



**A Pastor Looks at PTSD:
IEDs on the Road of Faith**

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THE GOD FACTOR

“The fundamental human plight is not anxiety...or imbalance in neurotransmitting chemistry...” “Man’s greatest plight is a separation from his Source, which is God.” “The cure is not insight, or desensitization, or healing of memories...or finding one’s real self. The cure is God’s free gift of righteousness.”¹

This a quote from “Spiritual Care Handbook on PTSD/TBI” provided by the U.S. Navy. It is worth remembering.

This is not an authoritative work on PTSD or its spiritual implications. It is a feeble attempt to share some insight and provide some encouragement.

Properly bringing Law and Gospel to a human soul is challenging work under the best of circumstances. When the mind is not functioning properly, the challenge can seem insurmountable.

It helps if we understand somewhat how and why the wounded mind is working as it does. But, that understanding is chiefly a help to keep us from becoming distracted by the wounds. Sometimes those wounds are brutal. Sometimes the wounded mind lashes out at anyone who tries to bring healing.

Sometimes it lashes out at God.

We come as God’s representatives to bring healing—not to the body or to the mind, but to the soul. Our eyes see the results of the wounded emotions caused by a mental disorder that can follow a traumatic event. The sight is often ugly.

But, if Satan can use the wounded emotions to attack and destroy the soul’s lifeline to its Creator, Redeemer, and Sanctifier, then a deadly disaster worse than anything imaginable will occur.

This is why we have engaged in combat. *“The old evil foe now means deadly woe...”*

We will strive to learn anything and everything that may help us in the fight against him. The victims of PTSD need the healing that God alone can give.

We can do this with confidence. After all, *“for us fights the Valiant One, whom God himself elected.”*

ACKNOWLEDGEMENTS

The numerous quotations give evidence that this work is greatly dependent upon the work of others. In addition to the works cited, many thoughts have been taken from individuals who kindly shared their experiences with me.

Their names are not recorded, except in my memory and God’s mind.

Unless indicated otherwise, the Scripture passages are taken from the Holy Bible, New International Version 1984 or 2011

Carl 2014

Chapter One: PTSD: A First Glance

FOCUSING THE PICTURE

So much attention has lately been paid to Post Traumatic Stress Disorder (PTSD) that someone might wonder if anyone is safe from it. Not just veterans of combat, and crime-weary law enforcement officers; but also mothers who have lost a child to death; or a child who has lost a parent—it seems anyone who has endured a shocking experience might be labeled with this disorder.

The keyword in the phrase is “stress.” Stress is nothing new, and it surely was never uncommon. The question is whether or not modern society, especially in the West, is experiencing a level of stress uncommon or unknown to past generations.

Modern day Americans have not felt the stress of a Great Depression or a World War. The average American is living longer than previous generations. He has better housing, better transportation, and better health services than his forefathers. On the average, he works fewer hours. He surely spends more in entertainment.

So, where does the stress come from? Is it self-manufactured? Have we become emotional weaklings? We think of the British who repeatedly crawled out of the rubble from the *Blitz*, searched for the living, buried the dead, and tried to rebuild their lives before the next round of bombing raids. Would we be able to do that?

Opinions vary on the correct answers to all of these questions. Some say that serious emotional trauma was often ignored in the past. People just suffered in silence. Surely many did.

As a child, two small stones on the family cemetery plat intrigued me. One said “Baby Boy” and the other, “Carol.” Each year before Memorial Day we would make a trip to place flowers on the graves of loved ones, but never by these stones. My mother would always take time pull the grass away from the sides of these small markers, and stare at them in silence—but nothing more. I never saw any tears. She seemed happy and content with the three children who shared her life.

I was over 30 years old when I happened to ask her if she ever gave much thought to those children. Her anguished answer floored me. “Every day!” she said. “Every day!”

I had grown up in her household. I thought I knew just about everything about her. How could she have carried this pain in her heart for all those years without letting on?

If she were alive today, would she be recognized as having a traumatic stress disorder?

That brings us to the question of what such a disorder is. The Mayo Clinic defines it with the words: “*Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.*”²

My mother did not appear to experience the symptoms of PTSD. Did she experience a traumatic event that affected her life? One baby was born dead. The other was born with a hole in its spine. The doctor said there was nothing that could be done. So, for a month she applied Vaseline around the

opening in the spine—and listened to the baby whimper until it died. Clearly this was traumatic. Probably, only the onslaught of Alzheimer’s stopped the daily dose of painful memories.

Most of us will not make it through our lifetime without experiencing at least one traumatic event that will affect us for the rest of our life. But not many of us, we pray, will encounter such degree of trauma that it impairs, or even controls our life.

We leave it to others, and to time, to determine if the current emphasis on PTSD and related trauma is overblown, or on target. It might be that years from now experts will determine that what we see as one common affliction is actually a number of different ones, with different treatments.

We do, however, need to strive to have as accurate picture as possible when we view the scene of PTSD in America. We need to remember that the news media are not a source of accurate, balanced information. Its bottom line is sales. A news source may not distort the facts, but it can distort the picture by cropping out important parts.

Many leaders of military, law enforcement, and firefighting personnel are concerned about two distortions of the picture currently shown to Americans. The one projects our protectors of society, especially those who have endured traumatic events, as fragile, broken figures that need others to hold them up, or they may fall on their pathetic faces.

The other distorted picture shows the steeled victims of trauma that become *“ticking time bombs, doomed to a lifetime of mental illness.”*³ The message is: most warriors turn into babies or brutes. If we accept this distortion we will be ill equipped to minister to those who wear, or have worn, the uniform. Later we will look at statistics and opinions, some of them contradictory. But, the bottom line is that the vast numbers of our warriors are neither emotional babies nor brutes.

Lt. Col. David Grossman, a respected authority, who compares having PTSD to having added body weight (which we will examine later), lists the following lies that have been relayed to America:

“Lie Number 1: Ignore the vast majority who are just fine and report only on the minority with problems.

Lie Number 2: Fail to report that most PTSD cases are people with only 30, 40, or 50 pounds of PTSD, people who in previous wars would have gone undetected.

Lie Number 3: Fail to report that we are damned good at treating PTSD and we are getting better at it every day.

Lie Number 4: Fail to report that PTSD can be a step on the path to stress inoculation and that one can be stronger when they come out the other end.”⁴

We should note that there is opposition from within the ranks toward the common picture of PTSD among the protectors of society. Later, we will look at some factors that seem to lessen the impact of the disorder, or prevent it completely. My observation is that PTSD is not as common among elite military units as it is in less-demanding units. The mental training of groups like Delta Force in the Army or Navy Seals is about as thorough as the physical training. Army Rangers and other Special Forces seem to fit into the same category. It seems ironic that those who are most exposed to traumatic events are least likely to suffer severe aftereffects.

All of the data is not in on this yet (or, at least, not known to me), but it seems that the loudest voices protesting the emphasis on PTSD come from those we would most likely expect to experience it. Some of the reasons for denying the reality of the disorder will be addressed later. But, not all of this talk is denial. Here are examples from law enforcement:

"Sometimes I think all this hype about post trauma can be dangerous. I think it puts thoughts in officers' minds that they are supposed to feel upset after they shoot someone. I know a lot of officers who have killed and they aren't haunted by it."

"I think some of this so-called post trauma is taught. They tell you in the academy that if you get in a shooting, you are going to be all screwed up from it. You are going to suffer all kinds of problems, like headaches, impotence, and your marriage will go down the tubes. It's all bull..."⁵

THE CURE CROWD

But not everyone thinks that PTSD is bogus. And not everyone believes that everyone who has seen trauma is a helpless victim. You would not be taking the time to read this if you accepted either of these two positions.

Surely there are legitimate cases of a disorder caused by previous trauma—and that disorder is disrupting and damaging some people's lives. Surely these people can be helped in some way!

This introduces us to another group of people. These folks see PTSD as a debilitating disorder that can readily be fixed. Patience Mason draws our attention to such people:

"Finally there's the 'cure' crowd. These academics and military health care professionals do not understand the nature of PTSD as a renewable resource. The symptoms are survival skills, based in a part of the brain which does not speak English and can't tell time. It doesn't know it is home. People who have been traumatized and may be again will recycle their symptoms whenever there is further stress. PTSD pokes its ugly head up in the old veterans whenever a new war is started. Why? Because they know war and they care about the young people who are going through what they went through."⁶

Pastors and loved ones will become disappointed and frustrated if they expect that PTSD is like a cyst that can be removed and never expected to return.

It may not be as at-the-door as alcoholism, which can pounce again onto its victim with the slightest misstep. PTSD is like a lion. It can do great damage. It can tear up lives and strike terror into hearts. But the lion can be put to sleep—not as in dead—but as in not a threat right now.

"The Lion Sleeps Tonight" is a chapter in an upcoming guidebook for PTSD victims. While the Big Beast is sleeping, life can go on safely and terror free. But everyone needs to know that the lion can wake up. So first of all, don't go poking him with a stick. And secondly, realize that there is always a chance that someone else, or something else, may wake him up.

Patience Mason mentions further stress and new wars as times when the lion will return. A person can't control things like that. So, what he can control needs to be watched carefully. We will talk later about Horrid Days and Toxic Meals. We will discuss triggers that set off the explosion of emotion. These can be controlled.

Focusing in on the spiritual side of PTSD we see that it is just like the rest of the Christian's life. Danger is always only a few steps away. One never can be sure when the spiritual lion will attack. The Apostle Peter warns: *"Be alert and of sober mind. Your enemy the devil prowls around like a roaring lion looking for someone to devour"* (1 Peter 5:8).

But that does not mean the Christian must cower under the blankets of his bed, and be afraid to go anywhere or do anything. We echo the words of the warrior, David: *"The LORD is my light and my salvation—whom shall I fear? The LORD is the stronghold of my life—of whom shall I be afraid?"* (Psalm 27:1)

The Lord can make the weak strong. With the Lord's strength, the Beast can be overcome. This is his promise: *"You will tread on the lion and the cobra; you will trample the great lion and the serpent"* (Psalm 91:13).

The victim of PTSD needs to know that.

VIETNAM VETS

Those who minister to Vietnam War veterans need to be aware of an additional concern voiced by military insiders. The response of America (at least America the loudest) to those returning warriors was unlike any other time in our history. Instead of parades welcoming home those who had risked their lives, many were met with contempt.

This had at least two negative affects: the returned warrior tended to hide his horrific experiences from himself, as well as others; and many grew to accept the burden of guilt that had been thrown on them.

*"The Vietnam vet, the average vet who did no killing, is suffering an agony of guilt and torment created by society's condemnation. During and immediately after Vietnam our society judged and condemned millions of returning veterans as accessories to murder. At one level many, even most, of these horrified, confused veterans accepted society's media-driven, kangaroo-court conviction as justice and locked themselves in prisons of the worst kind, prisons in their mind. A prison whose name was PTSD."*⁷

For a number of reasons, as we will see, a pastor is more likely to minister to Vietnam Veterans with PTSD than any other type of person—military or not. This is even true of many pastors who reside near large U.S. military installations.

Just about every congregation in America can expect to have a Veteran as a member. Most of those Veterans will be from the Vietnam era. That's why PTSD is of concern to most every pastor.

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"Persistence" by Clayton Murwin, Heroes Fallen Studios



from the short story "The Demons of War Are Persistent: A Personal Story of Prolonged PTSD"

If I dare to gaze into my past, I must transcend through a cloak of darkness weaved to restrain the demons from so many years before. My pledge to God, Country, and Marine Corps was more than forty years ago. As a young, unproven warrior, I consented to the ancient rules of war. At eighteen, like many others, I was immersed in the ageless stench of death and carnage, in the mountains and jungles of Vietnam.—A. W. Schade

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Chapter Two: Are Pastors in the Picture?

WHAT IS OUR ROLE?

It is clear that pain resulting from previous trauma is a reality for many people. We are concerned about these hurting ones. Fortunately, there are increasing numbers of resources to assist those who suffer from the mental health condition triggered by a terrifying event. The same is true of those who suffer with them—ones whose pain at watching is similar to a mother's pain at listening to a child whimper when there is nothing she can do to help.

Yet, when we pastors take a look at what is called PTSD, we are apt to see a blurred picture. There appears to be confusion about the requirements for levels of stress in order to qualify as being labeled with this disorder. When it comes to healing, we hear of differing approaches, different treatments. We have come to expect this from the medical field. It does not mean that most of these people don't know what they are doing. It shows us that the treatment of mental and physical afflictions is a complicated matter. More than one answer may be correct. For us, the picture may be blurred simply because we are not trained professionals in this field. Maybe we don't need clarity on all of these medical matters.

But, we certainly need to be clear about our role in the treatment of this disorder. Do we have an active role? Do we support only with prayer? Are we mere cheerleaders?

Our attention is brought to bear upon the words *mental health condition*. People who would never consider treating schizophrenia or dementia are sometimes tempted to present themselves as knowledgeable therapists for those afflicted with the mental health condition of PTSD. Clergy seem to be especially susceptible to this temptation. In simple words, the reminder is: *Unless we are qualified to serve in the field of mental health, we should not pretend that we are able to treat mental health conditions.*

This does not mean that clergy and family members should not learn about mental health issues, and become knowledgeable about what can be done to help the patient. Advice from professionals is valuable. Support from others facing the same problem can be most helpful.

This also does not mean that clergy and family members cannot play a vital role in the life of the victim. The purpose of this writing is to assert that Scripture-based clergy are both qualified and called to minister to those who come to them with PTSD. With all of the study and attention that these mental health issues receive, few people recognize that the greatest danger is not a dysfunctional life. The greatest threat is not to the body or to the mind. The greatest risk may be to the soul. The damage could be eternal.

It is the nature of PTSD to shock a person to the core. What he thought he knew for certain has blown up in his face. His world has changed, and it will never return to what it once was. He doesn't know what to think. He doesn't know how to stop the way he is feeling. His brain is not functioning normally. Impaired emotions can become an opening for Satan to invade a person's life in a manner and

to an extent otherwise impossible. When that happens we need to recognize that Satan has placed *IEDS on the road of faith*.

NEITHER SAFE NOR SOUND

If the warrior returns with ten fingers and toes, and no holes in his body, folks tend to rejoice and relax. The general consensus is, “He came back safe and sound.”

Those who have seen combat—be it in a far off land or on the streets of an American city—know this is not so. No one returns from a war zone the same as when he left. As we will hear more than once, everyone returns wounded.

We will see the harm that is caused, and the healing that is delayed when the wounded person denies his injury. He can’t hide a broken leg, but he surely can try hard to hide that broken mind and tortured soul.

What is just as bad—maybe worse—is when those around him do not even notice that he has been wounded.

Perhaps those in the Reserves and National Guards are more likely to encounter this because the people they come home to are inexperienced in detecting the hidden wounds of war.

The plane lands before a cheering crowd. A band plays. Balloons and flags wave in the air. The deployed have come home. Everyone is filled with joy. The warrior has arrived back safely. Now life can go back to the way it was. Now things can be normal again.

On Monday the National Guard Soldier will report back at his old job. He’ll coach little league on Wednesdays and go to church on Sundays. “Happy days are here again!”

Or not. Perhaps only the warrior has noticed that the war was unloaded with his rucksack, and carried home into his kitchen, his living room, and his bedroom.

No one returns from combat unchanged! No one.

After a while someone might say, “He’s just not himself. Give him time.” And the words may be true and wise.

The warrior, disciplined and determined as he is, may make an outstanding effort to not let the traumatic experiences change his life. With help from others, or on his own, he finds ways to protect himself from memories that would otherwise try to take over his life.

