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# END YOUR COVERT MISSION

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**A Veteran's Guide to  
Fighting Pain and Addiction**

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Editor's note

All stories shared in this book were provided with the consent of each veteran. No clinical patients were used. The names, details, and circumstances may have been changed to protect the privacy of those mentioned in this publication.

This publication is not intended as a substitute for the advice of health care professionals.

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To Madison and Rylee

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Many veterans continue to carry a ruck full of the same responses to pain that they used in the military. It's time to empty out that imaginary pack and upgrade your coping gear with tools and techniques that can help you feel and function better.



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## **Foreword**

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## PREFACE

We met after Dustin got out of the Army. He served from 2004 to 2008 as a tank crewman or, in other words, a “19 Kilo” or “tanker.” His service included a deployment to Iraq and a hardship tour to South Korea. In the years since we met, we’ve continued to learn how Dustin’s time in the military influences his life, his interactions with our friends and family, and our life together as a couple.

We value the strength the military experience has brought to our relationship. We also understand that this part of Dustin’s story includes pain and adds complexity to our lives. We have learned how powerful communication is for our relationship. We don’t shy away from hard questions. We keep listening to each other, and we keep learning how to hear one another with empathy. This has made us closer. It has made us a team.

Along with our professional interests in pain management, rehabilitation psychology, and addiction (substance use disorder), our personal experience as a veteran couple is a big reason why we wrote this book and why we gave it the title it has. We know firsthand the value of empowering veterans to share their voice and their story, especially with pain and addiction. We believe that the mission of finding relief from pain and recovery from addiction shouldn’t be covert or secret. Silence about these challenges among veterans is dangerous—both for veterans and for the people who love them. We hope our work will inspire and inform a new conversation about what pain and addiction are, how these things show up in veterans’ lives, and how to cope and recover in healthy and productive ways.

We have learned a lot from the amazing veterans we’ve worked with over the years. Helping men and women like you better understand and deal with the physical, emotional, and social pain they experience—as well as the ways these different types of pain interact with and compound each other—is what we do. The success we’ve had in helping veterans find tangible and practical ways to manage and cope with pain that don’t involve addictive substances is what drives us.

Problems with pain and addiction are challenges that can be overcome. Finding solutions often comes naturally to people with military service in their backgrounds. Veterans have been trained to manage obstacles and break complex and daunting tasks into achievable objectives. As a veteran, you have inherent strengths of character, dependability, and honor. You’ve

accomplished more in your life already than many people ever do. These qualities and characteristics can be valuable assets in the mission of finding relief from pain and addiction.

Admitting that you have addiction problems or feel pain requires vulnerability and humility. However, mostly it requires simply being human with another person. Pain is natural. It's part of the human experience that unites us. We want veterans to know that they no longer need to hide their pain. Identifying sources of pain, sharing stories of pain, and getting help to manage pain are signs of strength and courage. The same is true when it comes to addiction—to alcohol, other drugs, or behaviors. Recovery involves being brave enough to ask for and accept support.

This book comes at a time when research, education, and training about pain and pain management have increased dramatically. We know more today about the negative impacts of not seeking help. We know how important it is to find language that accurately and honestly describes veteran pain. We know more about the negative impact of opioids and other substances, and how historically veterans use such substances as tools to address social and emotional issues as well as to relieve physical pain. We also know more about the damage that pain and unhealthy coping strategies can do to the lives of veterans and their loved ones.

Many veterans' pain stories do not start with the traumatic experiences they faced in the military but rather have roots in trauma that occurred in childhood. Veterans may also experience traumatic events after their military service too. These realities continue to inform and shape our work.

This book is a call to action to help veterans change their mindset about pain. It will help veterans open their minds about what various types of pain look like and understand that there is no need to continue to “push through” their pain or rely on unhealthy and destructive coping strategies like concealment and substance use to manage it. There are better tools—better gear—and we are here to show you how they work.

All we ask of you for this mission is to be open, think critically, and let your voice be heard. Your voice is valuable and your pain can be shared, better understood, and transformed with the strategies we offer.

We are honored to have the opportunity to write a book for veterans that features veteran perspectives and even a veteran author. It is a privilege to be able to help bring words to what veterans may be experiencing and to help train up a cohort of people like you who decide to share their stories and change the narrative about veteran pain. We're confident that once you

decide to end your covert mission and share your voice, you will be both surprised and relieved to learn that you're not alone.

## **ACKNOWLEDGMENTS**

We want to thank our families, our veteran and military families, and our friends for their continued support while we were writing this book. We especially thank the veterans who gave us permission to share their voices in these pages. Your courage and bravery will make an impact on more veterans and those connected to veterans than you know. Your voices are powerful and inspire others to share their own voice as well!

## INTRODUCTION

### Understanding the Mission

Across branches of the military, you can find technical or field manuals for everything. Need to know how to dig a foxhole? There's a manual that can help. Need to know how to dispose of fuel in the field? A manual is waiting for you. Along with manuals, checklists, and procedure outlines, the military has developed gear for almost every possible combat and noncombat situations you can imagine.

This is a good thing. It means there is a rule book, a piece of equipment, or a step-by-step guide to any problem. In other words, every piece of gear a soldier or sailor or marine or airman needs is available, along with instructions for how to use it. But what happens when you go home to a life where there is no manual? There is not a barracks full of your buddies to shoot the shit. There is not a centralized place to get your gear or try out new tools. There are not a lot of people who understand what you went through and what you're feeling or experiencing now.

