

# PTSD A SOLDIER'S STORY

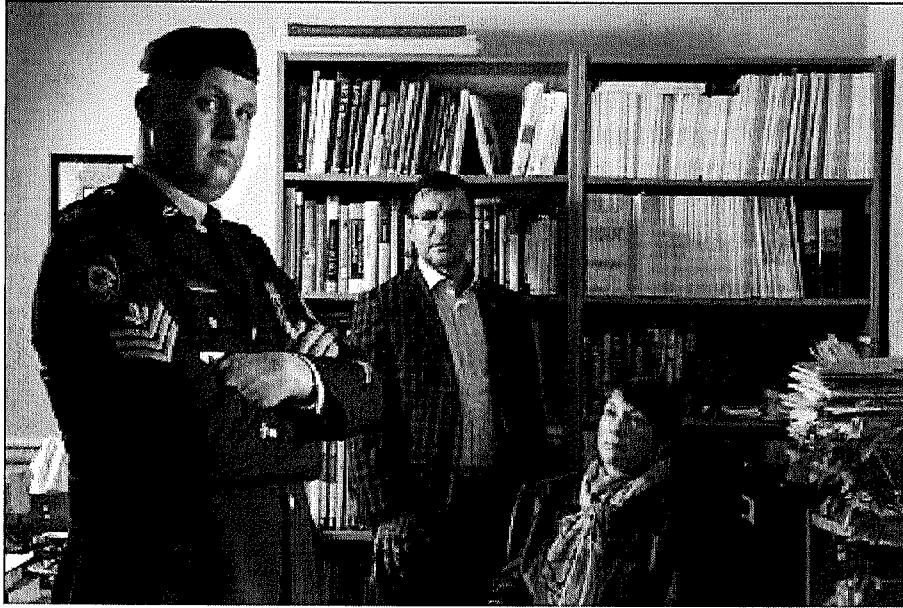
Seventy-six per cent of the population will experience an event potentially traumatic enough to trigger symptoms of post-traumatic stress disorder (PTSD). People in some occupations are more at risk: emergency responders, doctors — and up to 10 per cent o

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HE WAS PRETTY MUCH IMMUNE to the smell of blood working at a beef processing plant.



That was before Afghanistan.

ANIMAL BLOOD smelled a bit different than human, but when he returned from his tour, sometimes a whiff was a trigger that put the sound of chopper blades buzzing in his head, men screaming in pain, and the scent of dried blood on his uniform, blood that wasn't his, and — and could he have done more? The others had wives and kids back home. He had nothing. He did not deserve to survive. His fellow soldiers returned with arms and legs missing and other scars from battle. He didn't have scars. None visible, anyway.

Tim Nightingale didn't plan on taking his own life in the weeks and months after he got back. There were times he'd be driving on the highway near his home in Guelph and think, what if the tie rod broke and he crashed? That might be a good thing.

And in the darkest of his dreams, there was no such nuance. He saw himself hanging from a noose tied to an I-beam.

Guilt. Rage. Tears. Crowds made him edgy. He saw a brown guy in a bar; choppers/screams/blood. Nightingale wanted to kill the guy, beat him to death.

POST-TRAUMATIC stress disorder (PTSD) was first defined as a diagnosis in 1980, in part, a result of treating American soldiers who returned home after fighting in the Vietnam War.

It is a mental illness and anxiety disorder that may develop after exposure to a traumatic event.

The more horrific the experience, the more likely it will develop, and prolonged or prior exposure to violence, such as childhood trauma, increases the risk.

Conventional wisdom might suggest the more you are exposed to traumatic situations, the more you build a resistance to PTSD, but the opposite is true.

Occupations where PTSD develops at twice the rate of the average population include firefighter, paramedic, nurse, doctor. And up to 10 per cent of Canadian soldiers who serve in war zones will experience it.

(Recent research suggests that in addition to the psychological impact of experiencing combat, PTSD can develop in soldiers as a physical brain injury, caused by explosions.)

Symptoms can include overwhelming feelings of guilt, anger and fear, plus an inability to cope in everyday life.

A McMaster University study suggested that perhaps 76 per cent of the population will experience an event in their lifetime sufficient to cause the disorder. But most people do not develop it. PTSD is a

failure to recover, and for those who have it, “the symptoms persist, they do not go away with time,” says Hamilton psychologist Wanda Smith.

Some of the first soldiers Smith treated for PTSD had not worn a uniform in 50 years.

When they served in the Second World War, the disorder had different names: shell shock, combat fatigue; a soldier was said to have “the thousand-yard stare.”

“They worked hard to push (the symptoms) away, and then at some point, later in their life, they have aged, perhaps their grown child dies, and it all came out when they were in my office. It was an honour to treat them.”

Smith treats veterans as part of the Operational Stress Injury Clinic, funded through the Department of National Defence. Treatment is run from three sites; one at the Parkwood Institute in London, Ont., another in Toronto, and through St. Joseph’s Healthcare in Hamilton.

One day a soldier arrived for his first appointment at her office on Young Street in Hamilton: Sgt. Tim Nightingale.

SINCE HIS HIGH SCHOOL

days, Nightingale wanted to join the military then one day be a police officer.

He became a Canadian Forces reservist, earning his trades qualification, training in Petawawa and later Gagetown. And then, in September 2008 he started his workup training for Afghanistan.

He deployed overseas, holding the rank of corporal on May 8, 2010.

He believed in the mission, wanted to do his part helping the women and children over there. He liked kids. He was carrying around the pain from the recent death of his two-year-old niece from a brain tumour.