Some succeed at that. In fact, we will see that many are able to. But there is an unknown factor at work. Those memories can decide to return on their own accord. They may come with such force that they simply bully their way into the person’s life, and consequently into the lives of the people around him.

They may not be content to politely come and go upon request. They may simply barge in at any time they choose. They start to act like a bully—a dangerous, relentless, vicious bully.

This is a new ballgame. Actually, this is a new war. We will hear a Soldier call it a war for his soul.

We can imagine what it is like to be smacked by trauma, even if our imagination is much gentler than reality. But, it is almost impossible to imagine the feeling when the blow comes long after the trauma first hit—long years after.

And then it comes back for another attack, and another, and it comes back again. This isn't just trauma. This is an after-trauma event. This is post-traumatic pain.

And this isn't just an unpleasant occurrence. This isn't a slight case of confused thinking or jangled nerves.

This is a mind run off of its rails. This is a mental disorder.

This is Post-traumatic Stress Disorder. Then the mental bully is shouting, "Welcome to the new you! Welcome to the world of PTSD!"

So what can folks like you and I do? We can stand shoulder to shoulder with the one under attack. We can detect the enemy's movements. We can help make a counter attack.

But most importantly, we can bring in the Big Gun.

We will not let the wounded one fight on alone. We will not leave him behind. We will place him into the care of saints and angels.

We will bring him home by bringing God into the fight.

We will enable his Savior to let him know that he is, in fact and after all, truly safe and sound with him.

Our concern is not just for those who have served in the military, or law enforcement, or firefighting, though those are the ones who most frequently experience trauma.

We are spiritual medics. We are ready to serve any time any soul is hurting. If we weigh the cost, measure the risk, or worry about the time we are spending—then we disgrace our calling.

Our Commander did not count the cost, neither shall we.

We serve under the Good Shepherd.

We will take a close look at the thing called PTSD—and we will see that Satan often uses this disorder to place spiritual explosives in the road of a person's faith in the saving, Triune God.

We will learn how to detect those deadly devices. We will learn how to remove them. And we will learn how to once again secure that road.

It should, perhaps, be the work of angels. But the mission has been assigned to us.

We are medics in the Army of Christ.

It is not just what we do. It is who we are.

MORAL INJURY

In recent years some people working in the field of PTSD have begun to speak about something called “moral injury.” As physicians of the soul, the term captures our attention. Usually morality is not part of the discussion.

In a report put out by a division of the U.S. Department of Veterans Affairs, the following comment is made after saying that effective rules of engagement, training, leadership, and the cohesiveness of military units allow most military personnel to successfully navigate ethical and moral challenges:

“However, even in optimal operational contexts, some combat and operational experiences can inevitably transgress deeply held beliefs that undergird a service member’s humanity. Transgressions can arise from individual acts of commission or omission, the behavior of others, or by bearing witness to intense human suffering or the grotesque aftermath of battle. An act of serious transgression that leads to serious inner conflict because the experience is at odds with core ethical and moral beliefs is called moral injury.”⁸

Because a major shock to the core belief system (not just religious beliefs) can be the cause of a traumatic disorder, it might be assumed that moral injury is part of the picture of PTSD. That may not be the case. The report goes on to explain:

“For example, whereas PTSD is a mental disorder that requires a diagnosis, moral injury is a dimensional problem. There is no threshold for establishing the presence of moral injury; rather, at a given point in time, a Veteran may have none, or have mild to extreme manifestations. Furthermore, transgression is not necessary for a PTSD diagnosis nor does PTSD sufficiently capture moral injury, or the shame, guilt, and self-handicapping behaviors that often accompany moral injury.”⁹

A “dimensional problem” has to do with situations where a number of features in the problem are operating on different planes. In this case, there are at least two dimensions: the mental and the spiritual. The report is saying that PTSD can, and should be, diagnosed, but moral problems are beyond the reach of clinical diagnoses. The report is correct.

From the pastoral perspective we can understand the distinction the report is making. Not everyone who is suffering from a tormented conscience is experiencing PTSD. Shame, guilt, and self-handicapping behaviors are outgrowths of sin. They are not necessarily connected to a mental disorder.

But, the pastor can gain insight into how a victim of PTSD can be ministered to by observing the similarity of moral injury to the mental disorder. Pastors address the needs of troubled consciences on a regular basis. Some might say that this is the sum total of their work. Their experience with troubled souls, and their knowledge of how to treat souls, is what qualifies them to address the spiritual side of PTSD.

The Army sniper who asked, *“Chaplain, honestly now: what does God think about people like me—people who kill others from ambush in the night?”* did not have a disorder caused by a traumatic event. One of the things he pointed out was that he had a large number of kills to his credit, and never gave much thought about it until he realized that perhaps he had walked in some of the same sand that

Abraham had once walked in. This made him think of the God factor. He did not think that he had a moral injury. He was just checking with the spiritual physician to make sure he did not.

Attention is often drawn to the difference between the worlds of those who protect society (such as those in the military, law enforcement, and fire fighting) and those who are protected (often simply called “civilians”). This is an important distinction that is often missed by civilians.

What is also often missed is the distinction between the protector of society living in his normal world, and the same person who is living amid great danger. When in a crisis situation, his training kicks in. He goes on autopilot. His lower brain may take control by demanding that he either fight, flee, or freeze. He becomes like another person. Sometimes this is called the “second self.”

A combat veteran makes this observation:

“Moral injury makes its mark by creating a flawed sense of who you were when you were in harm’s way. This is the second self. Deployed veterans, morally injured or not, have this second self formed in war — one who can tell incoming from outgoing artillery and whose first reaction to an arterial bleed is to kneel into their best friend’s pressure point.”¹⁰

We will look more closely at this autopilot action under the section labeled “Guilt.” There we will differentiate between real, or legitimate guilt, and false guilt.

The following account will help illustrate how moral injury differs from PTSD—and the critical importance of ministering to both types of victims.

“Even on the short overnight ops, sometimes we talked about things we knew we’d carry home. On a cold night in March 2010, Jeff brought up the kid he’d shot a month earlier, when the battle for the Afghan city of Marja was hot and there was no shortage of 15-year-olds picking up Kalashnikovs off the ground. Jeff had killed one of them with four shots from a heavy-caliber semi-auto that made a soft thud when the bolt released. The kid had a rifle, and even kids with rifles can kill Marines, Jeff had figured.

A few weeks later, we were on the side of the road watching for Taliban fighters digging bombs into the ground, and Jeff was telling me about it. He described the way the kid fell and how he wasn’t sure he’d done the right thing.

That was five years ago. Jeff doesn’t bring up that story anymore. I know he thinks about it, though, because a couple of years back he put a Remington 700 short action in his mouth and didn’t pull the trigger. Rather than remaining in the flooded poppy fields of Afghanistan, the story of the kid Jeff shot stuck with him. It grew and matured just as Jeff had, until one day Jeff sat on his bed with a loaded rifle across his lap, staring at a part of his life he could no longer understand.

“I’m not crazy,” he told me, and I knew he wasn’t. Ten years ago we would have just called it post-traumatic stress disorder. Sixty years ago, it would have been combat fatigue. And in the shell-raked trenches of the Western Front, it would have been shell shock. But Jeff’s dead kid was none of those things. Jeff’s weight was something else — a moral injury.”¹¹

As pastors, we might agree that Jeff may not have been suffering from a post-traumatic stress disorder—but it seems very likely that Satan used this horrible memory to place spiritual IEDs in his road of faith.

MORAL INJURY AND SUICIDE

How deadly Satan's IED may be is revealed in the cases where moral injury leads to the ultimate disconnection between the Savior God and the human crown of his creation. As with a Judas, guilt leads to depression, which leads to despondency, which can lead to suicide.

In a later section we will look at suicide statistics that do not indicate that there is a vast difference between the suicide rate of active duty troops and the civilian population in similar age groups.

PTSD, by itself, does not seem to significantly increase the chance of suicide. Guilt is a different matter.

"The link between guilt and suicide, a putative outcome stemming from moral injury, is also an important area of inquiry. Fontana et al. (1992) highlighted how different trauma types can lead to diverse mental health and functional outcomes. They found that being the target of killing or injuring in war was associated with PTSD and being the agent of killing or failing to prevent death or injury was associated with general psychological distress and suicide attempts."

Notice the difference between being the target of killing and the agent of killing. Being the target might cause PTSD. Being responsible for the killing leads to—not PTSD, but something not necessarily better—psychological distress and suicide attempts.

This backs up the position that the PTSD victim is not necessarily a suicide risk. The disruptive trauma was not caused by something he did, but by what was done to him.

It's when the person displays evidence of guilt over causing a loss of life that our suicide Geiger counters need to send us an alarm. But note the following:

*"In a related study, Hendin and Haas (1991) found that combat guilt was the most significant predictor of both suicide attempts and preoccupation with suicide, suggesting that guilt may be an important mediator. The authors also reported that for a significant percentage of the suicidal Veterans, the killing of women and children occurred while feeling emotionally out of control due to fear or rage. This suggests that killing of women and children—arguably morally injurious events—may be associated with guilt feelings. A more recent study of service members who have recently returned from war suggests that the relationship between killing and suicide may be mediated by PTSD and depression (Maguen, Luxton et al., 2011)."*¹²

Here we learn what role PTSD is apt to play in suicide attempts. When depression and PTSD are inside the same picture frame they may not be the direct cause of suicide, but they can be involved in it. When one part of the person is arguing with another part of the person about killing oneself, depression and PTSD can intervene to solve the problem, to bring about an agreement. Their combined voices will say, "Of course this is a solution to your guilt." But it isn't.

There is only one true solution for guilt: the blood of Christ.

QUALIFIED TO TREAT

Since we do not dispute the claim that Post Traumatic Stress Disorder is a mental disorder, we need to take a closer look at the question about pastors being qualified to take an active role in serving such people. There are those who would list pastors as being definitely disqualified. Very few pastors are qualified to be mental health experts.

If we maintain that we are apt to serve, we need to be certain of our role and of our qualifications.

Curt Lyon offers some insight on this:

“Of all the emergencies people face, mental and emotional emergencies may be the most devastating. We have many more facilities and much better training to deal with medical emergencies than the others. At times of mental emergencies, pastors often find out that one of their members has been under psychiatric care for a considerable length of time. He finds out when the family calls and says someone in the family has “flipped out.” The family does not expect the pastor to solve the problem as much as they expect him to know how to deal with it.”¹³

Perhaps, too often we wade into a situation with the goal of promptly solving the problem. That attitude will lead us, and everyone else involved, to frustration. *Knowing how to deal with it* is a different matter. This may involve referring people to others. It will involve a making a determination of exactly what the pastor’s role is in a particular situation.

The following was written for WELS Civilian Chaplains to the Military. But it applies to any caretaker of the soul who has experience in spiritual warfare.

“Brothers, as you are aware, the U.S. Military is becoming increasingly concerned about the problems that troops who have been deployed to combat areas are experiencing. PTSD (post-traumatic stress disorder) has long been on the concern list. But now, with increasing signs of other symptoms, the list of concerns has grown longer.

Increased incidents of suicide and suicide attempts have demanded attention. It turns out that an extremely high percentage of people who have experienced problems have not sought out the help that the military is both offering, and strongly encouraging. So, studies are taking place, and the news media is beginning to report stories to the American people.

There are a number of reasons for the reluctance to seek help, even when the person is in great distress. Of course, there is sometimes the macho defense. A rough, tough Marine is not going to find it easy to admit he is dealing with something he cannot handle.

But there are also other reasons. One is the career defense. There is a fear that going for help will negatively impact a person’s career. And, in some cases (some troops would say most cases) this fear is justified.

Talking with a chaplain is considered to be safer than going to a therapist. After all, the subject matter may be a religious question, or a family problem. Those are acceptable. The rest of the unit will not begin questioning if this person is still able to “watch my back”.

Let me use one person as an example. Hopefully, he is not typical. Sgt. X talks about the heat slapping him in the face as he stepped off the plane in Baghdad, and the scared children peeking through windows. But, "After two weeks, you just didn't care anymore." And, "After that first IED, that's when the anger in me really came out. All my sweetness, caring, just went out the window."

He grew to hate the children in Iraq who continually approached him for candy. Ever since, even today, he avoids dealing with his own children because he is afraid he might snap and hurt them.

He moved into the garage. He reported faithfully for duty on post, but when he came back home he spent much of his time playing video games—anything to keep from sleeping... and the dreams that were sure to come.

And yet, he was refusing treatment. Once, after his second deployment, he set aside his ego and went to see an Army counselor. "The meeting lasted twenty minutes, if that."

What went wrong? He noticed the bare Velcro patch on the counselor's right arm. No combat patch! He excused himself and left. He was not willing, or not able, to open up to someone who had little idea of what war is about.

So what does that say to us? How many of us have a combat patch? Does this mean that we are excluded from being able to help those who come back from combat?

No!

But the incident does remind us of some things. We dare not even infer that we understand what such a person has gone through. In addition, we are not trained psychologists. We are physicians of souls. The souls of combat veterans are not essentially different from the souls of car mechanics or schoolteachers. Nor do we use different tools to treat these souls. Experiences, emotions, and mindsets can get in the way of our treatment of the soul. But the sword of the Spirit can cut through these defensive perimeters.

We acknowledge that mental stress and emotional disturbance are in place. But that is not what we are aiming at. We want to touch the soul with Law and Gospel. We want to enable the Holy Spirit to do his work.

Sin, guilt, fear, faith and forgiveness: these are the factors we address.

Where there are mental problems, let mental professionals address them. But even then, there is a need for our work, for our expertise. Unless the soul is challenged, renewed, and refreshed, any other improvement is only external.

The reality is that you and I do, indeed, carry a combat patch. It is not attached with Velcro; it is etched into our hearts.

Sometimes, we represent this patch by means of a cross. The cross may show up in the form of a logo on our business card, or engraved upon the cover of our Bible, or many another format. That cross, sometimes in the color of gold, is a reminder of the ultimate combat experience carried out by a Force far greater than we can even visualize. Like the gold star appearing in a window of a military family, it signals that someone we love has died in this conflict. His name was Jesus, the Son of God.

We come to minister to souls, not in our own name, or on the basis of our experiences. We come to bring Jesus to wounded souls. It's his patch that we point to. He knows. He understands. He has the power to heal. He won not just a battle. He won The War.

But that does not mean that we have been spared conflict and combat. The Enemy has sought us out. We have walked into his ambushes. Sometimes we came away unscathed. Other times, we were wounded. We survived only because the Lord God "had our back".

We are veterans of spiritual warfare. We are survivors—by the grace of God. And, just like the souls we come to tend, we are still in the midst of battle.

We are spiritual medics. We seek out the wounded. We bring healing and life.

We see and understand the real battle the wounded soul is facing.

We live in the midst of a battlefield.

We have seen combat."



Chapter Three: Recognizing Shapes

WHAT IS IT?

Beyond the Mayo Clinic's definition provided earlier, more needs to be said. This disorder is not new. In 1600's Swiss called it "nostalgia." German doctors of that age called it "Heimweh." The French also called it "homesickness." Spanish authorities called it "to be broken." In our Civil War it was called "soldier's heart." In WWI "shell shocked." In WWII "combat fatigue." Korea: "war neurosis." 1970: "Vietnam Veterans Syndrome."