There's no field manual for being a veteran, especially a veteran who deals with pain or struggles with substance use. This book is an attempt to change that. Welcome to *End Your Covert Mission: A Veteran's Guide to Fighting Pain and Addiction*. We're here to help you end your covert pain mission—denying pain or problems with substance use, or dealing with them on your own. We also want you to understand and take on a new kind of mission—the mission of finding relief and healing from your pain as you move forward in your life beyond the military. Your challenge is to be open to new concepts related to pain, to be willing to try new strategies for managing pain in a more effective and healthy way, and to gain insight and wisdom from your own voice and your personal story of pain.

This book is for veterans, regardless of age, or gender, or how long you served, or in which branch, or if you were in combat or not, or how long you've been out. Your identity as a veteran is part of who you are as a human being. Veterans and military service members are different from civilians in lots of ways, of course, but we have a lot in common too. Being human means living in a world where pain is real and normal. That goes for veterans as well as everybody else.

We'll say that middle part again: Pain is normal. This is one of the most important things you will read in this book.

One basic mission in every life is to find relief from the pain we experience. We look for ways to endure, manage, process, understand, share, and even resolve the painful experiences that are a part of our life story. As with any mission, there are good and effective ways of doing this, and there are also dangerous, shortsighted, lonely, and destructive ways. As a veteran, you've probably tried a few of each.

The good news is that this world is full of healing and help. It's a world of power and possibility. We live in a world of connections, care, relaxation, and rest. That's what we hope this book can offer you. We're here to help you get briefed on the mission of living in a world where pain is real and present every day—and where you can do something about it. We're also here to help you get equipped for this mission with solid information, the best possible gear, and tons of support and encouragement.

You're already on this mission, of course. You've been on it since the day you were born. Your life has included training, lessons, and experiences that have taught you what pain is and ways to deal with it. This included your life before the military as well as what you picked up during your time of military service and what came after. All that training has sunk in and helped you get to wherever you are today.

Our guess is that you're reading this book because the tools and strategies you're currently using for dealing with pain don't feel as effective or helpful as they once did. It's also possible that your pain management gear has stopped working altogether—or even started to make things worse. This may especially be true if you've used or are using substances or other addictive behaviors to numb, avoid, or suppress your pain.

We can work with that.

In addition to identifying some of the unhelpful and unhealthy ways you may be managing your pain, this book outlines the benefits of finding alternative healthy coping strategies for dealing with pain over the longer term. It offers practical, effective tools that you can start using today. Some of the Tangible Next Steps at the end of each chapter are exercises or tasks that you can add to your tool kit right away, some are suggestions for things you can try when you have the opportunity, and some are invitations to shift your mind into a different way of thinking about something. Sometimes we'll challenge you to move beyond your comfort zone when you

feel ready and able. Many veterans are already on this path. We'll feature some of their voices in each chapter.

Some of the stories you'll hear from veterans may resonate with your experience, and maybe some will touch painful memories. You may need to read this book at your own pace, or even skip parts of it you don't feel ready to read. You'll also hear from veterans who have found ways to open up and share. Trust their lead and consider following their example. We're grateful for all the veterans who shared their stories.

Keeping pain covert is not something you learned overnight. At some point in the past, not letting someone know you were vulnerable or hurting may have helped you survive or endure. That's understandable. What we know today is that this strategy is not helpful for the long haul. Whatever emotions or experiences you've hidden or bottled up don't need to be held onto or concealed for years and years to come.

Secrets and silence keep us stuck and sick. It is time to get unstuck and start feeling better. It's time to tackle your pain by speaking up and speaking out, or just talking one-on-one with somebody who cares. We are here to guide you. We're going to give you gear and support for finding relief from pain in ways that respect who you are and fit what you want from life.

### **How to Use This Book**

As you read the following chapters, you'll notice a few recurring elements that go along with the information and encouragement we've presented.

#### ***Veteran Voices***

We asked a bunch of veterans to help us tell the story that became this book. Many of their voices appear along the way, often at the start of chapters. These are people who have experienced many of the same things that you're dealing with. They've endured pain and suffered loss. Some have struggled to find coping gear that helps them find relief from the pain that veteran life may involve. Others are battling addiction. These veterans shared their stories because they want to help their brothers and sisters—that's you. And you've got your own story to tell and your own wisdom to explore. At the end of the book, you'll find a set of prompts that can help you share your unique veteran voice to end the covert mission of silent suffering.

### ***Checkpoint Questions***

These questions are intended to get you thinking about your current ideas and behavior when it comes to managing pain and addiction. We hope you'll take the time to reflect and answer these questions. You can do this in your head, or keep a journal, or make a voice memo on your phone. You can also use checkpoint questions to start conversations with others about what you're thinking and feeling. This might include other veterans or close friends, family members, or health care providers.

### ***Tangible Next Steps***

Each chapter closes with a collection of practical tools—ways you can start to find new pain management gear or improve the gear you already use.

Some steps ask you to try thinking differently right away. They challenge you to experiment with new ideas, mindsets, and attitudes. Often these are the steps you need to take before anything else stands a chance of success. Don't discount the power of changing your thoughts. Doing so can change your whole world.

Other steps invite you to take action. Sometimes this will mean picking up a pencil and writing a list. Sometimes it will include trying an exercise or focusing on how your body feels or what your senses are telling you. These steps are intended to be taken immediately.