He worked as a support engineer in Panjwayi district in Kandahar province. His team helped clear roadways of IEDs (improvised explosive devices) by looking for bumps in the ground that stood out, and using mine detectors.

The Taliban packed IEDs with nails, screws, ball bearings, steel rebar used to reinforce concrete.

On Oct. 5 his team was working outside the wire — outside their immediate area of operation — near the bottom of Fish Mountain, as soldiers called it, securing an area for U.S. soldiers.

It was a long and hot day. Nightingale was in the LAV (light armoured vehicle) getting water. It was time to return to the field where U.S. soldiers were moving through. A voice in his head said: wait. Boom: an explosion. He ran outside. Three American soldiers were down. He had trained in advanced combat care and helped treat one of the wounded, applying tourniquets. The soldier was a bloody mess, a piece of rebar knifed through his lung, his body convulsing. They loaded him on a chopper, shot up with Demerol, eyes glazing over. He went limp. He was going to die. Nightingale knew it.

Guilt: why hadn’t they found the IED before it went off? That was their job. And could he have done more to save the soldier’s life?

They had no change of uniform. For three days he had to wear his clothes that were covered in blood. He thinks it wouldn’t have got to him if it was the enemy’s blood. This was different.

He continued IED-clearing duties for another two months and returned home just before Christmas.

In the spring, he took sergeant-level courses, continuing his work in the reserves and resuming civilian life.

He was quick to anger. He drank too much. He had blackouts. And each night it played in his head, Fish Mountain, and what he called “the lowlight reel.”

Many things triggered anxiety, among them, a dread-fuelled buildup each year to the anniversary on Oct. 5.

He was told the U.S. soldier lived. He didn’t believe it at first. And even when he learned it was true, somehow it didn’t bring comfort. Nothing did.

Simulated explosions during training put him on edge. Other soldiers knew his story.

They told him, “Tim, you should talk to somebody.” “I’m fine.” The stigma isn’t as bad as it used to be, but it’s still hard in military culture to step forward and “selfidentify” with PTSD. But he did, while stationed at Canadian Forces Base Gagetown.

In the spring of 2013, he was referred to Wanda Smith.

WHEN HE ARRIVED

at Smith's office in April of that year, he was at an emotional rock bottom. But he had heard of her reputation treating PTSD. He thought she could help.

"Dr. Smith figured me out pretty quick and filled in all the blanks," he says. "She basically told me all my symptoms and even some of the triggers. She proved herself and earned my trust. After that, I never beat around the bush or doubted in her."

The psychologist saw him over the course of three years, at first once a week, later twice a month.

He also was treated by Don Richardson, a psychiatrist based in London who comes to Hamilton to treat patients in the Operational Stress Injury Clinic.

Smith says Nightingale had symptoms of PTSD at a "moderate to high level."

She treated him with psychotherapy, while Richardson prescribed medication to help his sleep and depression.

Unlike most other mental illnesses, PTSD can be cured. Psychotherapy can retrain the brain, essentially reboot signals that created anxiety leading to damaging behaviour.

Smith's therapy included "behaviour activation" to treat his depression; engaging in activities he once enjoyed, and also "exposure therapy" for anxiety, which meant, over time in a clinical setting, exposing him to triggers: the smell of spices he associated with his tour overseas; white Corollas, because they were sometimes used by suicide bombers; and men with brown skin, who represented the enemy who had been trying to kill them.

They talked about his past, his family, relationships, the pain of losing his niece.

And most of all, they talked about Fish Mountain, over and over. He took her through it, drew diagrams. It all came back. He cried. He got stronger.

He told her that on the fateful day of Oct. 5, he sensed something wrong, but he couldn't find an IED on the road, or the edges they had cleared.

But he came to realize that, perhaps owing to heat and exhaustion, the U.S. soldiers had strayed too far off the main route that was cleared, into an unsafe area.

His team had done its job. It was not his fault. And the wounded U.S. soldier he helped to treat lived.

He focused on a moment that happened after the explosion: a senior officer put his hand on him and said: "Hell of a job there today. I'm proud of you."

He had buried that memory with everything else. No longer.

"It was the greatest moment of my military career for him to say that," Nightingale says. "It helped bring positivity to a negative situation."

In August 2016, he was declared PTSD-free.

"Tim was great to treat, he was motivated," Smith says. "He felt like a failure when I met him, he was isolating, had survivor guilt ... But Tim had enough fight in him to get better."

He is a sergeant major with 48 Squadron in Waterloo, which is a part of 31 Combat Engineer Regiment headquartered in St. Thomas. Now that he is cured he plans to continue his military career and also someday apply to be a police officer.

Recently, he was part of demolition training in Meaford, near Owen Sound, as the assistant range safety officer, and took part in attacking simulated targets.

When he still had PTSD, explosions were sometimes jarring to him, especially when he wasn't prepared for it. It's no longer an issue. "I'm past that sort of thing now." He feels healthy, both mind and body.

He has counselled a few other soldiers and agreed to tell his story because he hopes it may influence others to reach out for help.

Tim Nightingale sits in his backyard in Guelph, answering questions about where he has been and how far he has come.

One hour passes, then two, the sun drops, the air grows cold.

This is in October — Oct. 5: the anniversary of the explosion at Fish Mountain.

That coincidence only now occurs to Nightingale. He smiles at his failure to notice.

For the first time in five years there was no buildup to that date on his calendar.

For him the day had dawned like any other, and now darkness had fallen, but it would not last.

ABOUT THE WRITER

Award-winning Hamilton Spectator reporter Jon Wells has written series in the past about the ER and ICU in Hamilton General Hospital and McMaster University’s Education Program in Anatomy.