"Each of these terms shows facets of the disorder. War does profoundly alter the soldier's heart. Nostalgia and homesickness describe the desperate longing of a PTSD sufferer to leave the chaos of battle and return to the safety of home. At the soul level, something is indeed broken inside these wounded warriors, resulting in various psychological neuroses—a familiar, persistent syndrome of symptoms."¹⁴

It wasn't until 1980 that the American Psychiatric Association formally identified, named, and defined Post-traumatic Stress Disorder. The message to those who suffer from this disorder is:

POST-TRAUMATIC STRESS DISORDER IS A *NORMAL* REACTION TO *ABNORMAL* EVENTS

This is followed by the announcement:

YOU ARE NOT WEAK, WEIRD, OR COWARDLY.
YOU HAVE BEEN WOUNDED.

An unnamed disabled Marine passes along to us a similar message:

"PTSD is a disorder of warriors, not men and women who were weak or cowardly but...who followed orders and who at a young age put their feelings aside and performed unimaginable tasks...PTSD is a disorder of a good warrior."

The problem is that the war has followed the warrior home. Or, to put it more accurately, the war has never let him leave.

*"Whenever Robert Reitner is asked when he left Viet Nam, he answers, 'Last night. It will be that way till my soul leaves my body.' When the survivor cannot leave war's expectations, values, and losses behind, it becomes the eternal present. This frozen war consciousness is the condition we call post-traumatic stress disorder."*¹⁵

Recent study determined that 75% of Americans have had a traumatic experience significant enough to cause PTSD, but only about 25% of those actually do develop the disorder.

What can produce it? Combat, sexual and physical assault, being held hostage, terrorism, torture, natural and man-made disasters, accidents and receiving devastating news, such as the diagnoses of a life-threatening illness—even witnessing threatening or deadly events. We are told that it can be especially long lasting when the trauma comes from *an intentional human act* rather from an accident or natural disaster.

"Like a ghost, PTSD sneaks into the unconscious and consumes the senses with its debilitating sights, sounds, smells, tastes, and even touches. What makes the experience so damaging is the enemy is

*almost impossible to clearly identify. Words can't accurately describe the culprit, for it is more emotionally influenced than consciously explained."*¹⁶

Many people express the wish that the results of trauma could be more easily identified, categorized, and then treated. As with other emotional or mental conditions, X-ray machines and MRIs are not helpful. Blood tests don't show anything. So it comes down to a person making an evaluation on the basis of observations and tests that attempt to reveal what is going on in a person's mind. Some of that can be very subjective. But, people who specialize in this field can act with a fair degree of certainty.

Among other things, they ask the person about negative changes in beliefs and feelings. They point out to the individual:

- ✓ The way you think about yourself and others changes because of the trauma. This symptom has many aspects, including the following:
- ✓ You may not have positive or loving feelings toward other people and may stay away from relationships.
- ✓ You may forget about parts of the traumatic event or not be able to talk about them.
- ✓ You may think the world is completely dangerous, and no one can be trusted.¹⁷

Perhaps the person will see that these changes have taken place. If not the individual, perhaps people he lives with have seen this. Many other tools are used by the professionals to detect the presence and degree of this mental disorder. But no system of detection is foolproof.

Detecting what is going on in the soul is even more subject to error. Normally we accept a person's words as fact unless there is strong reason not to. When we ask questions about a person's faith and his attitude toward God we look to the answers to tell us where the person stands. When we look to the person's actions, we expect to see verification of his words—or not.

But when a mental disorder is involved, the person may not be able to express what is in his heart and soul. His words may even contradict his inner feelings. But his distress, if it is there, should still be obvious. This is enough to tell us that the person needs help. Some say that everyone who has been traumatized needs help. The following comments refer to military personnel:

*"The reality of war is that everyone gets wounded. Some wounds heal rapidly, but some last for a lifetime. Some wounds can be seen. Some wounds are invisible...inside the heart, soul, and spirit of a Warrior. These unseen wounds are often the most difficult to heal—they must heal from the inside out."*¹⁸

As pastors, we agree. We realize that the wounds of a mind do not leak blood. But we also know that these wounds are often noticeable to others. Sometimes the remark is simply, "He doesn't act like himself." In other cases the wound is obviously serious enough that hospitalization of some sort is necessary.

Wounds of the soul are in an entirely different category. Their treatment is not clinical in the usual sense of the word. They are spiritual wounds. They require spiritual treatment. They are a proper concern for a physician of the soul.

FACING DANGERS--LIVING WITH GUILT

For a civilian, such as a civilian pastor, the world of the protectors of society is so different from their own that it is difficult to sort through the different levels of that existence.

One level provides a fair degree of safety. The police officer who spends most of his time behind a desk, and the person serving as a supply clerk in a support position probably don't run any greater risk of threat than the average civilian.

But think of all of the protectors of society who responded to the attack on the Twin Towers—expecting to go home that night. Things can change quickly.

Think about the beat cops and the detectives who regularly report for the next shift by making sure their weapons are ready to fire.

Or the firefighter who rushes to the blazing inferno still chewing on half of the sandwich he had been enjoying.

And then consider those who make out their wills, talk to their spouses (or leave instructions for them) about decisions that will need to be made if they do not come back from deployment in the war zone.

Day after day there are people who run to danger in order to keep danger away from others.

Each could be labeled as serving on a certain level of danger. But each one knows that label won't mean a thing if danger comes calling.

Clearly the most dangerous level is the one that is labeled: "Kill or be Killed."

Most civilian pastors have not lived in that world or visited that level of danger. So we have to rely upon the reports of those who have been there in order to gain some understanding that may help us better serve them.

Hamilton Nolan, an active writer on Twitter and other media methods, relates words spoken by a veteran of combat:

"All men who go to war die, kid, anybody who comes back, well they came back cheated.

In a poorly lit bunker that stunk of smoke, strong alcohol and vomit, that was something that one of hardened GI's said to me the first night I was deployed. Its stuck with me all these years, more years than you have probably been alive for, Mr. Nolan.

War, I believe, dare not be commented on by those who has yet to experience it. Until you kill other human beings for survival, what could you possibly say about it? It assaults all your senses, the smell of death and the machines that cause it. Noises so loud you feel like an ant under a lawnmower. It is incomprehensible."¹⁹

Perhaps the most confusing words in this outpour of thoughts tell us that those who do not die in war come back cheated.

"Cheated because you did not die? What sense would that make to anyone who did not have a broken mind and a tangled death wish? These are the words of a warped mind!"

Those who know war know that is not necessarily true.

A very level headed Christian, Army Lieutenant General, Harold G. Moore is presented as saying after the Vietnam Battle of Ia Drang: *“I’ll never forgive myself!”* When a reporter asks, *“For what, sir?”* He answers: *“That my men...that my men died and I didn’t.”*

I recall a quiet, very young private who calmly informed me in Iraq, *“Chaplain, you need to understand, we expect to die here.”*

He wasn’t kidding, and he wasn’t exaggerating. He had accepted the advice of his superiors who told him, *“Forget about going home. Forget about being afraid to die. Accept it! Consider yourself as good as dead already. Only then will you be able to do your job, protect your country and those around you.”*

I don’t think that private told his mom that. I hope he didn’t. But, he, and the others surely believed it.

There is such a thing as survivor’s guilt. It may be bogus guilt if all that is involved is a questioning of why you were spared while others were not. But there is another layer of survivor’s guilt. The voice from that layer says, *“If you had done what you should have done, if you had been faithful to your duty, if you had not been so concerned about saving you own life—you would be lying among the fallen—and some of them would still be alive.”*

Reliving moments, second-guessing decisions, wondering about what might have happened—this can eat on a person. It is a form of self-evaluation. It is a judgment. And the self-pronounced verdict is hard to deny or to live with.

Pastors need to understand this mindset in order to have some solid insight into the thinking of those who have gone into harm’s way, and returned.

In the section Moral Injury we talked about guilt. Before we zero in on that topic it would be well for us to realize that, while it may be very easy for us sitting safely in our office to label a certain feeling as *“false guilt”*, we have hardly a clue as to the definition of guilt that experience has taught the combat veteran or the weary cop or the desperate firefighter.

Before we can evaluate the *“what”* he is feeling, we need to hear from him the *“why.”* We might then decide that the guilt is legitimate. If it is not, we will better be able to show, even from his side of the table, why the guilt is false.

A number of different kinds of guilt have been identified. None of them is legitimate:

- Survivor’s Guilt (I should have died instead of them.)
- Survivor’s Euphoria Guilt (I feel so ashamed, but I can’t keep from thinking that I am so happy that I did not get killed)
- Guilt over Involuntary Fight/Flight/Freeze Response (*“Always thought I was brave, but I froze.” “I went berserk at the enemy, kept beating him...”*)
- Guilt by Association (I’m a soldier and sometimes soldiers commit atrocities.)
- Competency Guilt (If only I had acted quicker...)
- Catch-22 Guilt (Forced to make a lose-lose decision) *“The woman looked like she had a bomb under her burqa. We kept yelling at her to stop, but she kept coming. If I didn’t shoot her, she*

could blow up all my buddies. I shot her—but she had no bomb. How am I supposed to live with that?”

- Helplessness Guilt (I wanted so badly to get my buddy out of the line of fire, but they had him pinned down. If I could have gotten to him, he would be alive today.)
- Role and Responsibility Guilt (It was my responsibility to keep my men safe. Some of them died, so it is all my fault. I didn't do my job.)

It is to our advantage to be able to recognize any of these types of false guilt that can seem so real. These are all spiritual IEDs. If we can expose them, we can neutralize them. Truth still overcomes lies.



WHEN CRISIS SLIDES INTO TRAUMA

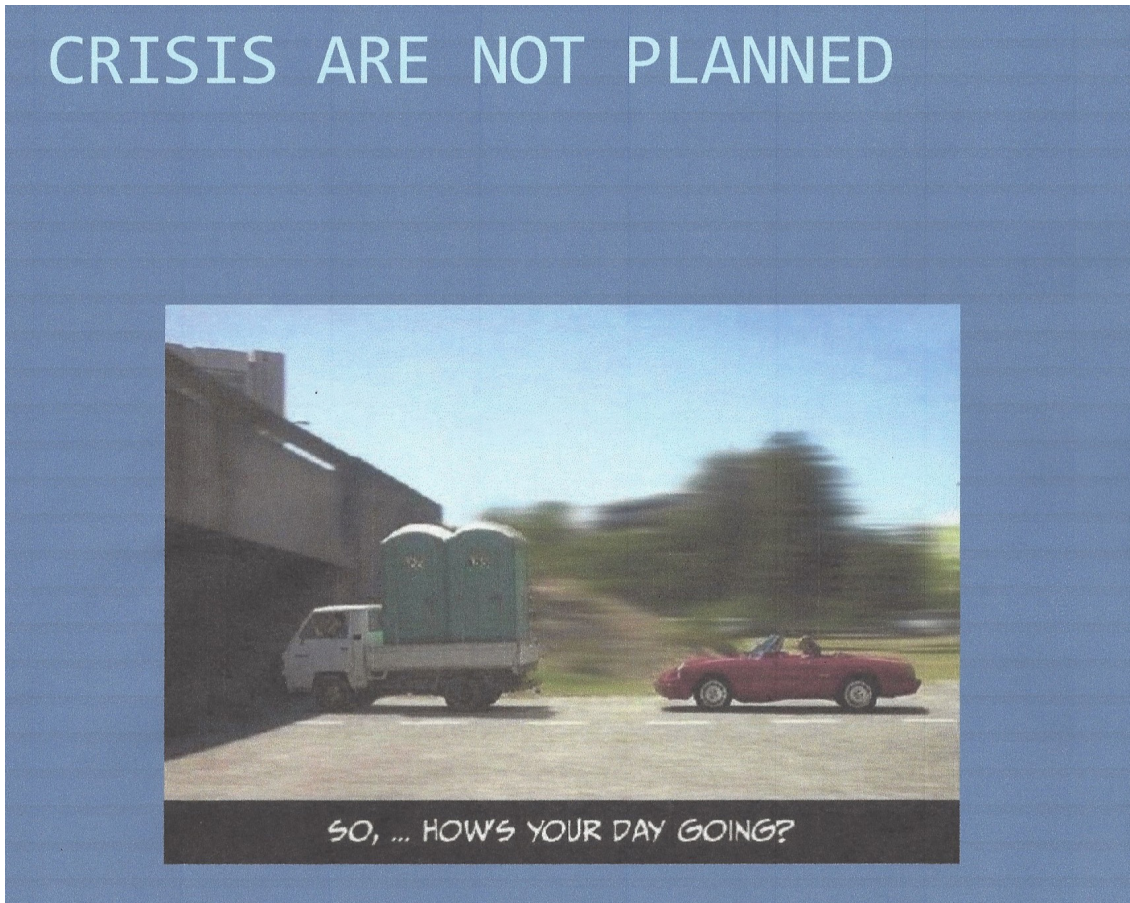
To better understand trauma it is beneficial to understand crisis. A crisis is defined as: *“A stage in a sequence of events at which the trend of all future events, especially for better or worse, is determined.”*²⁰ It is a turning point. It is a condition of instability.

Trauma is: *“A: An injury (such as a wound) to living tissue caused by an extrinsic agent. B: A disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury.”*²¹ PTSD is a severe blow to the mind, not to the body. It is the result of a crisis.

Pastoral ministry is filled with crises. We are accustomed to ministering to people who are facing, or who are in the middle of a crisis. Sometimes we are faced with the question of what constitutes a crisis. Is the breakout of acne on a teenager a crisis? Does the loss of a beloved, longstanding, pastor constitute a crisis? What about a loss by the Packers?

No matter what level of severity we might assign to an event, the wise pastor realizes that, *a crisis is always real to the person who is experiencing it.*

A crisis brings about a mental/emotional shift. Feelings overtake thoughts. This can lead to problems. The more severe the crisis; the more severe the problem that may result! If the crisis grows to the level of a traumatic event, the foundation has been laid for possible traumatic disorder.



Effects of Crisis

(From CISD PTSD Police Chaplains Conference November 18, 2014)



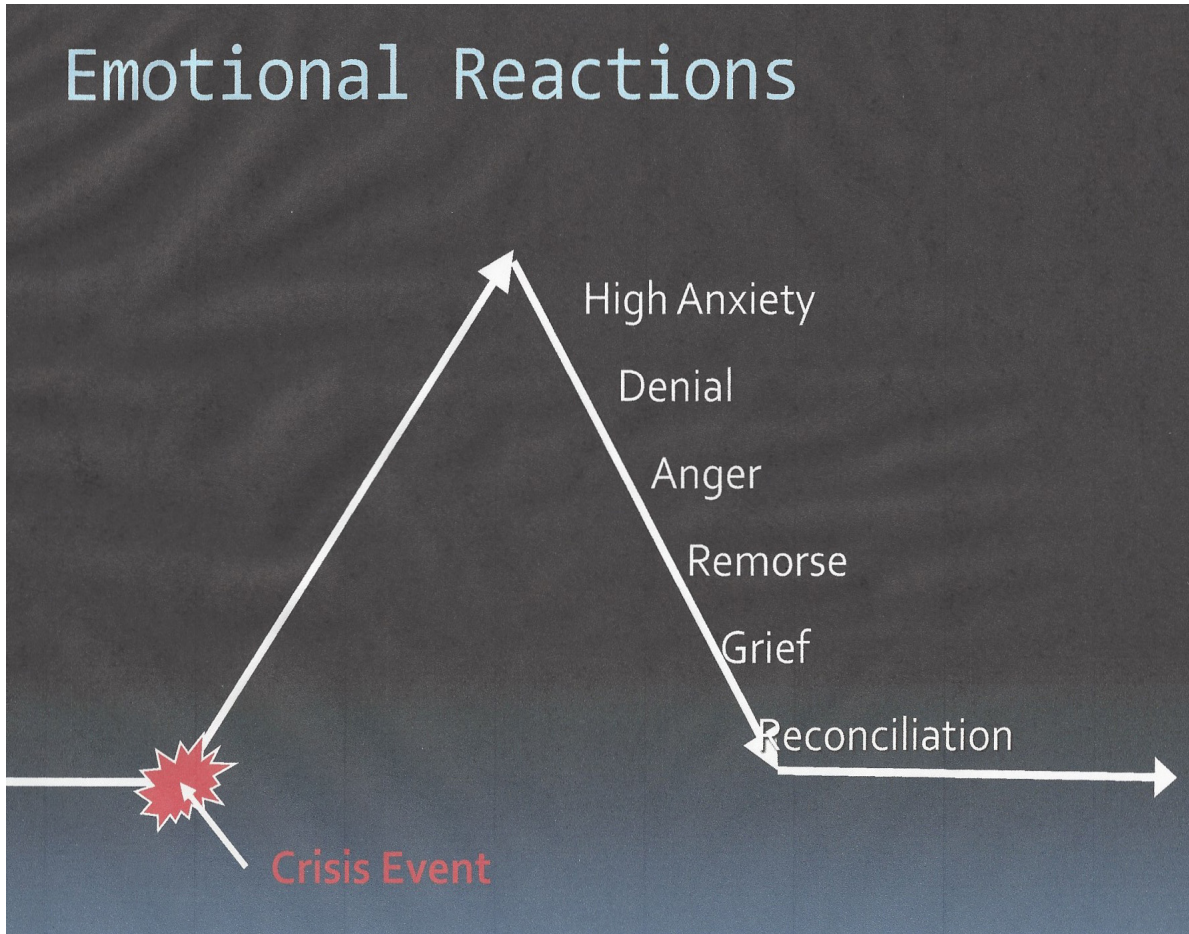
The impact that inserts a turning point in a person's life can cause instability. This often results in disorganization in the thought process. It may take a series of trials and errors before the person is able to move past the crisis.