A few steps challenge you to apply ideas or suggestions the next time you have an opportunity or in the future. Changing your approach to managing or coping with pain includes trying new ways of being in the world, especially when it comes to interacting with other people or unknown situations. These are the steps that can help you practice with the gear we're offering. Some of these steps take time to try out, and some steps will take multiple tries to see what works best for you.

## CHAPTER ONE

### The Mission Brief

*All of us need help in one form or another, and most of us want help, but at our own pace and under our own terms. Most of us know that our coping mechanisms are harmful to ourselves and our families, but oftentimes we feel that “this is all I have.”*

—Jim, US Army

Ending the covert quality of your pain mission and beginning a new, shared mission of dealing with pain with honesty and courage is what this journey—and this book—is all about. In the pages that follow you’ll find multiple tools and strategies that are guided by a few core beliefs. You’ll probably get tired of hearing us repeat them, but they’re important. Here’s our bias: the most unhelpful strategy for dealing with any kind of pain is to deny it or pretend it isn’t happening. The second most unhelpful strategy is keeping it to yourself or secret. The mission of experiencing, enduring, managing, and healing from pain is not supposed to be covert. The most helpful and successful ways to find sustainable, ongoing relief from pain involve sharing your burden with other people and accepting outside help from people and providers you can trust.

Human beings are meant to be in communities of relationship and mutual support. The military knows this; it’s why they put soldiers into units and squads. This is where we function at our best, and where we’re best able to give and receive help and care—gifts that can make any experience more bearable. This is true for active military members and it’s true for veterans too.

We didn’t ask for pain. Pain is part of the universal human experience. However, because we all experience pain differently, everybody’s pain-relief mission is unique to them, even when there are similarities. This book focuses on the multiple types of pain veterans experience—including the pain and problems that come with addiction. In many cases, your military background has made the mission you face more difficult than it is for people who have not served.

As we’ll explore in the next chapter, veterans often deal with more pain, more intense pain, and more interrelated types of pain than is typical in the civilian population. And even though

they turned in the physical gear the government issued them, many veterans continue to carry a ruck full of military responses to all this pain. It's time to empty out that imaginary pack and upgrade your pain management and coping gear with tools and techniques that can help you feel and function better.

This chapter begins with a look at the various ways pain shows up in our lives, why it exists at all, and why it can be so hard to describe or define. We'll ask you to take a shot at putting words to your own experiences with pain, and we'll discuss some of the most common unhelpful strategies veterans use to deal with pain. The chapter closes with a big-picture look at what healthy coping looks like and describes how a new approach to pain—with a different set of tools—can make a difference in your life.

### **There's More Than One Kind of Pain**

Across cultures and throughout history, people have endured and struggled with the reality of pain. Everybody hurts. We have different tolerances for how much pain we're able to bear and different ways of describing or evaluating what hurts and what to do with it. But there's a basic understanding that being alive in this world includes all kinds of discomfort. Pain can come from physical injuries and illness. We also feel pain and suffering when we lose things that are important to us or when we experience conflict, isolation, or breaks in our relationships with other people.

In this guide, we'll describe and discuss three categories of pain that are common among veterans: physical pain, emotional pain, and social pain. Each category gets its own chapter. We'll discuss what makes each type of pain distinct and talk about how they interact with one another.

This idea that there are multiple types of pain isn't new. Research into how people experience pain and the best ways to treat and relieve it has demonstrated the importance of viewing pain from what's known as a "biopsychosocial" perspective. This means that whenever we talk about pain, we need to take the following into account:

- the biology of the physical being (*bio*)
- the psychological impact of the person's life experiences (*psycho*)

- the many relationships and interactions that the person has with the environment and the people around them (*social*)

Even though this concept isn't new, not everybody gets it at first. Most people identify obvious physical pain as "pain." They don't always think about emotional and social factors that influence our experience of physical discomfort and that can be sources of pain in their own right. It becomes easier to understand if we stop and listen to the way people talk. Losing a battle buddy "Hurts like Hell." Feeling excluded or judged unfairly "Stings." Getting a divorce, "Left me feeling gutted." Even less dramatic experiences like transitioning from military to civilian jobs or re-engaging with friends you haven't seen for years often get described with terms like "uncomfortable" or "hard" or "heavy." Pain is a reality that includes our thoughts and feelings and memories as well as physical sensations.

If the biopsychosocial idea of pain is a new one for you, welcome to it. We hope this model can help you understand the varied dimensions of pain you may be experiencing—even if you haven't had words for it before.

In chapter 3, on physical pain, we'll explain a little more about the mind and body processes that are going on whenever we experience pain of any type. Later chapters will explore veterans' experiences with emotional and social pain as well as the way addictive substances and behaviors can complicate every kind of pain.

For now, it's enough to note that your experience of physical pain often comes with emotional pain like distress or worry, and even social pain if your injury or physical condition isolates you from others. It goes the other way, too. If you've ever gotten a stomachache after being rejected or judged or felt a headache coming on when you were anxious about something, you've experienced the connection between social, emotional, and physical pain.

You may ask yourself, *Did my physical pain make me feel emotional or disconnected?* or *Did I feel disconnected and now my pain feels worse?* We can explore the "did the chicken come before the egg or the egg before the chicken?" question all day. It's enough to know that all your experiences of pain can legitimately be called pain, they're all real, they're all related, and each type of pain can be managed, coped with, and sometimes even resolved.

Checkpoint:

- What experiences or feelings comes to mind first when you consider the word “pain”?
- When in your life have you experienced overlaps between the pain types described above (physical, emotional, and social)?

