one cult-based perp system in my next book for you publics. It is entitled

To Defeat Islam

— *Without Harming Innocent Muslims* —

Apply

Strategic Human Ontological Management™ (SHOM™)

By Jesse W. Collins II

*So the first thing we do, let's kill the lawyers;
Second, we fire the psychiatrists;
Third, we start over with a new plan.*

William Shakespeare?



Jesse W. Collins II outside his home in the Moreno Valley, New Mexico.