For our purposes of illustration, let us consider the crisis of a person having his house burn down, with no person or pet being hurt. At first the individual may not know what to think of this change in his life. Then he will begin to consider the things that need to be done: who needs to be informed; where he will spend the night; and what he will do with the smoking mess. It will be natural

for him to grieve over his loss. It may be weeks before he is ready to decide if he should rebuild, or take the insurance money and move to another place.

Following the crisis, he may find that he has adapted to this turning point in life. He may even feel that he is the better for having this happen. Or, he may never recover from the blow. He may remain stuck in the crisis mode. He may develop pathological grief.

The pastor can expect to see a pattern to the emotional reactions.



Graphic provided by article on PTSD

Of course, not everyone is going to react according to such a neat pattern as this. Not everyone goes through all of the steps, or if they do, they might not follow this exact order. And sadly, not everyone reaches the state of reconciliation.

The effort of a pastor to minister to a person having undergone a crisis is called *crisis intervention*. Most pastors do this fairly regularly, and quite often. It might be a hospital call following a heart attack, or a meeting with the family when grandma must move to special care, or when a son has been sentenced to prison.

A crisis has spiritual implications, and needs to be addressed with spiritual treatment. That's what we have been trained to do. That's what our people expect of us.

Even in the general population, a 2001 report stated that 59% of the people are likely to seek support from a spiritual counselor, compared to 45% medical doctors, and 40% mental health professionals.²²

There is strong support in America for Pastoral Crisis Intervention (PCI). The number of organizations, including police and fire departments, requesting chaplains attests to this.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

It isn't just our protectors of society (military, police, and firefighters) who may need CISM nowadays. School shootings, theater shootings, domestic upheavals, and the fear of terrorist attack have prompted officials to institute a program to manage critical incident stress among the general population. *"CISM consists of a set of core interventions useful for public safety applications, schools, businesses, churches, industry, emergency care workers and communities."*²³

Research reports that:

- 86% of Critical Incident Stress affected individuals will have some physical, cognitive, emotional, and/or behavioral problems within 24 hours after the incident.
- If unmanaged, 22% will have symptom six months to a year after the event.
- 4% run the risk of developing post-traumatic stress disorder. (PTSD)²⁴

Probably most of our chaplains who serve the protectors of society have been introduced to CISM, its components and approach to counseling.

MINISTERING TO THOSE IN CRISIS PREPARES US TO MINISTER TO THOSE WITH TRAUMA

We have spent time looking at crises for a number of reasons; chief among them are:

- To illustrate that Americans recognize that spiritual leaders can play an important role in helping address mental and emotional issues;
- To show that PTSD is not vastly different from the needs that pastors frequently address as they minister to their people; and,
- To remind us that we are already experienced in sorting out the spiritual need from the mental or physical need. Ministering to those with PTSD is traveling over a familiar road. It just takes us through an unfamiliar landscape.

Chapter Four: What's Happening?

THE BIG BANG—WHAT HAPPENED TO MY WORLD?

PTSD is like taking a nearby hit from a mortar shell. It leaves a person in shock. It causes the mental ground he stands upon to cave in—never to return. On the basis of our experiences, we have come to believe that life will go a certain way. If we see that belief crumble, we begin to wonder what other of our beliefs are an illusion.

Close friends should not die in our arms. Our wife should not lie in a pool of blood on the kitchen floor. Our little girl should not be raped and butchered—not in a sane world, not with a just God!

We know that life can bring changes, and that we might encounter pain and disappointment. But some changes are so profound that life changes forever. No matter how long we would live, we will never be able to return to the life we once had; to the level of peace and joy we once experienced. Our world has exploded in pieces. The best we can hope for is to become comfortable with a *new normal*.

But, we don't want the new normal. We want the old normal back!

An excitable 12-year-old in Northern Wisconsin wanted to go deer hunting, as many of his friends did. His dad, who never owned a gun, asked his sister-in-law, who was a hunter, to take the boy with her on the back 40 of his farm. So he was sitting on a stump when the sun came up on the first day of hunting—and enjoying it immensely, but without bagging a deer.

After school on Monday, he decided to go out by himself. The sun was beginning to go down when he heard some noise in the brush. It was something big, and dark. So he fired.

Then he ran home to excitedly tell his father, "I shot a bear! I shot a bear!"

When the father went back with the boy to the site they found their nearby neighbor lying dead. He left behind a wife and seven children.

Imagine the shock! Imagine how hard it was for the dad to tell his wife what happened. Imagine what it was like to tell the neighbor's family. The father thought that the family deserved an apology. So he took his son over to their house so the boy could blurt out the tearful words: "I'm sorry!"

Now consider how many people's lives were tragically changed forever on that day. Think of how their minds would relive the moments that the tragedy hit them.

The boy's family sold the farm and moved away from the place of the painful memories. We might say that the boy and his dad (and maybe the aunt) suffered moral injuries. It was the wife and her children that were candidates for PTSD. Life would never be the same again. A hated new normal would take over.

A pastor serving these families would need to be sensitive to the long-term need for special care. They experienced an emotional earthquake, and the tremors would be felt for years and years.

Sadly, this is only one tragic story of the many that could be told. You probably know many more.

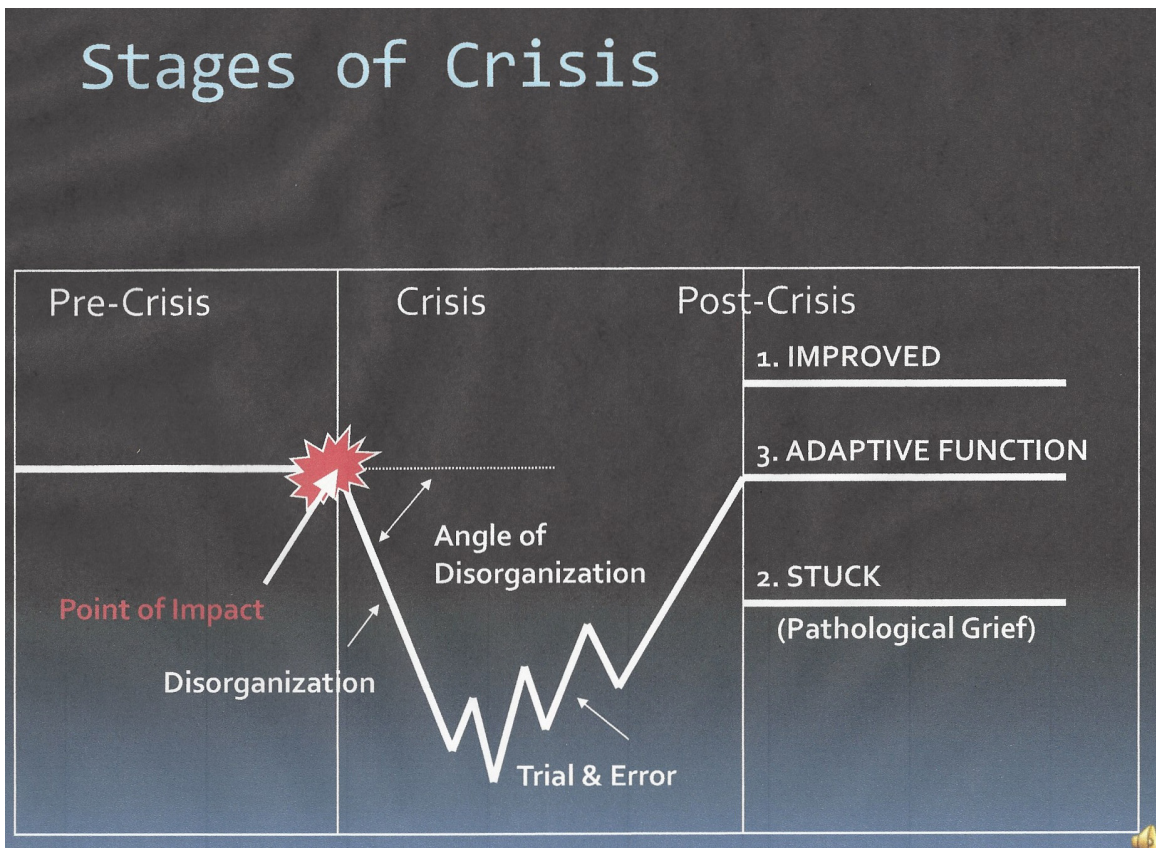
The shock of such a tragedy, this type of stress, this turning of lives upside down, provides Satan opportunities to place those spiritual IEDs on roads of faith. We have already noted that high anxiety;

denial; anger; remorse and grief are common reactions to a crisis. A crisis brings the JV team against us. Trauma brings the Pros. Compared to the explosion that trauma causes; a crisis plants only firecrackers.

Stress is a key component in PTSD. *This stress causes distress!* Physical stress can cause the wing of an airplane to fall off. Emotional stress can cause a mind to break. It can also cause faith to falter.

Think of the ways that Satan regularly jumps in on even the mild occasions of stress. We are supposed to deliver a paper at a conference. We're running late. We dash from the breakfast table, and trip over the dog. Spilled coffee drips onto our new tie. The result? We snap at our wife, kick at the dog, and whisper a naughty word under our breath.

We didn't plan the anger at our dog, the remorse over our tie, and all the other actions we will regret. Not our wife, our dog, nor our God will appreciate what we went on to do. Only our tie will not react with disapproval to our involuntary reaction to stress.



Graphic provided by article on PTSD1

THE BRAIN

It takes more than spilled coffee to cause trauma. But if even that little amount of stress can discombobulate us, imagine the result of being slammed by trauma. Then envision what it is like to have the traumatic event played, and replayed, and replayed in our mind. Picture what it would feel like if we did not know when the replay button would be pushed and make us relive the anguish of what we saw; what we felt; and what we smelled.

One person described it this way: “If you were directed to search through lockers in a high school, and in the third one of the hundreds you needed to look through, you found a coiled poisonous snake—how anxious would you be to open the next locker? Would the stress diminish by the time you got to the 50th locker? Or, would the stress build as you went down one hallway of lockers after another? That’s the way it is when you don’t know for sure when PTSD will jump out at you.”

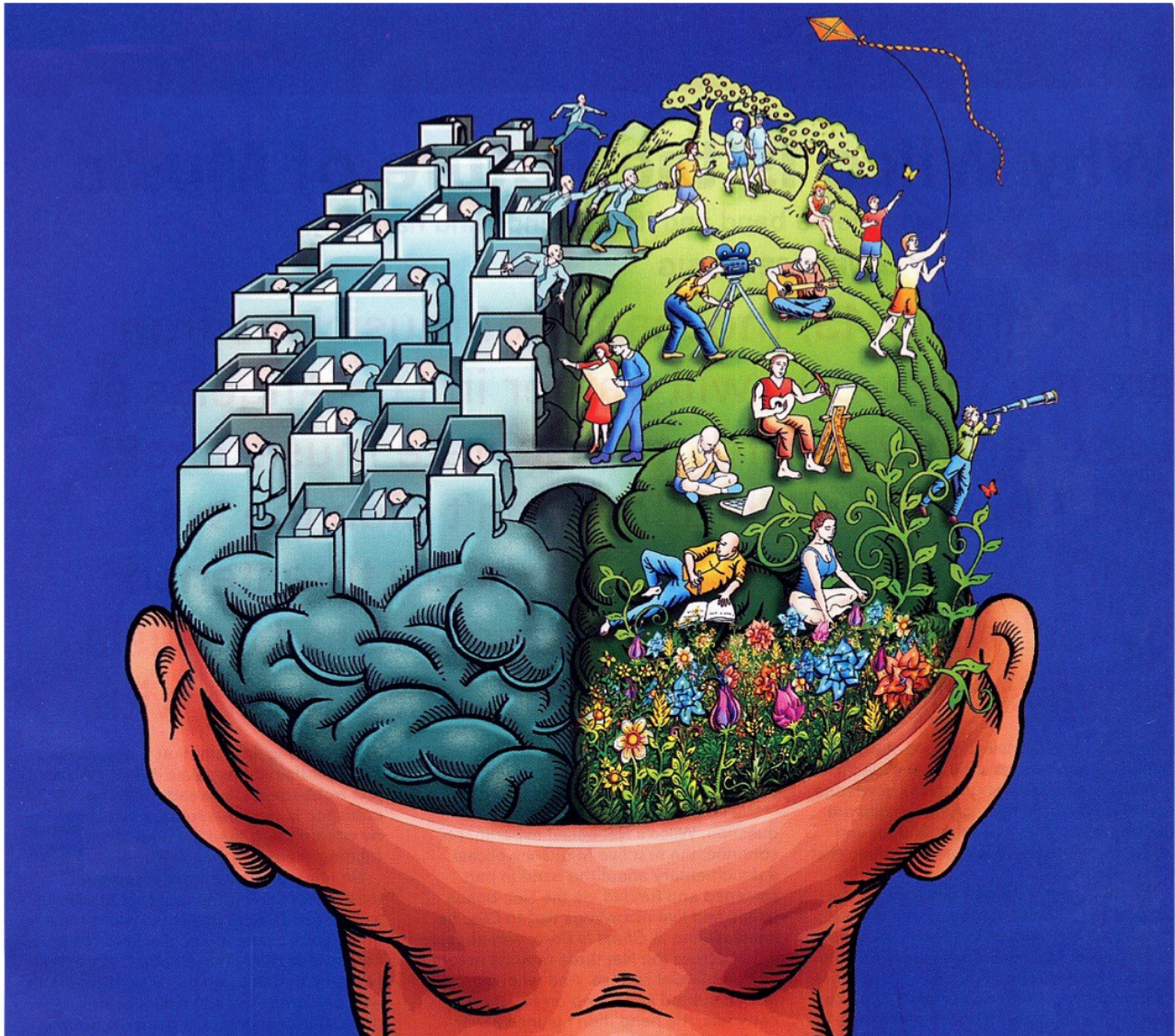
Sometimes spiritual caretakers come up with simplistic spiritual solutions to complex problems. More than one warrior has reported that when he mentioned to his pastor that he was experiencing dreadful emotions, he was told to, “Have more faith!” or, “Start reading the Bible more often.” Both suggestions are good suggestions, but they are of little help to the one suffering from a mental problem that he cannot control.