### **Why Do We Hurt at All?**

We actually need pain. Maybe you just said, *What!?* Stick with us. Imagine if you didn't experience pain. Imagine not noticing where the limits or edges of your physical self were. Your body wouldn't know when to stop pushing itself. Your mind wouldn't have a set of criteria for assessing danger or safety. If you've ever accidentally bit your cheek or tongue after a dental visit because your mouth was numb, you have an idea what this might be like.

On the emotional and social side, pain helps us know what's important. A life without emotional pain wouldn't allow us to experience a great deal of happiness. Our ability to endure pain and challenges provides context and contrast for feelings of success and satisfaction. If we didn't experience the pain that comes from tension or conflict in important relationships, we'd have a hard time growing and knowing what it means to be well connected to others.

Don't get us wrong. Even though we're pointing out why pain exists and what makes it a useful and even a valuable part of human existence, we won't be providing tips for how to keep feeling pain. Experiencing pain sucks. Yet understanding why it exists in the first place and what makes painful experiences an inescapable part of being human may offer some relief. Knowing that pain is normal also means that sharing your pain with others doesn't have to be scary or feel weird. Recognizing that everyone else experiences pain helps us relate to and connect with the people around us.

### **Pain Is Both a Function and a Feeling**

As we noted above, pain is part of the body's system of self-protection. Pain sensations are intended to provide urgent information to the thinking parts of our brains. When we feel pain, it's

like a sensor is going off warning us that something is going wrong or that something already wrong is about to be worse.

That said, most people don't first think of pain as a biological function. We usually think of pain as physical sensations and feelings. We know what hurts and we try to put that feeling into words by describing how something hurts and how bad. Most of us learned how to talk about pain early in our lives, progressing from simple words like "owie" or "boo-boo" to more specific and mature terms. Even as our vocabularies get bigger as grown-ups, we don't always know how best to talk about or precisely describe what we're feeling. Finding ways to help others understand our internal experience means learning and experimenting with new pain language.

Pain can be felt and described as broad and general or localized. It can be sharp or dull or prickly or searing. We might use words like "ache" or "sting" or "burn" to talk about how we feel. Sound like a lot of options? It is. Pain is something that happens on a spectrum. And it can be difficult to define or pin down these experiences and sensations. Hell, one of the most common ways medical professionals try to understand the severity of someone's pain is by asking them to rate it on a scale of 1–10? In general, pain is often hard to define and describe to others.

Although we experience pain differently and describe it with different words (or numbers), one thing we can all typically agree on is that pain is uncomfortable and undesirable. When most people hear the word, they don't picture something happy. Pain is something we want to get rid of, or make stop, or move past.

### **How Do You Describe Pain?**

We're about to challenge you to come up with your own personal description of the pain you're experiencing or have experienced. Let's start with a list of adjectives. Circle the words that make the most sense in describing your pain.

**[DESIGN: make a three or four column table.]**

Hurt

Burn

Irritation  
Anxious  
Angry  
Enduring  
Bothersome  
Unmanageable  
Disconnected  
Unhealthy  
Aching  
Sadness  
Suffering  
Uncomfortable  
Disconnected  
Sore  
Sharp  
Dull  
Injury  
Misunderstood  
Necessary evil  
Loss  
Dealing with  
Cramping  
Challenging  
Unbearable  
Impossible  
Other:  
Other:  
Other:

Now grab a piece of paper and write a one- or two-sentence definition of pain, or a statement about pain, that uses some or all of the adjectives you circled. If you don't want to write, do this

in your head. Come up with a couple of true statements that explain, describe, or define your pain. When you're done, save this paper or make a note on your phone. As you continue to use this book, you may want to revisit what you've written and make changes, additions, or deletions. You may want to expand it into a paragraph or even a letter. You may even decide to share it with someone else.

Finding ways to define and describe the types and qualities of our pain can help us get us get clarity about what we're feeling (or not feeling). It can help us better understand our own subjective experiences with pain. The act of putting words to our pain may also reveal our attitude when it comes to pain or ways we might be judging, discounting, or avoiding pain. We might also pick up some clues for ways to address or deal with our pain. Once we know what they are, we stand a chance of learning to influence our feelings and make choices about how we want to respond to them. This can also be a first step toward sharing our experience of pain with others.

### **Pain Affects Our Perception**

Defining pain, or even circling adjectives that best describe your experience, may have been challenging for you. Each of us carries memories of unique painful experiences that influence the way we think and talk about pain. You may not have found the words you needed in the short list of options we provided. Perhaps talking about pain hasn't ever seemed like an option for you, so finding words for it hasn't been necessary. Maybe you're just out of practice. That's okay! Remember, you're learning to use some new-to-you tools.

Part of what makes pain so hard to put words to is the way our brains work and how our thoughts about pain are connected to and filtered by our painful experiences—especially ongoing or chronic pain.

One of the brain's strengths is its ability to make associations. Associations are like shortcuts. They're pathways of thought that allow our brains to link our current experiences with previous ones. The strongest associations are often negative. Like a pain response, this is part of the way our minds try to protect us and keep us alert for any signs of a negative experience. This could be a word, a sound, a smell or a sensation—even an activity. Even if the thing we're experiencing at

the moment isn't painful or scary, we may feel a connection to the prior memory of pain. These associations, which link past experience with what we perceive in the present, can lead to a second brain function called generalization. Like association, generalization links two ideas together, even if they don't seem to make apparent sense

The image of a lens can be another helpful way to think about the daily impact of pain on perception. Imagine putting on blue-tinted eyeglasses. Whatever you looked at would be filtered by those lenses, so everything would appear as a shade of blue. This is similar to the way pain filters our outlook.