Even though our target for ministry is the soul, it is important for us to have some basic understanding of how the brain works. After all, PTSD resides in the mind.

We recognize the wondrous gift that the Creator has given to humans in the form of the brain. We also realize that even the best of the experts understand only a very small amount of how the brain functions, or what its full potential might be.

As theologians, we have studied the relationship of reason to faith. While we understand that reason must always be a servant of faith, we also realize the critical role that reason plays in a person’s life. Our ability to reason enables us to make sense of life. It helps us calculate how far to stay behind the car in front of us. It tells us to get out of the rain. It keeps us from grabbing hold of a bare electrical wire.

But, the brain does more than develop our thoughts. It also has control of our limbs. My wife has Parkinson’s. She is apt to fall because while her mind is saying, “Take a step!” the signal from her brain does not get through to her muscles. Her leg muscles don’t move while the rest of her is leaning in the direction she wants to walk. As a result, she falls over. She trips on nothing. It’s brain freeze.



Graphic provided by article on PTSD

BRAIN POWER—WHAT HAPPENS?

The left side of the brain is the analytical side. Here is where we do math. Here is where we plan and organize. This is where reason lives. Everything here is neat and orderly.

The right side of the brain is where we dream, speculate, and do our creative thinking. This is where feelings live. It also is active in constantly taking pictures of what we are experiencing, and storing them as in a photo album. This is where alarms go off.

The lower part of the brain, the stem, controls automatic functions. Breathing is automated from here. The commands given by this part of the brain are not under a person's mental control. Of special concern to the victim of PTSD, this is where the unsought, but instantly obeyed commands come from to *fight, flee, or freeze*.

Remember the effects of crisis illustrated on Page 25? It helps us understand what takes place during a traumatic event. From a preponderance of acting according to our thoughts, we are transported to a world where feelings dominate. Our actions are not necessarily reasonable. In fact, they may not make sense at all. Our feelings are gushing all over the place. The left side of the brain is overwhelmed by the actions of the right side.

This is not all bad. In moments of danger we do not have time to plan, or even to think. We react. The alarm in the right side of our brain calls for immediate action. God has built some valuable defense mechanisms into the right side of our brain that automatically activate in life or death situations.

FIGHT-FLEE-FREEZE

In times of severe danger no time is lost wondering what should be done next. When stress reaches that level, the body reacts without thinking. This is the lower brain at work. Afterward, a person might wonder, “Why did I decide to fight? Why didn’t I hide? Why didn’t I run?” The answer is, “You had no choice.”

But, perhaps the question of greatest anguish is, “Why didn’t I do something?” The person wonders if he is a coward at heart. If he had it to do again, he definitely would do something—anything. But, instead of acting to save another’s life, or even to protect himself he has to admit, “I just froze.”

“The lower brain always trumps the two halves of the higher brain.”²⁵ This is God’s special gift to us. A number of actions immediately take place:

- A nerve shoots a message to our adrenal glands to dump adrenaline and noradrenaline into our bloodstream.
- This causes our heart to beat faster, our lungs to pump harder, and the rest of the body to fight, flee, or freeze.
- Our pupils dilate, giving us tunnel vision so that we can focus on the threat and not be distracted by peripheral vision.
- Thousands of small muscles in our arms and legs constrict, sending blood away from our skin into our muscles for quick movement—and so that if our extremities are wounded, we won’t bleed as badly.
- Our blood sugar and free fatty acids instantly ramp up, giving us more energy.
- Up to 70% of our brain-bound oxygen is quickly shifted into our muscles so that we can run, kick, or such like we never have before.
- Additional hormones give uncommon strength and quickness.
- Our perception of time is altered—a ten-minute firefight seems like it only took a minute.
- Our right-brain alarm is set off, and drowns out the logical analysis of our left brain. It starts taking pictures like mad.
- The noradrenaline heightens the emotional aspects of the situation, making it more vivid and notable.

- Very strong and clear memories are being recorded, probably so that we will remember this event and avoid it in the future.²⁶

Here's a description of how this works:

“At this point, our lower brain takes over. It’s live or die time. With this organ in control, nothing else matters. It automatically directs the rest of the body in a very complex but focused ways to do whatever it takes to survive.”

“PTSD expert Patience Mason describes this behavior eloquently and realistically...‘Whatever it takes! This is not a polite, well-behaved part of us. It urinates and defecates in its fear. It scratches and bites and goes berserk, beating people to death with the rifle-butt when the bullets are gone. It kicks and gouges. It runs out on its friends, trampling whoever gets in its way. It cowers, unable to get up or to fight; unable to protect those it loves. It may freeze or follow orders that are against all the survivor personally believes in. Survivors may feel shock or shame over what this part of them did.’”²⁷

A mountain of guilt may be attached to that reaction. But, it is false guilt. This was not a decision he made. Understanding how the brain works may help the person get rid of that second-guessing and false guilt. It can help remove an IED that Satan has slipped into the person’s road of faith.



IMPLICATIONS FOR ALZHEIMER PATIENTS

Perhaps this is a good place to fit in some words to those who would minister to Alzheimer patients, even though this mental condition is different from PTSD.

While music stems from the right side of the brain, it is stored on the left side. Experts seem to agree that Alzheimer's does not target the left side. As a result, music gets through to the Alzheimer patient. The music carries with it the emotions that were attached when the music was originally planted there. Music from an earlier, happier age can transport the emotions of the person back to those happy times.

In addition, the words that were attached to the music originally, remain embedded with the music. Thus the Alzheimer patient who, as a small child, learned the hymn, "What a Friend We Have in Jesus", or "Rock of Ages", or "Abide With Me" will be able to have the message of that hymn penetrate the Alzheimer barrier—and bring again the words of faith, comfort, and hope.

Two lessons seem to be taught here: 1) Teach small children music that is tied to solid scriptural truths; and, 2) Use spiritual music from their youth to bring God's Word to those with impaired memories.

Today's digital music enables us to easily bring back the old music and gospel truths to those who may no longer be able to recognize their own children. I have seen worship services for the elderly, including Alzheimer patients, prefaced with 20 minutes of pre-service music. As they shuffled in, one could see their heads lift up. Soon toes would tap. And many times the assembly would break out into the words of the hymn from memory. In the service they would sing with gusto—again, often from memory.

We will later look at the effective role that music can play in removing "IEDs" from the road of faith.



Chapter Five: "I Think, Therefore I Am"

A COMPLEX TRICHOTOMY

Academically, we can rather easily point out the three basic parts of a human and name them as body, mind, and soul. In practice, it is most difficult to see the divisions among the actively functioning parts.

No one part operates without the other. Even in an unconscious state, the mind is functioning on a very serious level—otherwise, among other things, the person would stop breathing, and die.

If the body is kept functioning only by means of a machine, it still would be dead if the mind were not operating. This is demonstrated when a machine is turned off on a brain-dead person. The patient does not then begin to die. The person is revealed to be already dead.

If we ask, "When does death occur?" we probably accept the answer, "When the soul leaves the body." But since we cannot see that take place, we are left looking for the physical or mental signs of death. These are subject to revision. In those good ol' days of yesteryear (at least Hollywood's version), the cowboy would lean over the chest of a victim and—hearing no heartbeat—would then declare: "He's a goner!"

Today we look at brainwaves and other indicators of life or death. Decades from now other indicators may be used. There is much about life and death that we still do not understand.

We are concerned about the spiritual side of PTSD. We are specialists in the treatment of the soul. But, that does not mean that we can ignore what is happening to the mind or the body. What affects the soul will affect the mind and the body—and vice versa.

As a heart specialist cannot ignore what is happening to the brain, so a soul specialist cannot ignore what is happening to the mind. But, the heart specialist is not a neurosurgeon, and should not begin practicing brain surgery. So a soul specialist should not presume to operate outside of his field of expertise.

There must be an awareness of the complexity of the problem we are dealing with, and respect for other legitimate specialists. This respect is not the same as a caving-in to the opposition of those who do not recognize the importance and legitimacy of soul care.

In the first half of the 1600s the Frenchman Rene' Descartes uttered the words: "Cogito ergo sum!" (I think, therefore I am!) Much has been written and debated about his statement, but it does make the Christian caretaker of the soul ponder further the relationship between a person's thoughts and a person's essence.

Without wandering off into philosophical mazes, or jargon, we might properly ask, "Does the Bible speak about such a relationship?" If it does, that would be important to us.

You may recall some of the dogmatic statements about the soul, and that would be helpful. But, what specific passages appear to address this matter? Many do.

Both Saint Matthew and Saint Mark quote a striking statement by Jesus when the disciples fell asleep as he prayed in Gethsemane. He told Peter, "Watch and pray so that you will not fall into

temptation. The spirit is willing, but the flesh is weak” (Mark 14:38). He emphasizes the significance to the relationship between the spirit and the flesh: τὸ μὲν πνεῦμα πρόθυμον ἢ δὲ σὰρξ ἀσθενής.

“Flesh” (σὰρξ) is an important word in theology. Arndt and Gingrich list eight main definitions of σὰρξ. Most address the physical part of a person. Only one, the sinful side: *“In Paul’s thought esp. (Sic), the flesh is the willing instrument of sin, and is subject to sin to such a degree that wherever flesh is, all forms of sin are likew. (Sic) present, and no good thing can live in σὰρξ.”*²⁸

The physical side of us is more than spiritually-disconnected tissue and nerves. Our bodies and minds have been crafted by God, and they exist in a relationship with him.

After discussing how Plato and Epicurus used the word, Gerhard Friedrich goes on to make a significant statement:

*“Very different is the understanding of man in the OT sphere. Here man is seen from the very first in his relation to God. As creature of God he is flesh, always exposed to death. God’s breath is his life, his soul. The will of his heart is Yes or No to God’s commandment. Man is understood in terms of his relationship, not his nature. He is what he is in relation. Thus flesh is his situation before God. When he is viewed in this way, he can no longer be split up into a divine part and an earthly part. If there is to be a distinction, it can only be between God and man, heaven and earth. That is, only cosmic dualism is conceivable.”*²⁹

בְּשָׂרִי is the word that David uses for “my body” when he calls out: *“O God, you are my God, earnestly I seek you; my soul thirsts for you, my body longs for you...”* (Psalm 63:1)

He contrasts that with נַפְשִׁי when he refers to “my soul.”

אֱלֹהִים | אֱלֹהֵי אֲתָהּ אֲשַׁחֲרֶךָ צְמֵאָה לְךָ | נַפְשִׁי כָמְנָה לְךָ בְּשָׂרִי

These words are the Old Testament’s counterparts to πνεῦμα and σὰρξ.

The Old Testament linguists make a statement similar to those who work with New Testament words. Referring to passages that separate “soul” from “body”, Botterweck and Ringgren warn against understanding this as a Platonic dualism.

*“Rather, basar and nephesh are to be understood as different aspects of man’s existence as a twofold entity. It is precisely this emphatic anthropological wholeness that is decisive for the twofold nature of the human being. It excludes any view of a dichotomy between basar and nephesh, “soul,” as irreconcilably opposed to each other, and reveals the mutual organic psychosomatic relationship between them.”*³⁰

“The mutual organic psychosomatic relationship between them” is probably the phrase most significant for us.

What does all this mean for those ministering to victims of PTSD? It means that the Creator tells us that humans are not simple creatures that we can mentally dissect and treat as separate parts. Humans are the crown of his creation. They are extremely complex. David declared: *“I praise you because I am fearfully and wonderfully made...”* (Psalm 139:14)

We presently have only a glimpse of the wonder connected to the way we are made. As caretakers of the soul, it behooves us to approach our work with humility, reverence, and wonder. Anything less is a disservice to the person we would minister to, and disrespect to the God who gave life.

NON-TRAUMATIC STRESS TYPES

- **Basic Stress**—this is everyday, underlying stress no matter what a person is doing.
- **Cumulative Stress**—this is stress that has built up over a period of time until cracks begin to appear in a person’s emotional state
- **Acute Stress**—this reaches the level of a disorder, commonly known as *Burnout*

TRAUMATIC STRESS (TS)

Most people who face traumatic situations do not develop PTSD. But, they all do undergo TS, Traumatic Stress. This can cause the brain to react in various ways.

Auditory Exclusion—Most sounds are excluded during the event. Consider this report from a police officer: *“When a bullet exploded out one of the windows, I opened fire. I faintly heard one round go off, then nothing. I could feel the recoil of my own gun so I knew I was firing but I didn’t hear the shotgun and I was afraid my partner had been shot. When it was all over, it turns out I had fired nine rounds, and my partner, who was five feet away, had fired four shotgun rounds. The suspect also got off two more rounds before we killed him. Neither of us was injured. I had no idea how many rounds we had fired until I was told later. To this day, I still have no memory of hearing any gunfire except that first round.”*³¹

Intensified Sounds—Sometimes, especially if a person cannot see well, his hearing becomes very sensitive. *“The officer told me: ‘I saw that gun and that’s all there was in all the world [tunnel vision]. I didn’t hear the shots; I heard nothing [auditory exclusion]. One of the rounds went beneath my vest and severed my spine. I tried to turn and run, but my legs weren’t working. I couldn’t understand why.’”*³² Yet, under these conditions, he later was able to hear the suspect’s soft footsteps approaching.

Tunnel Vision—“Like Looking Through a Toilet Paper Tube” A law enforcement trainer tells how tunnel vision combined with auditory exclusion as he wrestled with a suspect armed with a sawed-off shotgun: *“Both of us had a hand on the muzzle and both of us had a hand on the trigger of the shotgun. Most people talk about tunnel vision saying that it is like looking through a toilet paper tube. For me it was like a soda straw.”*³³

Sensory Exclusion—“I Haven’t Got Time for the Pain” *“I realized I’d been struck,”* Christensen said, *“but I didn’t feel anything as I continued to wrestle him down onto the floor and subsequently into my handcuffs. I then half drug and half walked him to a holding cell.”* It was not until Christensen locked the door and leaned against a table to catch his breath, that a wave of nausea came calling. Nearly 10

minutes had passed since he had been struck, but it was not until his adrenaline began to subside that the pain and nausea hit.”³⁴

Autopilot—You Honestly Don’t Know You’re Doing It *“I came around the corner of this guy’s van; I’m just going to tell him to move it. I didn’t know that he’d already killed one person. You honestly don’t know you’re doing it. All of a sudden a gun appears in his hand. Then a hole appears in his chest and the guy drops. My first thought was, ‘Whoa, somebody shot him for me!’ I actually looked over my shoulder to see who shot this guy. Then I realized I had my gun in my hand and it was me who had shot him.”*³⁵

Visual Clarity—A Perfect Image Visual Clarity *“You may see a muzzle flash, as if in stop action, or even see a bullet in the air. You may have a vivid image of the gun, or even a ring on the suspect’s hand, but not remember his face.”*³⁶

When it reached its highest point, the hostage moved, just enough to expose the suspect’s chest. *“All I could see was his chest and the knife, and then everything got quiet and all movement slowed. I felt like I could stand back and consider options: What would happen if the hostage were slaughtered in front of me? What if the killer then dropped the knife and laughed at me? Did the hostage trust that I knew what to do? ‘I knew I had to shoot or the hostage would die. For just a second, it seemed as if my whole life had been for this moment, a moment that was now and would never happen again. It was mine to decide.”*

Anderson fired five rounds, but: *“‘I remember the smell of the gunpowder, but not the sound of my shots,’ he says. ‘I remember the face of the hostage, but not his words. I remember the wail of sirens but not who came. I remember my decision, but I don’t remember pulling the trigger. Later, I told detectives I thought I had fired only twice. If I’d had 20 more rounds, I would have fired those, too.’”*³⁷

Temporary Paralysis—Freezing does happen, but sometimes in combat, those who think they are experiencing temporary paralysis are actually experiencing slow-motion time. *“As he moved around a corner, he abruptly came face to face with several armed men. ‘All of a sudden, I couldn’t move my legs,’ he said. ‘I couldn’t move my legs, and I didn’t understand what was wrong with me. Why couldn’t I move them?’ After a moment, he realized he could move his legs. ‘Just v-e-r-y slowly,’ he said. ‘I realized that this is that slow-motion time everybody has told me about. I’ve got all the time in the world.’”*³⁸

Memory Distortions—As many as 21% of the protectors of society who are involved in shootings experience memory distortions. One example: *“Two police officers are in a gunfight, blazing away at the suspect. One said later that he saw his partner get shot. ‘I see the bullets rip through my partner’s body,’ he said. ‘I see the blood gush out. I drop [kill] the suspect, holster my weapon, and turn to my partner. But he’s fine; he’s not hit.’ The officer clearly saw his partner shot. He saw the bullet holes and he saw the blood. When the battle is over, he goes to his partner’s aid, but discovers he is not hurt at all. The officer believes what he saw with such intensity that he begins pulling at his partner’s clothes . . . which understandably distresses the unharmed man.”*³⁹

Dissociation and Intrusive Distracting Thoughts—During high-threat situations a person may experience a strange sense of detachment, as if the event was a dream, or you were looking at yourself from outside your body. *“I made a traffic stop on a man who turned out to be under the influence of*

cocaine. Everything moved in slow motion when I fired three shots (only two of which I remember). I was clearly 'out of body' as I watched the shooting from above and ahead of my actual position. There was no sound from my .45 either, or any recoil."⁴⁰

Memory Loss—It is common for some degree of memory loss in a deadly encounter. The report of an officer after high-speed pursuit: *"When I finally got home, my wife made a comment about listening to the pursuit over the phone. I had no idea what she was talking about. It turns out that during the pursuit, I had called her on the cellular phone in my patrol car to tell her I loved her in case I didn't make it. My wife said she told me to hang up and concentrate on my driving. I had no memory at all of making that call."*⁴¹

Note that the above experiences are not the result of PTSD. But in all cases the brain was acting in an unusual mode. Thus, it should not surprise us that the brain is a very active agent in PTSD.

THE TYRANNY OF THOUGHTS

It appears that we never do lose a copy of anything we have seen and experienced. The right side of the brain is like a digital camera, snapping picture after picture after picture—and then storing these pictures away. Embedded into the visual records are tracks that carry other pieces of the experience: sounds, smells, and emotions.

Under normal conditions, all of this is good. We hear an old melody, and it takes us back to our teenage years. We smell cookies baking, and it takes us back to our mother's kitchen. We recall a certain voice, and the mental picture of a person presents itself.

Usually, this is all under control. We bring out the memories when we want to, and put them away again when we decide to. It's true that sometimes our control is limited: we then just cannot remember a face, or place a smell, or get a tune out of our head that keeps replaying itself.

Those who suffer from PTSD are often at the mercy of thoughts that intrude into the flow of their lives. With tyrannical force, the right side of the brain is forcing the person to once again see, to once again feel, to once again smell—to once again relive the traumatic event.

*"For all of us, Vietnam will forever remain an integral part of our lives. The awful sights, sounds, and events of the war make it impossible for us to lock it away in the closets of our subconscious minds to be forgotten. It will always be there, where its tapes run over and over again in our memories."*⁴²

Names have been given to personalize the reoccurrence of the traumatic event. Dave Grossman calls it "The Puppy." When working with victims, I often use the picture of a lion because it is quickly visualized. But, my favorite is, "The Tyrant of Trauma." The Tyrant comes to visit when the vivid memories return. Sometimes it is a short visit, and he respects the order to leave. Other times, he comes smashing in and claims a place at our dinner table. He can be merciless. He cares little of what we are in the middle of, or how we might be affected.

Ironically, if a person breaks his arm, he is willing, even eager, to have a professional tend to him. Mental wounds tend to be handled differently. Allen Clark was a Soldier out of Fort Hood, TX. At Dak To,

Vietnam he was wounded in his legs in 1967. He accepted medical help for those injuries, including surgeries that finally amputated both of them. Mental injury was a different story.

About his mental wounds, he has this to say:

*“I lived and relived the details of the attack, my wounding, and my seemingly endless surgeries. When my mind began to play games with reality, I needed to begin psychotherapy. I disliked having to see a psychiatrist because I believed it was a sign of weakness, though; it indicated that I was not strong enough to cope with the realities of life on my own.”*⁴³

After his second amputation, he puzzled over some words in the report his doctor wrote:

“Paranoid state, acute, severe incomplete remission, manifested by delusional thinking, preoccupation with religion.”

Clark writes: *“The notation about preoccupation with religion really interested me. Although I did not understand it at the time, this is when the spiritual war that would try to capture my soul began.”*⁴⁴

A veteran of the war in Afghanistan, Nate Self, talks the same language in his book *“Two Wars: One Hero’s Fight on Two Fronts—Abroad and Within”*. (This book is in the Recommended Reading list)

The Tyrant tries to force a person to take another look at the traumatic event, and another, and another look—and then asks the question: *“Do you still believe there is a just God?”* Then he will replay the event again to make sure the question is raised at a higher pitch.

But, it is not just the reliving of traumatic events that the Tyrant forces into one’s mind. He also slams the victim with orders. He comes to control the reaction to the memories. He comes to control thoughts.

Since we are dealing with a mental health problem, it should not surprise us to learn that often such a person is not in control of his thinking process. A combat veteran relates how, 30 years after leaving war, suicidal thoughts began intrude into his stable, productive, and Christian life. He did not act on these thoughts, but he recognized that he could not keep them from entering his mind.

As physicians of the soul, we recognize the spiritual implications to such a state of affairs. It makes us wonder if, instead of the Tyrant of Trauma, this intrusive force should be called, *“The Demon”*. Later, I will explain why I am not inclined to do this.

TRIGGERS

While the intrusive thoughts may seem to come out of nowhere, many times a trigger can be identified. Pulling the trigger releases the remembered trauma to slam the mind once again. We will look further at this when we take up ways to help the wounded person heal.

We already know that some things can trigger memories to arise. This happens regularly. In addition to certain smells and melodies, sights can also bring back memories. Pictures are powerful reminders, but not as strong as revisiting a significant site.

While being back at the scene of an event can be horrendous, it also can be part of a healing process, as we will see later. This helps explain why some warriors will return to old battlefields, and visit and revisit the Vietnam Memorial Wall.

I spent nine years on the Northwestern campus in Watertown, Wisconsin. Much has changed since my last stay. Buildings have been added; people have left. A different school is now on the site, with a different name. But, when I step onto those grounds, my mind instantly returns to 1958, to the relationships, and the emotions that began that fall.

The right side of my brain has recorded all of these things. It is a delight to emotionally replay of parts of those experiences.

It would not be a delightful experience if the replay brought back horrific memories. That's why triggers of those memories are to be avoided.

Sometimes, for me, the sight of a soda can lying on the side of the sidewalk can transport my mind back to the war zone. I become greatly distressed to see people casually walking right by that can. "Don't they see that's probably an IED?" I catch my breath. I freeze. I'm tempted to scream: "Get away! Get down!" Then I realize that I am safe in America—and relieved that I did not embarrass myself by actually screaming at people.

But, not every discarded can of soda sets me off. I just need to keep from focusing on the ones I notice.

I find that I must also be careful about what I am talking about. When I am speaking about my ministry in the war zone, especially if I am using pictures in a PowerPoint presentation, there is a line that I dare not cross. If I stay too long on a picture, if I go into too much detail about what I have done downrange, my mind will plop me right back to vivid experiences. Once again, I freeze—and no words will come out of my mouth.

Different people have different triggers. As if handling a firearm, each person needs to know how to make sure the safety is on.

The individual may not recognize the trigger. That's the nature of a tripwire for an IED. It's camouflaged. Sometimes, hidden in plain sight. Loved ones and spiritual caretakers may be able to detect a trigger before the victim can. Surely to point it out would be an act of love.

Chapter Six: Problems

EMOTIONAL SYMPTOMS OF PTSD

The list of emotional symptoms of PTSD is long, and one list does not necessarily agree with another. *“The emotional symptoms of PTSD are depression, worry, intense guilt and feeling emotionally numb.”*⁴⁵ If only the list were this short!

The Mayo Clinic adds: *“Severe anxiety, flashbacks, uncontrollable thoughts and nightmares.”*⁴⁶

The Spiritual Care Handbook gives a massive report on how PTSD affects its victims. Since it is too long to insert here, you can find it under Addenda at the end of this work. *Please take the time to read it through.* It will greatly help one to understand the complexity and scope of PTSD symptoms.

Perhaps you have heard of Audie Murphy, a hero of WWII. His brave exploits were captured in a movie that he starred in. He was a decent person. He did not let his hero status go to his head. Many a parent hoped that their child would grow up like him.

But, when we look in at his life we see many symptoms of what we now call PTSD. He was still not old enough to vote when he came home from war in 1945. Here are some quotes about him from “The War Hero” written by Thomas B. Morgan:

“He belonged to no veterans' organizations, stayed away from parades...[very much like Vietnam vets] In the far wall, an open door led to another room that should have been the garage. I could see a bed and a desk with another big lamp. ‘Garage,’ Murphy said. ‘I remodeled the garage to make a room where I could be by myself.’ I must have seemed ready to ask why. ‘It was necessary,’ he said cryptically... ‘But you’ve got to understand me—’ Murphy paused, as though deciding whether to go ahead with his thought, ‘—with me, it’s been a fight for a long, long time to keep from being bored to death. That’s what two years of combat did to me!’ Murphy’s voice had risen and he had brought both feet down on the floor. He looked at me wide-eyed and intense. ‘Let me tell you something,’ he said. ‘Beginning eight years ago—up to last year—I had seven years of insomnia. Seven years! Outside of cancer, I don’t know anything that can be as bad as that. It was just all of a sudden, I could not sleep. I’d be half dazed. The furniture in my room would take on odd shapes. Then there was my nightmare, a recurrent nightmare. A feeling of exasperation. I would dream I am on a hill and all these faceless people are charging up at me. I am holding an M-1 Garand rifle, the kind of rifle I used to take apart blindfolded. And in the dream, every time I shoot one of these people, a piece of the rifle flies off until all I have left is the trigger guard. The trigger guard! Then I would wake up. So that’s why I began sleeping in the garage with the lights on all night so that when I woke up from the dream, I’d know where I was...’

‘So—there was another thing, too—it was the noise. Noise! In combat, you see, your hearing gets so acute you can interpret any noise. But now there were all kinds of noises that I couldn’t interpret. Strange noises. I couldn’t sleep without a weapon by my bed. A pistol. Because the least little noise bothered me. That’s why I had the garage made into a bedroom, to be away from the noise. The least little noise—there was a time when a cannon wouldn’t wake me. And now I could barely survive in the

garage... "You know," he said, ruefully, "there are only two of us left from the old outfit and we're both half dead."⁴⁷

But you need not go to war to have these symptoms, nor do you need to withdraw from public view. Jackie Kennedy surely lived in the spotlight for most of her life, including after the death of her husband. We now learn details of that life that some feel reveal the PTSD she suffered after her husband's assassination. When we remember that her husband's blood and brains stained her dress in that convertible, it doesn't surprise us to learn that this may have been a traumatic experience that came back to haunt her.

The author of a book on Jackie Kennedy is quoted as saying: *"She's traumatized in a very specific way. Her husband's head was inches from her face, she was looking into his face when the gunshot blew his head apart."*

"The former first lady constantly provided graphic details of her husband's death to friends and family and contemplated suicide. Although she put on a stoic face publicly, Kennedy struggled for decades internally."

"If you have PTSD, you are constantly — and Jackie certainly was — constantly waiting for the next attack." "When is it coming? You're in a state of arousal at all times waiting for the next gunshot. And it's a hideous way to live."

By the time President Kennedy's younger brother, Bobby, was assassinated, *"Jackie was completely numbed. She said she was living in a trance."*⁴⁸



ANHEDONIA

This symptom deserves special attention because it often causes such confusion on the part of those who love the PTSD sufferer. If a hedonistic person is characterized as being one in pursuit of pleasure, the person experiencing anhedonia is the opposite. Anhedonia is characterized by a loss of interest in formerly enjoyable activities.⁴⁹

An anhedonic football fan is not excited when his team wins. He no longer enjoys what had been his favorite music, or food. He is cold toward his children, or his wife.

He may not recognize that he has changed. But those around him will. It may be their first indication that he may not be the same person they used to know. He has been wounded.

While not suffering from PTSD, the Lutheran pastor who wrote the following words expresses anhedonia following the death of his little girl:

*“Let me tell you what you can expect to run into if God brings great suffering into your life. Expect an “explanatory space” a barrier around us suffering and grieving people where talk about God’s incarnation and presence and love seem irrelevant. These articles of faith are relevant, of course. Very relevant. But they **seem** useless. Looking down on your daughter’s coffin, everything seems useless. And for far longer than you may imagine.”¹*

ABANDONED

It is common for the protectors of society to feel that they are not understood by the civilian world. Generally speaking, that feeling is justified. Unless someone has worn the uniform of the Armed Forces, or Law Enforcement, or Firefighter, it is impossible to know what that world is like. The online course *Frontline Chaplaincy*, offered through Martin Luther College, New Ulm, MN, goes into detail about the different world and different mindset of those who serve in this manner. Only their loved ones have a clue of what their world is like—and even these are *outside the wire*.

Since those who fight crime, fire, and a nation’s enemies already feel distant from much of society; it is no surprise that PTSD will enhance those feelings. This quote in the Addenda by the Navy Chaplains Hughes and Handzo bears repeating:

“Self-isolation begins to occur because no one may understand what the patient has experienced. The patient feels dirty, tainted, unforgivable, changed, and views those with whom they have been in relationship (significant other/spouse, family, friends, social circles, church, God, military, the nation, humanity) as changed as well. This situation may crudely be described as a “psychic numbing” or “emotional anesthesia.”⁵⁰

A homicide detective asks, “How can I tell my wife what happened on my last shift? I will live with the burden of that night for the rest of my life. If I share my experience, she will bear that burden also. I cannot do that to her.” So, that part of his life is kept separate from her. But, this is just one part of many.

¹ Schulz, Gregory. *The Problem of Suffering*. Milwaukee, WI: Northwestern Publishing House. 1998. Pg.42

When combat troops are asked, “What was it like over there?” they tend to roll their eyes and simply shake their heads. Some might provide a short answer, such as: “It was rough.” or, even, “It was Ok.” Yet even this is an attempt to avoid answering. The response they want to give is: “There is no use trying to tell you! I don’t think I can put it into words—and if I could, you would not understand.”

That different world has changed them. The saying is: “*No one returns from combat the same as when he left.*” But the reality is: no one is the same after any traumatic event.

Probably we can understand that. What is more difficult to comprehend is their feeling that it is the others: spouse, family friends, social circles, church, etc. and even God has changed. How can that be?