When we experience pain, we see the world differently. Ongoing pain can become part of how we interpret and interact with everything around us. This can make everyday things feel or appear complicated, seem heavier or more difficult. It can even make our relationships with ourselves and other people feel challenging and filled with misunderstanding.

Here's an example of how this can work with physical pain: A veteran who has chronic low back pain used to enjoy going on walks with their dog. Occasionally while taking these walks, their pain has increased. Now they don't want to go on walks. They're also starting to resent the dog. Their brain has made an association between walking and pain, which turns into a generalized thought such as *I don't like going for walks or even Ugh, my dog is so annoying with how much work they require, and I can't handle them.*

The veteran doesn't actually dislike walks or their dog—they actually love and enjoy these things. What they *don't* like is being in pain. The pain associated with walking has become a lens through which the person sees their dog as a source of pain and irritation. Sometimes we are able to notice when this is happening in ourselves, and sometimes we need someone else's help to see it.

If you keep wearing tinted glasses, pretty soon you'll stop noticing that what you're seeing is filtered. Blue will just become part of how you see everything. Our experiences of ongoing physical, emotional, or social pain work the same way. Although the pain is filtering our experience, it can start to feel normal or like the way we've always been.

It doesn't have to be like this, however. It's possible to take off the pain glasses. You can do this by starting to be more aware of how your pain is affecting how you may be seeing and interacting with the people and situations around you. Building this kind of awareness takes practice and involves paying attention.

Here's an example of how this works. Imagine you are shopping for a new truck. You have a specific one in mind. You then start to notice that same truck when you drive around your neighborhood or park in the lot at your work. By choosing to look for a new vehicle, you've alerted your mind to pay attention in a new and specific way. Bringing attention to something helps bring more awareness. Now you're finding that truck you want everywhere.

In this book, you're "shopping" for a new perspective on pain. As you learn more about the various forms it takes, and explore your own experiences with physical, emotional, and social pain, your awareness of these things will increase. You'll be more able to see how your "pain glasses" affect your life.

You can also do this intentionally by reflecting on your pain experiences, applying this book's insights to a specific part of your life, or setting goals for increasing your awareness of your pain. The Checkpoint questions in this book are intended to help you do these things as well.

Checkpoint:

- What parts of your life do you see differently because of your pain?
- Who in your life might be able to help you take off your "pain glasses"?

### **Trauma Complicates the Mission**

Veterans may have experienced a host of traumatic experiences throughout their roles and responsibilities during their service in the armed forces. In addition, our life experiences, including what happened to us before and after our time in the military, may have exposed us to trauma. This can complicate our relationship to pain and limit our ability to use healthy coping gear.

So, what exactly is trauma? Trauma is when we experience an event that we either perceive to be a threatened or actual threat of dying. Other types of trauma could be experiences such as sexual abuse, emotional abuse, neglect, or exploitation. We argue that trauma also includes

actual or threatened loss of identity, a social group or relationship, spirituality, or anything that has emotional or psychological meaning and value for a person or group.

Trauma, like all forms of pain, is personal, cultural, subjective, and unique to each person. Trauma adds another filter to the pain lenses we just explored. It includes the physical damage and shock that comes with injuries, but also emotional, psychological, and vicarious trauma that can accompany experiences like abuse or even being around other people who are suffering.

Mental health practitioners and others continue to develop treatments for the effects of trauma, including PTSD. We'll discuss trauma more in later chapters as it relates to this book's main areas of focus. For now, know that while all trauma involves some type of pain, not every experience of pain is linked to trauma.

### **Defense Mechanisms and Disordered Coping**

Learning about how pain works and finding ways to describe it is one thing. Making it go away is a more urgent project for most people who deal with chronic or recurring pain. As we mentioned earlier, there are healthy and unhealthy ways to do this. We'll begin by looking at some of the most common unhealthy ones. In our practice, we describe the various strategies or tricks that people develop to avoid dealing directly with internal struggles or pain as defense mechanisms.

Defense mechanisms are different from the healthy coping strategies this book offers. Positive pain management approaches focus on reducing or eliminating pain or finding ways to make living with it more manageable and sustainable. Defense mechanisms are behaviors that deny the reality of pain and struggle. When we use defense mechanisms, we're ignoring or avoiding our discomfort in the short term in hopes that it will just go away permanently. This never works.

If healthy and effective coping strategies are like precision gear, defense mechanisms are more like a cheap multi-tool. You might have a multi-tool in your pocket right now. They're okay for tightening a screw or scraping some paint off a nail head. You may even be able to hack together a small job with a multi-tool, but if you want to build a house or fix an engine, you're going to need tools more suited to the task.

As we'll explore in later chapters, some of us got our multi-tools from the military culture that shaped us or we got them from the way we were brought up as kids. Alcohol is a multi-tool. Drugs are a multi-tool. Anger and denial are multi-tools. Each of these tools may be able to address a problem at a superficial level, but they won't be able to fix the underlying issue, and you certainly won't be able to build anything new by using them.

The point we're trying to make here is that your defensive pain-coping tools may have initially helped you get through a tough situation or even a painful era of your life. But in order to take on the long-term project of building a healthier and happier life—a life that isn't controlled by physical, emotional, or social pain or compromised by addiction—you need some new and better tools.

We've identified five primary ways veterans use defense mechanisms to help them keep from dealing with pain. They include numbing, forgetting, stuffing, releasing, and displacement. While we use these disordered coping mechanisms to avoid or escape painful experiences, each actually produces unintended negative consequences that outweigh their benefit or any seemingly positive effects in the moment.