It may be hard to understand, but it is true. We need to remember that the solid ground he thought he stood on is no more. It was blasted from under his feet. He now stands, or tries to stand, on different ground.

Maybe it is similar to a major geographic move on our part. A scientist who was on the first team to spend the winter in Antarctica related how different the world seemed from *down below*. It wasn’t just the barren, white, windswept landscape; it was the night sky that shocked him. He had made a serious study of the stars and constellations. He knew the sight almost by heart. But, he had only seen the night sky from the northern hemisphere.

When he looked at the same sky from the South Pole, it seemed strange. It appeared that the sky had changed. Of course, it had not. His perspective had changed. Once he adjusted to his new location, the sky was then seen as a bit different, but normal.

No one returns from combat unchanged—for that matter, from any high-risk situation. No one undergoes a traumatic event without beginning to see life from a different vantage point. He faces that new normal.

HOW MUCH OF A LOAD?

It is clear that not every person suffers the same degree of the disorder caused by a traumatic event. Not everyone experiences the same symptoms.

This is not as much of a concern to the spiritual caregiver as it is to the mental professionals. The spiritual caregiver is looking for breaches in the person’s spiritual defense line. A small opening and a large breach require the same response with the same tools. Size does not matter as far as spiritual treatment is concerned.

But the degree of PTSD definitely matters to the individual. It can range from just being irritating to the extreme of making him become dysfunctional or dangerous.

So there is a benefit to knowing how much and how often this disorder disrupts a person’s life. But, how can this be measured?

Cancer, which grows inside of a person, can be detected and measured with instruments that scan the body. A common measurement is given by reporting the stage the cancer growth seems to be in. Stages range from Precancerous to Stage Four.

Professionals in the field of mental medicine and treatment attempt to assign stages, or categories, to mental health issues. Sometimes we hear or see the labels, Mild, Moderate, or Severe. For sufferers of PTSD, the U.S. Army and Veterans Association commonly use percentages to indicate the severity of the disorder. One Soldier may be listed as having 30% PTSD and another 100%. The differences in the ratings affect a number of factors, including financial compensation and treatment types.

Retired Lt. Col. David Grossman prefers to compare the severity of the disorder resulting from trauma to the amount of extra weight a person might carry on his body. Being 15 pounds overweight is going to affect a person negatively. But, neither he nor his family will have their lives greatly disrupted by that weight. Being 100 pounds overweight will impact the person both physically and mentally. The lives of loved ones may also be affected.

With the comparison to extra body weight, Grossman is drawing attention to the fact that every person experiencing this disorder has his life affected to some degree—some more, and some less. But also, like weight gain, these victims have the potential of reducing some of the stress, and making adaptations in their life to enable them to carry the burden more easily.

We are familiar with the phrase, “weighed down by woe.” The soul can experience this as much as the mind might. The greater the weight; the greater the urgency for removing it. The greater the weight; the greater the threat to one’s spiritual life.

Whether the busy spiritual caregiver is aware of it or not, he most likely works with a system of triage. People running the greater spiritual risk are placed higher than others on his care and prayer list.

Those carrying a heavy load of PTSD require a high ranking.

THE PROBLEM WITH GOD

The saying, “There are no atheists in foxholes!” points to the common experience of people thinking more about God if they think they may soon meet God. Prayer, Bible reading, and worship attendance often increase, along with superstition.

We recognize it as an outgrowth of the natural knowledge of God revealed in his creation. The conscience is also involved. There is a reason why questions arise about what God expects of a person, and how good someone needs to be to get to heaven.

But, even with the natural knowledge that reveals the splendor, wisdom and power of God, even with the accusing conscience that calls attention to a debt we owe to God, the human instinct is to consider God as a problem.

The “problem” with God is that he considers himself to be above us. He will not take orders from us. Many times he does not seem even open to our suggestions. There is no appeal to his decisions.

This does not mean that we humans do not try to manipulate him. The most common approach is to try a bribe. If we do such and such; if we do not do this or that; then he should be willing to allow us to have our way. Sometimes the bribe is as blunt as the offering of money. When we see that he refuses to be manipulated by us, we become angry with him.

We act as if he needs our approval—as if he lacks something if he does not receive our worship and our obedience.

Our question is, “What will I get out of it?” “What will you give me for believing in you, and following your rules?”

We have expectations of the ones who have power over us. We had expectations of our parents and teachers. Later we would evaluate them according to the standards we had set up. We do the same with our superiors, including our President.

If the President of our country does not meet up to our expectations, if we feel he has not kept his promises, we want him removed from office. Usually, in our country, that is by means of an election. But humans have often resorted to rebellion and revolution to remove unwanted authority.

This points to the inherent solution that humans go to in order to solve the problem of God: remove his authority by means of rebellion.

Rebellion is in our blood—that is, in our human nature. We were born with it in our souls. We inherited it from our natural father who once led a rebellion in heaven. The observation of C.S. Lewis is correct: *“We are rebels who must lay down our arms, not creatures who must be improved.”*

As spiritual caretakers, our primary attention is directed to the sufferer of PTSD who has been changed from a spiteful rebel to a loving child. We are willing to minister to the non-Christian, too. But the starting point of that ministry is different. Ministry to the godless is ministry to the spiritual dead. We can do nothing of lasting value until the Holy Spirit breathes life into that soul.

Curt Lyon makes a significant statement in his book *“Counseling at the Cross”*: *“As in physical illnesses so also in emotional illnesses, personality disorders and mental illnesses, the soul is always involved.”*⁵¹

Ministry to the Christian is ministry to the wounded. The non-Christian needs to be brought to life. The Christian needs to be restored to health.

As different as the starting places for our ministries are, the tools of ministry are exactly the same: Law and Gospel.

When the Christian and the non-Christian are shocked by what they believe God has caused, or merely allowed, their initial question is the same: “Why?”

In their minds, they are convinced that this should not have happened. When they search for answers, they may come to the same number of possibilities: a) God was powerless to prevent it (but that doesn’t seem likely). Or, b) God was MIA. He was not at his post. He was missing. Or, c) God doesn’t care about us. We are not important to him. Or, as some warriors at Combat Outpost Restrepo painted on their wall in Afghanistan: d) “God hates us all forever!”

How could a child of God even begin to think that God hates him? The answer is simple: a demonic force has planted this thought. It is an IED on the road of faith.

It may seem easy for us to see this. We might think that this would never fool us. We would spot that threat to our faith a long way off. The reminder is then in place: *“Pride goes before destruction, a haughty spirit before a fall” (Proverbs 16:18).*

Humans who have a problem with God often have a problem with the existence of evil. This is especially true when horrible evil has invaded their lives. Why does God permit it? Why doesn't he better control it?

Chris Adsit relates the story of an Army medic in Fallujah. While he was chatting with his best friend, two things happened at the same instant. *"A puff of pink mist erupted from his friend's upper torso, just above his body armor and the single crack of a sniper's rifle pierced the morning heat."*

The medic, referred to as "Mike", tore at his friend's vest to try to stop the bleeding—to no avail. He died within a minute with the last words: *"...sister...my sister..."*

Within an hour his CO was shouting at Mike. *"You're lying! This couldn't have been a single shot from a sniper! They're not that good! What were you doing? Why didn't you move faster to save my soldier?"*

"It was at that moment," Mike will tell you, *"I knew there was no God!"*⁵²

The famous atheist-turned-Christian, C.S. Lewis, wrote a classic with his, "The Problem of Pain." Perhaps it should be required reading for any Christian who would try to understand the role of evil in God's plan for his people. Lewis does a masterful job of showing how the omniscience and goodness of God relate to human wickedness and pain. With phrases like: *"The road to the promised land runs past Sinai"*⁵³ he enables the reader to pierce into the darkness of doubt and see the light of God's glory. C.S. Lewis stood on solid ground when it came to understanding human pain.

Then, the ground gave way when his wife died. He fell into the deep pit of doubt, dismay, and distress. He floundered. He scratched for a handhold, and came up empty.

In "A Grief Observed", which was written afterwards, he says that when you are happy you often have no sense of needing God. If, however, you remember, and turn to him with gratitude and praise, it feels like you are welcomed with open arms. He continues: *"But go to Him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence."*

*"You may as well turn away. The longer you wait, the more emphatic the silence will become. There are no lights in the windows. It might be an empty house. Was it ever inhabited? It seemed so once. And that seeming was as strong as this. What can this mean? Why is He so present a commander in our time of prosperity and so very absent a help in time of trouble?"*⁵⁴

"A door slammed in your face." "A sound of bolting and double bolting on the inside." "Silence."

Was Lewis exaggerating? Does God actually do this? Are the words about the love and mercy of God, the invitations to come to him in trouble—are those empty words?

God does not always present the image of a loving grandfather, inviting us to sit on his lap and delight in his love. Ken Gire writes:

"For many who are suffering, God seems distant, cold, and strangely silent. Sometimes when we come to him with our questions, it seems we are climbing the North Face of Mount Everest, scaling unstable rock. We climb in hopes of reaching some summit of understanding. But the air is thin, the

*heights are dizzying, and clouds are everywhere, hemming us in at every turn. Some find their faith on that climb. Others lose it, forever numb to the feelings they once had for God.*⁵⁵

Lewis and Gire were writing about pain, grief, and suffering. Post Traumatic Stress Disorder is in a different league. If people who are stressed, but in control of their minds, have these problems with God, how much worse is it for the person whose mind is visited by the Tyrant of Trauma?

Fear of the enemy can be overcome. So can fear of death. For a Christian to become afraid that God has abandoned him is an entirely different story. In the words of Christian Nate Self:

*“My fear crushed my faith.” “I quietly resigned from the Army, a casualty in the war for the human spirit.” And, “I entered a different kind of fight: the war for my own heart and mind. I went face-to-face with my memories, with the horrors and stresses of combat—and lost.”*⁵⁶

One might assume that such an experience would only occur to a Christian who had been living in the suburbs of God’s kingdom. A person closer to God, someone whose faith was stronger when the trauma hit, would be more likely to stand up to the challenge. That is not necessarily so.

GOD, THE SOURCE OF BAD

וּבְיָרָא רָע

The problem humans have with God involves the problem of evil, including the bad.

The symptoms of PTSD are not considered good. They are seen as very bad, maybe even very evil. When the person wonders, “How did this come upon me?” he will look for something or someone to blame. There has to be a cause. As Maria, the singing nun, put it: “Nothing comes from nothing. Nothing ever could.” She, unfortunately, decided that the cause of her good experience lay in herself. “Somewhere in my youth, or childhood, I must have done something good.”⁵⁷

Her answer resonates because it is a reflection of natural religion: good works are rewarded; bad works are punished.

Since PTSD is bad, its victims are prone to look over their past lives to see if they did anything to merit this bad experience. This is a no-win exercise. If he is convinced he is to blame, he will tend to despondency. If he believes he is not deserving of this calamity, he will point an accusing finger somewhere else—usually, and eventually, at God.

Since we know that God is not evil, we might be tempted to rush to his defense. We might call out, “Don’t even think that God is the cause of your bad situation!” Since God is good, we expect only good things will come from him. If something appears to be bad, we might assume that this must come from the Source of Evil. Our assumption would be wrong.

The Holy One bluntly tells us: *“I form the light and create darkness, I bring prosperity and create disaster; I, the LORD, do all these things”* (Isaiah 45:7). The word that the NIV translates as “disaster” is the Hebrew word רָע.

The same Hebrew word, with the same translation, is used in the verse: *“When disaster comes to a city, has not the LORD caused it”* (Amos 3:6)? It is used again in Lamentations 3:38, *“Is it not from the*

mouth of the Most High that both calamities and good things come?” This time the word is translated “calamities.”

רעע is a critical and multi-dimensional word in the Old Testament. As an adjective, it can refer to bad water, as well as bad people (in the sense of evil). It can refer to concrete evil or a bad happening (disaster). As usual, context determines meaning.

בָּרָא can be seen as a scary word in this sentence. We recognize the verb בָּרָא from the opening verses of Genesis. While in poetic texts it used in parallelism with עָשָׂה (to do, or to make), the dictionary reminds us, *“The scope of the use of the verb bara’ is greatly limited. It is used exclusively to denote divine creation...”*⁵⁸

So God is the source of bad. Does that mean that he is the source of evil? No!

Taking up the question, “Does God’s will also extend to evil?” Adolf Hoenecke quotes Johann Gerhard’s words: *“We must distinguish between the evil of punishment and the evil of guilt,’ thus between evil as punishment and evil as a sinful act.”*⁵⁹

God is not the source of sinful acts. He, however, does punish with bad, or evil, consequences.

This leads to the question, “Is PTSD a punishment from God?” The answer is, “It may, or it may not be.” His smashing hand of punitive judgment might deliver it upon the rebellious soul. Or, he might send it in love to the one who loves him. There is a difference between what we would call punishment, and what might be called treatment.

Radiation killed thousands in the cities of Hiroshima and Nagasaki. That was a bad calamity. Radiation has killed millions of cancer cells over the years. That is not bad.

The lesson is: just because something is painful to experience, just because it takes away something from our lives, does not prove that it is bad. It merely feels bad.

An unofficial motto of U.S. Special Forces is: “We do bad things to bad people.” Some might revise this to say, “God does bad things to good people.” But, they are always wrong.

Where would one find these “good people”? We remember Saint Paul’s words: *“There is no one who does good, not even one” (Romans 3:12b)*. But then we recall that the same Apostle announces the good news that those who are not good, in and of themselves, are transformed into righteous ones: *“This righteousness is given through faith in Jesus Christ to all who believe” (Romans 3: 22)*. So, people who believe in Jesus Christ are, indeed, good people.

Thus the proclamation can be made: *“Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And we boast in the hope of the glory of God. Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God’s love has been poured out into our hearts through the Holy Spirit, who has been given to us” (Romans 5:1-5)*.

God is not at war with the Christian. He has declared a state of peace. So why does he allow sufferings and other bad things to come upon us? Why, at times does he actively bring such things into

our lives? Because of the good that he is going to give to us through those seemingly bad things! Good things such as perseverance, character, and hope. Things that we need!

Not ashamed of what God has brought upon him; not something to be angry and discouraged about—suffering is something the Christian can glory in! The hymn writer has nailed it: “In the cross of Christ I glory...” He suffered. I suffer. It is God’s will. It is good.

THE PROBLEM WITH FAITH

Nate Self is an experienced and decorated warrior. He relates: *“After several dangerous situations, I came to believe that God was in control of everything, and that included my safety. I believed I would be physically safe as long as God had a plan for me. Some of my soldiers showed indicators of emotional and psychological stress in the environment, but I believed my relationship with God was protecting me from even mental, emotional, and psychological harm.”*⁶⁰

From the clarity of vision that detachment affords, we can see his error. God never promised to protect his people from harm—including mental, emotional, and psychological harm. But it is easy to assume this. Why?

Faith is not physical. It is not like a leg or an eye. It’s not like physical health that can be felt or even measured on some scale. Faith is something we think about. It seems that our feelings about our faith flow from our thoughts.

As a result, there is a tendency to merge faith with mind. The approach is strengthened when we begin to test the merger by experience. It seems that when we fear, then our faith is weaker. When we are fearless, then our faith is stronger. After all, how many times do we not hear God speak the words, “Fear not!” in his Word?

Since, if we believe that God would do nothing to damage our faith, and we believe that the stability of our mind and our faith are one and the same thing—we come to the erroneous conclusion that God will not allow our mind to be damaged. When we find that our mind is beat-up by trauma, or something else, we are first tempted to deny the damage (for that, we believe, is not possible), or we deny God (believing that he has not kept his promise).