### ***Numbing***

When people experience any kind of pain, many simply want it to stop. They want the pain to go away, and if it can't go away forever, they want to not feel it. They want to not cry. To not hurt. The logic at the core of this impulse is that it's better to feel nothing at all than to feel so much pain.

It is normal to want this. Negative feelings suck. Pain sucks. But numbing doesn't just target pain and negative feelings. We can unintentionally numb other emotions—even positive ones such as happiness, joy, excitement, pleasure, or love toward others. This is the downside to this approach. Yes, you effectively numbed your pain, but what else went numb and for how long? You likely also numbed many other feelings and parts of yourself that make you who you are.

Using addictive substances like alcohol and opioids are two of the most common ways veterans use to numb their pain. Beyond their effectiveness at diminishing positive as well as negative feelings, these strategies come with additional health and safety risks and can drastically affect both the quality and length of your life.

### ***Forgetting***

For many veterans, the option of ignoring the past or forgetting the traumatic or painful parts of their experience in the military seems attractive. The lure of forgetting can cause you to pull out the multi-tool of alcohol or other drugs. This is especially true when something happens that sparks a memory or if you flash back to a painful event, experience, or image.

Along with forgetting comes ignoring. If you feel the need to appear strong or stoic around others, ignoring or pretending to forget your pain so others won't see your struggles can be an attractive idea. As we noted with numbing, when you use substances or addictive behaviors to forget the bad parts of your experiences, you also run the risk of cutting yourself off from good memories and positive aspects of your history.

### ***Stuffing***

We like to think of this as the whack-a-mole approach to avoiding pain. Whack-a-mole is that great carnival or fair game where you exert crazy energy with a mallet to knock various objects back into their holes as they keep popping up. The more "moles" you hit, the higher your score. When we use an addictive substance or process in this way, to stuff things like pain or fear or struggle back into their hole, we run the risk of them popping up elsewhere.

Unlike ignoring or forgetting, stuffing pain acknowledges that pain is present but actively works to keep it underground or inside. This explains why some veterans feel angry for no reason, while others feel anxious without a cause they can easily point to. Many veterans use this stuffing approach because they fear their pain will become overwhelming if it is allowed to come out into the light.

Because it requires a kind of constant vigilance and ongoing expenditure of energy (just like the carnival game), stuffing away negative emotions is exhausting. Another downside is that nothing can stay stuffed forever. At some point, our bodies tell us, "Hey, we still need to get this out somehow!" You may see the pain appear as conflict in your relationships, difficulty managing your own emotions, or even a buildup of physical pain. It's simply impossible to push the pain down forever and move forward as if it's not there.

### ***Releasing or Exploding***

The opposite of stuffing is releasing. Releasing pain? Sounds good, right? Yes and no. This approach to avoiding pain sometimes gets described as the wholesome-sounding activity of “blowing off steam.” It may appear in less helpful and more explosive ways as well. Some veterans become overwhelmed with emotion, break down, and then convince themselves, *I am good now*. Some direct the emotional energy of sadness or fear into powerful secondary emotions like anger and blow up, yelling or punching things. Others may try to push their pain out through intense exercise or risky sexual activity.

Releasing pent-up pain can be part of a collection of healthy coping strategies—especially when it’s supported by peer support or talk therapy. This can even include intense emotional expression or physical exertion. However, it can be disastrous when combined with addictive substances or processes that compromise or hijack our judgment and self-control. Trying to rid ourselves of pain in this way might offer momentary relief, but it is often followed by physical pain, shame, guilt, remorse, and even legal or relationship problems.

### ***Displacement***

Related to releasing, this final example describes a defense mechanism that helps us avoid acknowledging or dealing with the true source or cause of our pain by directing intense emotions or actions onto an object, person, or idea outside of ourselves. Some veterans do this by being upset with the world, upset with the government, or upset about politics. Others narrow their focus to something really specific, even if it makes little sense from the outside. One veteran recalls getting so angry at a light fixture he couldn’t repair that he threw it across the room.

Like releasing, displacement offers the opportunity to express big feelings in ways that seem safer and more socially acceptable than admitting or acknowledging our physical, emotional, or social pain and developing ways to address it openly and honestly. Until we can identify and address the sources and ongoing effects of our pain directly, however, it will stick around. Focusing and directing pain-fueled emotional energy on things or people that are unrelated to the core parts of our pain might feel satisfying, but it usually just ends up confusing and alienating people close to us.

While each of these examples of disordered coping seems to offer some kind of relief, none of them get at the underlying problem—the pain—we’re experiencing. Not only does our pain

persist when we use these ways of coping, but we may also create other, new problems by using them.

#### Checkpoint

- Most of us have a few defense mechanisms in our pain management gear. Were you able to recognize any of yours in the descriptions above? If so, which ones felt familiar?
- Which of your defense mechanisms would you like to get rid of or leave behind?

### **Healthy Coping**

The good news is that we can learn to do things differently. Moving from avoiding pain through defense mechanisms to dealing with it more directly and effectively is a process that includes learning and experimentation. You need to find out what works for you. Throughout this book, as we explore the realities of physical, emotional, and social pain, we'll provide information as well as specific suggestions for approaching and addressing your pain with healthier coping methods. These strategies will be part of the new gear you can add to your pain management rucksack as you remove and discard the tools that no longer serve your current mission.

Two key themes that illustrate the difference between defense mechanisms and healthy coping are proactivity and openness. These fundamental aspects of effective and sustainable pain management will show up throughout this book as we discuss positive strategies—especially in the Tangible Next Steps at the end of each chapter.

#### ***Proactive Coping***

When it comes to pain or other negative experiences, there are two basic types of coping: reactive and proactive. “Reactive coping” is the standard practice for 99 percent of us, and it’s the logic behind those examples of defense mechanisms we just explored. Reactive coping is essentially pain defense. Because it requires the presence of some kind of pain, it only happens when we’re uncomfortable. Think of reaction as the thing we do when we accidentally touch a hot

surface—we pull away (and usually shout). You start to feel physical pain or an emotion like anxiety and react by trying to make it go away. We want to hurt less or feel less anxious in the moment. Reactive coping usually also seeks the shortest and easiest path to relief.

“Proactive coping” doesn’t wait for the pain to get bad. It doesn’t even require pain to be present at all. Instead of responding to painful moments as they happen, proactive coping anticipates these moments. Think of proactive coping as an offensive strategy. Being proactive gets us ahead of the pain. It allows us to make choices about our response before we feel distress. It can even allow us to prevent existing pain from getting worse. In the hot surface example, proactive coping means knowing that there’s a potential to get burned. Armed with this information, we can put on an oven mitt, use a tool to touch the thing, or just approach the situation with little more care and skill.

With physical or emotional pain, proactive coping might mean going for a run when we are having a great day or using times of day when we feel rested to take on tasks that seem harder to do when we’re tired. Proactive emotional coping might mean talking to somebody about the stress in our life when it’s minimal and manageable.

Proactive coping requires a little more forethought than reactive responses. Being proactive also demands some self-knowledge. Planning for pain requires honesty about the fact that it’s part of your experience. We’ll discuss more about the importance of accepting pain as a reality and making proactive adjustments to help manage it in later chapters.

Just like offensive and defensive strategies in sports or warfare, reactive and proactive coping both serve a purpose. When faced with an unexpected event, sometimes all we can do is react. Reactive coping can help us deal with pain flare-ups and similar emergencies. Proactive coping anticipates the possibility of pain and helps us build a foundation for life with and fewer emergencies.

### *Openness*

Holding pain all by yourself is exhausting! Feeling unable or unwilling to share what you’re feeling or experiencing drains you. As humans, we naturally want to feel connected. When we let ourselves connect with others in ways that honor and reflect the truth of our experience, we often feel a weight come off our shoulders that we didn’t even know was there. This kind of

connection requires the openness that comes with speaking truthfully and comprehensively about your pain.

The first person you have to be open with is yourself. Defense mechanisms like numbing, forgetting, stuffing, releasing or exploding, and displacement are all based on avoiding reality and shielding ourselves and others from what's really going on. Openness with yourself means admitting that there are parts of your experience that you want to change for the better. It means owning the truth that you are capable of feeling physical, emotional, and social pain and that these pains are having a negative impact on the way you are currently living in the world—they are preventing you from living how you want to live in the world.

Once you can be honest with yourself about your pain, you can start to share what you know and what you want with someone else. The idea of talking to another person about personal and emotional things like pain might seem like a daunting task. Many veterans believe that if they open the metaphorical floodgates and let all the emotions out, they won't be able to close them back up again. We get that.

So here is our challenge: start small. Consider talking to someone else in very limited doses at first. Begin by finding a person who cares for you. Then try getting used to talking to this person about other things in your life—everyday events and experiences. Start with easy stuff. Too many veterans wait until their breaking point to talk. They wait for crisis moments to let their pain out, but then it often comes out in a way that it is hard to unpack or that can be easily misunderstood by others. Some veterans wait until the end of their lives to get things off their chests.

So who should you talk to? Some veterans find comfort in connecting with those who may understand their experience more readily, like brothers and sisters from their own unit. Some find it easier to talk to someone who has no connection to the military community. Whoever you choose to share your pain with, expect that, through the act of talking about your pain and experience, some of what you're carrying and dealing with may begin to feel lighter. This is not to say that sharing means all your pain will be released or resolved; it won't disappear. Still, finding connection offers real relief—and that's the mission.

## **Don't Give Up**

Sometimes the struggle to explain yourself feels too hard. Saying the same thing to someone over and over again can be exhausting. You may have already experienced this with a family member, friend, or even a health care provider who's trying to help you. Some veterans get frustrated and give up trying. You may even stop before you start, and just keep quiet about your pain thinking, *They probably won't understand anyway.*

This last thought comes up pretty often for veterans. Many of us feel that others can only understand if they have been in the military themselves. We might think only a person who has shared the same MOS or deployment can ever understand how we feel or what we have experienced. As a result, we may think it's pointless to share our experience with anyone outside this circle.

Well, that's exactly the thinking that this book challenges. The point of sharing your experience with anybody, whether they're a veteran or civilian, young or old, stranger or dear friend, is that you don't have to do this alone. It's healthy to let other people in on your experience. It helps them know and understand you better. It may seem impossible right now, but you can learn to let others see and even share the pain you're carrying—even if they can't understand all of it. As you do, you will learn more about yourself. You may even notice your own experience with pain changing or healing in the process.

If you feel people in your life don't care or can't take it, find someone who is not "in" your life to talk to. Look for a therapist. Talk to animals (dogs are great listeners, by the way). Find a vet center and talk with other veterans.

We also want to acknowledge the strength and courage it takes to open up. Many of us were taught to do the opposite—to stuff it, avoid it, or believe you are weak if you show others any vulnerability. But vulnerability is a key part of effective communication and healing. Many veterans only want to talk to other veterans. Why? The answer is often "because they will understand." Understand what? Your pain? Your emotions or thoughts? Bingo! This is a form of vulnerability and we never even realized we were doing it!

If you are a veteran who struggles to put your feelings, thoughts, or past experiences into words, we are directly speaking to you. We imagine your reason for not wanting to talk or feeling unable to talk is a personal thing. One central idea within the field of mental health is that

sometimes things need to get worse before they get better. Acknowledging and feeling pain is what we go to great lengths to avoid—and yet after we feel it, we might feel better.

### **Tangible Next Steps**

#### ***Look at Pain from a Holistic Perspective***

Pain is not just physical. This will be a concept that will be repeated throughout the book, because it's one of the most important takeaway points we talk about. Looking at pain purely from a physical perspective is shortsighted and inaccurate. Pain is multidimensional and encompasses many areas of our lives. We feel emotional pain, for example, from grief and loss, and social pain when we're excluded or rejected or missing relationships that matter. If you haven't thought about this before, try to reframe some of your other feelings or experiences by asking yourself, *How did this hurt me?* or *What did I find to be painful about this?* In the next chapters, you will read more about physical, emotional, and social pain; however, take some time right now to jot down what you feel are some pains that fit into these categories for you. Feel free to keep this list and expand upon them as you go along in the book.

#### ***Stop Making Self-Fulfilling Judgments***

Thinking about how we process pain is valuable. Sometimes we come to expect pain even before it happens. Pre-determining how we'll feel or think in a situation is limiting. If we think something is going to happen, it is actually more likely to occur. Our mindset matters. Examples of self-fulfilling judgments might be when you say or think, "Oh, I can't do that because I know it's going to hurt" or "This isn't a good idea because then this is going to happen."

You may have had previous experiences where this was true, but that doesn't automatically mean it will happen that way again. It's kind of like if you meet a guy named Bob and he turns out to be an asshole, you don't just go on thinking all guys named Bob are assholes. While this happens more subtly with pain, it happens pretty often. Understanding how your feelings of pain and your expectations affect your lens or perception can help make sure you don't overgeneralize or make assumptions that limit yourself.

### ***Be Proactive with Your Coping***

Remember when we talked about trying to stay ahead of your pain? Some ideas for this may be to preemptively explore supports that could be helpful in various situations. Think of it like meal planning. Perhaps at the beginning of the week, you plan out what meals you will have for the week or maybe you plan something simpler like the ingredients you'll need to make a certain recipe. Let's think about managing pain and addiction in the same way. How can you plan out supports that could be beneficial in certain situations before they happen? Examples may be packing disposable ice packs in your car for your physical pain, giving yourself time to process a major difficult life event or celebrating an upcoming anniversary, and or preparing yourself for a social gathering that may be new to you. Preparation can help you feel in control of something that can feel very much outside of your control.

### ***Describe What Makes a Good Listener***

Take some time to think about or write down a list of attributes that might describe someone you could talk to about your pain. What qualities are most important? Your list might include attributes such as honesty, trustworthiness, or dependability. Come up with as many ways as you can to describe a person who would be supportive and with whom you would be willing to share your story.

As you build your list, ask yourself the following questions:

- What makes you comfortable enough to share honestly?
- How can you assess this in your relationships? Is it about trust? Closeness? Relatability?
- Would talking to someone who has a little distance from the military be helpful?

### ***Begin Talking about Your Pain***

Once you have a list of attributes that make a good listener, reach out to someone who has those characteristics. Ask them to meet you for a cup of coffee and then share one aspect of your experience with them. This might be a story, how you're feeling that day, or even that you've

begun to read this book. You may feel most comfortable talking to another veteran. Consider how this could be a stepping-stone for opening up to others who may be close to you.

Sharing your own subjective experience with pain may help your family, friends, or health care providers better understand you and better respond to your needs.

The fact that each person experiences pain differently may seem like a given to you. Unfortunately, most people don't understand this. It's important to remember that your pain may be linked to other life experiences that make your experience unique. You should not assume that others can understand or relate to your pain simply because of the diagnosis or the type of pain you have in common. Remember whenever you're talking with a fellow veteran that, even though they may share a similar background, they have their own unique experience and story of pain.

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When soldiers turn in their equipment upon leaving the military, they usually keep a few pieces of gear in their bags. This might include certain beliefs and attitudes about pain, as well as tactics involving alcohol and drug use. These tools, which once helped them function and survive in difficult circumstances, can be difficult to let go of or replace, even when they stop helping and start hurting. Some would rather have the wrong gear than no gear at all.

For many veterans and service members, life outside the military includes what feels like an ongoing mission to disguise or ignore their problems with pain. Too often this mission is both secret and lonely—a battle undertaken without effective tools and without the support or even the knowledge of those around them.

Written by professional practitioners in trauma, substance use disorder, pain management, and rehabilitation who are also members of the veteran community, *End Your Covert Mission* is an approachable, non-judgmental guide for stopping the self-imposed mission of solitary suffering and adopting new strategies—new gear—that can lead to a healthier and happier life.

The book includes features that help readers discover a path to recovery:

- examples of the types of pain veterans may experience
- language for admitting, describing, and sharing these various forms of pain
- personal stories from veterans
- effective approaches for connecting with other veterans and family members
- methods to address active substance abuse
- ways to identify and manage risk factors for future substance use disorders

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