The mistake of merging faith with mind is compounded when we decide that a wounded mind is the result of weak faith.

Clearly, there is a relationship between what we believe and what we think. But, God-worked saving faith is not a mental activity. It dwells in the realm of the soul.

Our forefathers did not usually use the term “mind” or “mental activity.” They referred to this as “Reason”, with the capital letter that almost personalized the mental process. Some made it to be feminine in gender by naming it Dame Reason.

THE PROBLEM WITH FAITH IS OFTEN A PROBLEM WITH REASON

Mental ability, or reason, is one of God’s greatest gifts. But, as so many Christian teachers in the past have warned, reason is limited, and must always be subject to the words of the one who created it.

There will regularly be differences between the way the human mind works, the conclusions it comes to, and the way that God thinks. Our Creator tells us: *“For my thoughts are not your thoughts, neither are your ways my ways,” declares the LORD” (Isaiah 55:8).*

But it is more than having differing ideas, even as two humans might differ. There is also a difference between the quality, or we might say, the depth of the thinking: *“As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts” (Isaiah 55:09).*

If this isn't enough to cause us to defer to God's conclusions and plans, the following evaluation of our mental abilities should end any argument: *“The LORD saw how great the wickedness of the human race had become on the earth, and that every inclination of the thoughts of the human heart was only evil all the time” (Genesis 6:5).*

Limited knowledge, wicked thinking, and evil inclinations are poor qualifications for being able to claim the ability to make superior decisions. But that doesn't stop us from being tempted to do so.

The first sin was based upon a lie growing from a half-truth. That our first parents would know evil if they followed the advice of Satan, was the truth. But, the message was: “You will be better off by your acquaintance with evil.” That part is the lie.

The fall into sin occurred when humans decided to do what made sense rather than do what God commanded. Faith in reason trumped faith in God. *“You will be like God...”* was the planting of the IED in their road of faith. The explosion was deadly.

Reason drew the wrong conclusion in Eden. That possibility exists in any corner of the world on any day of a person's life.

A mental disorder ups the percentage of making a mistake by a human mind. Impaired minds can be counted on to make mistakes. Their reasoning is not trustworthy. That's why a mind impaired by alcohol, or some other drug, is forbidden to drive an automobile. That's why a person needs to declare that he is of sound mind before he authorizes a legally binding document, such as a will.

But, try to convince a drunk that he will not be a safe driver! Argumentation is of little value because argumentation counts on reason to reach the correct conclusion. That is not likely.

The famous statement from the Epistle to the Hebrews reminds us that faith is not built upon what we can see. *“Now faith is being sure of what we hope for and certain of what we do not see” (Hebrews 11:1).* The long list of the faithful ones that follows this verse shows again and again that these heroes of faith acted in ways that did not make sense to the human mind. Their faith overwhelmed their reason. That's always the way it needs to be.

We cannot argue the PTSD victim out of the way he is feeling or thinking. Even if we can point to a pile of contradictory evidence, it will make no dent in his reasoning process.

The person with a mass of cancer inside of him may not believe he needs radical surgery because he feels “Just fine!” Even showing test results may not faze him, because he is convinced that he is healthy, and he is afraid to face the fact that he may not be. He prefers to go into denial instead of

facing reality. In the end, he will need to believe his physician, who is telling him: “You have cancer and it needs to be treated!”

Dr. Siegbert Becker uses the words of Martin Luther to show that the relationship of reason to faith is often an adversarial one: *“This beast which is called reason, is the chief accountant of the evils. Because it does not fear, it does not love God, it does not trust God, but thoughtlessly it despises him. It is moved neither by his threats nor his promises; it does not delight in his words and works, but murmurs against God; it is angry with him; it judges and hates God; in short, reason is an enemy of God (Romans eight) It does not give him the glory. If this beast, that is, reason, were killed, these external and gross sins would be nothing.”*⁶¹

This helps us understand that if we wish to minister to the spiritual needs of the person with PTSD, we should not expect that our efforts to correct his thinking will help.

C.S. Lewis, however, reminds us that it is not just our logical thought that can be a threat to saving faith, but also our emotions.

“When once passion takes part in the game, the human reason, unassisted by Grace, has about as much chance of retaining its hold on truths already gained as a snowflake has of retaining its consistency in the mouth of a blast furnace.”

*“There is nothing we cannot be made to believe or disbelieve. If we wish to be rational, not now and then, but constantly, we must pray for the gift of Faith, for the power to go on believing not in the teeth of reason, but in the teeth of lust and terror and jealousy and boredom and indifference to that which reason, authority, or experience, or all three, have once delivered to us for truth.”*²



² Lewis, C.S. *Christian Reflections*. Grand Rapids, MI: Eerdmans Publishing Company. 1967. Pg. 43

Chapter Seven: Incoming!

FRIENDLY FIRE

An old song says, “You always hurt the one you love...” Maybe “always” is an overstatement, but in the world of PTSD sufferers, “often” would seem to fit well.

We have already discussed the feelings of abandonment the victim experiences because family and friends cannot place themselves into his shoes. This disconnection can take on a more serious face if that not-understanding person tries to “fix” the PTSD problem.

The loved one who comes with the suggestion (which can quickly turn into an accusation) for the person to try harder, or believe more, or stop smoking, or eat more healthy foods, or exercise regularly—that person can be hurting more than helping. It may be done in love. But, it is still harmful. Friendly fire wounds and kills as surely as enemy fire.

Sometimes on a battlefield a person is hit by friendly fire because he is mistaken for the enemy. But, beginning with the 20th Century, it appears that the most common form of friendly fire on the battlefield is the “short round.”

Artillery units lay down a field of fire ahead of advancing troops. The shells fly over the heads of the friendlies, to land upon the enemy. If the wrong coordinates are used, or if the shell is defective, it can land, instead, on one’s own troops. That’s a short round.

Those who lob missiles to help their loved one advance against PTSD can easily inflict further damage on the victim. The problem is that they do not have the correct coordinates. They think they are aiming at what is attacking the welfare of the loved one. Instead, they are hitting him with emotional explosives.

Recall that the victim often feels a sense of guilt, and failure, and shame. Being told that he possesses the power to fix his problem if he only would do this, or that, will either make him feel like more of a failure, or stoke his anger at the clueless meddler.

Another type of deadly round lands into the victim’s life when someone encourages him to deny the problem, or to self-medicate—maybe even to join him in the self-defeating process.

For those who would assist PTSD victims in their fight against the disorder, the warning is clear: “Do no harm!” (A primary directive to healthcare providers)

For the victims of PTSD, it means developing the skill of deflecting the missile without directing it back upon the friendlies.

HORRID DAYS

For the victims of PTSD, many holidays are horrid days. For the military victims, from November 11th (Veterans Day) until the middle of January can be one long string of horrible days.

Perhaps it is easier to understand why a Memorial Day or an Independence Day can cause such a person to be troubled, but why feel down and disturbed when there are so many incentives to feel love, peace, and joy?

Those incentives are precisely the problem! The happy sights and sounds, including the joyful gatherings of loved ones, only underscore the pain and loss of the suffering one. We have seen that it is not uncommon for a person who is grieving the loss of a loved one to have a hard time with the holidays. Instead of a source of joy, the days remind such people that their loved one is missing. PTSD patients grieve the loss of their former life. If we are not aware of this, if we push the victim to join in the celebrations, we are increasing their pain. It is like encouraging the one with the broken leg to join in on a dance.

One combat veteran reports that he spends much of the 4th of July in the basement with the radio turned way up, so he cannot hear the explosions of fireworks.

Caretakers of PTSD sufferers sometimes issue the reminder that, *Discretion is the better part of valor!* It's an encouragement to not yield to the pressure to conform to the expectations or wishes of others. "Know your limits!" In other words, "Don't poke the lion..."

Those in law enforcement and those who work in an ER are aware of the increased numbers of people who choose to harm themselves during the holidays. One of the worst? Christmas Eve!

Ken Gire sums it up: *"There are times in our lives when it is hard being a Christian. Christmases when it's hard to be joyful. Thanksgivings when it's hard to be grateful. New Years when it's hard to be hopeful. Times when we feel disappointed with life, maybe even despairing of life. Times when we feel abandoned by God."*⁶²

We will come back to this in the section called Harmony.

TOXIC MEALS

Army Veteran and PTSD sufferer John Zemler talks about the significance of sharing a meal. We usually don't give much thought to this, but he makes some valid points. He draws special attention to what he calls "symbolically important meals." They include holidays, but they also could include any meal that has special significance—birthdays, anniversaries, confirmations, etc.

The following is from one of his blogs written in an early November:

"Toxic People will Disease our Meals

Who we choose to share food with and who we choose to eat with is very important in our social and spiritual lives. We don't voluntarily choose to eat a large, lengthy, meal with people who hate us or who cause us to have bad feelings.

We don't usually choose to eat symbolically important meals like Thanksgiving Dinner, or Christmas Dinner, or the Easter meal, with toxic people.

At this time of year we are often culturally required to be around people we don't want to be around. We are required to share food with them and pretend we are grateful for their company. If some of the people at the gathering are contributors to one's PTSD, or they exacerbate one's PTSD by their own selfishness and thoughtlessness, then the person with PTSD may want to scream, drink themselves to oblivion, or take their own life.

The thought of having to go "Home" and spend time with, and even worse, share an important meal, with a toxic person causes a lot of stress. These toxic people may even be close relatives or merely in-laws. In some cases of PTSD, the stress over just thinking about having to be present at such a function can cause one to be physically ill. Additionally, it can trigger negative coping behaviors that lead to physical and/or spiritual self-harm.

The expectation of having to eat a special, important meal with a toxic person will pollute the event and dis-ease the meal itself. The meal that is, from a religious-anthropological view, meant to reaffirm social bonds and keep communication open, does just the opposite. The meal that is supposed to be a communal celebration becomes a dreaded event that causes dis-ease (yes, disease is a dis-ease) among some of the participants.

When I was in the Army I knew some people who would volunteer for extra duty on holidays. They did not always know how to put words to it, but they knew if they attended the usual holiday functions they would become angry. They knew they would be dis-eased and took steps to avoid the dinners, certain people, and the celebrations. They would act as if they did not want the extra duty, but they had in fact volunteered for it to stay away from the events and some of the people. ¹

MISTAKING FOE FOR FRIEND

While friendly fire can cause great damage, the enemy infiltrator wearing the friendly uniform is probably the greater threat. In the fog of war on the battlefield, it is sometimes hard to know friend from foe.

The person who feels alone and abandoned may be vulnerable to dangers from the one who offers understanding friendship.

Perhaps because they have worn the same uniform, or perhaps have shared similar experiences, or simply because they agree on how to respond to their traumatic past—the person is considered a friend. But, if his encouragement is toward that which is bad, then, that is a bad friend. If he leads into dangerous situations, dangerous thinking, and dangerous actions—then he is no friend at all. He is a foe.

Chapter Eight: Which Way Is Out?

NUMBING

Because pain hurts, the person enduring the pain wants it to stop. The more severe the pain, the more radical of a pain reliever is acceptable. Unfortunately, resorting to the wrong numbing agent can cause more pain in the long run.

Self-medicating is often the weapon of choice for a person who does not want to face the trouble, embarrassment, or cost of professional treatment. A responsible caregiver will not approve of a long-term treatment that only masks the symptoms. But, the patient looking for the easy solution may decide that the temporary numbing of the pain is treatment enough.

Alcohol is one of America's favorite pain-numbing solutions. Pain-treating drugs (prescription and non-prescription) are also high on the list.

Addiction easily follows.

So does easy advice from others. If we are not the one hurting, it is easy to see the risk, even the foolishness of resorting to a solution that obviously is not a good one. Instead, it is clear that the person should, "Just say no!" That is true, but it is not that easy. Consider these words:

"Fear sets in when the intrusive phase starts, whether it's two months or thirty years later. Nightmares come. Long-dead friends die over and over every night. Memories of blood and filth and the smell of flesh burning intrude into the daylight hours. The veterans, including nurses for whom war is a continual procession of mutilated young men, can't stop thinking of their experiences and are humiliated and enraged by this inability. Who the hell is going to go to the VA and say "I keep thinking about my buddy who died and having crying spells. I think I'm nuts"? Not a combat vet. So he medicates himself with two six-packs a day or a quart of whiskey, or wine, or Valium, or pot, or heroin—whatever it takes. His relationships suffer. But at least when he's numb, he isn't nuts. Right? Sadly, this becomes a cycle, and the vet has to invest more and more energy in keeping himself numb, which means he has less and less to invest in life."⁶³

Compassion demands that we are sensitive to the misery the person is going through. Wisdom says that just numbing the pain is not the answer to the pain. Sympathy tells us to find a way for the person to have less pain without damaging himself. Christian love points to Christ, the one who loves with a cleansing, healing, final-answer love.

Insulation from pain and heartache is available. It would be well for us to consider words written over 300 years ago, and sung by countless souls in misery:

*Jesus, lover of my soul, Let me to thy bosom fly
While the nearer waters roll, While the tempest still is high.
Hide me, O my Savior, hide. Till the storm of life is past;
Safe into the haven guide. Oh receive my soul at last. (CW 357:1)*

Running to Jesus is not numbing pain-avoidance. It is pain relieving, pain removing. It is not looking for an easy way out. It is heading for the only way out. It is the soul longing for its God, and finding in him the answers to life and death—and the peace that surpasses all understanding.

UNDERSTANDING AVOIDANCE

It is one thing to gently use a tweezers to try to remove a sliver from a child's hand. It's quite another to tie the child to a chair and go after the foreign matter with a pliers.

Before we begin digging into a person's painful memory bank to address the trauma buried within, it would be well for us to remember that this may be extremely painful for the victim. Done carelessly, we might cause additional damage. "DO NO HARM!" is still Job #1.

There are some understandable reasons, even beneficial reasons, for a person to avoid efforts to probe their painful mental places. Avoiding those efforts often means avoiding certain people in certain situations.

We have already noted how horrid holidays can become. It isn't just the raw memories that may be stirred up, and the feeling of loss that is experienced, it often is the questions and conversations of people that are painful. Here's a list of legitimate reasons for a PTSD victim to avoid people:

- ***So as not to disappoint others.*** The victim is aware of being changed from the person his friends and relatives once knew. The change was not for the better. He does not want to be seen as a failure or a disappointment to those who recognize that he is struggling.
- ***So as not to be interrogated.*** Even questions about how he is doing—surely questions about what is bothering him—are questions that will cause pain.
- ***So as not to be gossiped about by those who mean no harm.*** Even if sharing information about the victim is done out of love to others who love him, the idea of his disorder being discussed by others is not a pleasant thought.
- ***So as to protect others.*** Sometimes one person's traumatic experience may be connected to that of another person. Sometimes the PTSD victim is afraid that he might lose his composure if he came into contact with others.
- ***So as to avoid toxic gossip and voyeurism.*** Again, Chris Adsit says it best, *"Often, the wrong people are demanding responses to questions to which:*
 - *there are no answers, or*
 - *they are not entitled to know, or*
 - *they could never understand even if told.*

The people who want to ask, or worse, feel they have a 'right to know' and who demand answers, would not understand us even if we told them the truth as best we can. Most folks are not equipped to do triage on a wounded soul. Making demands in the holiday periods will only make the symptoms worse.

Having people at a party or dinner ask us:

- “did you kill someone?” or
- “tell me your best three kills” or
- “what was it like to be raped” or
- “did you secretly enjoy it” or
- “that happened to my cousin and they are fine” or
- ‘do you have PTSD? Do Ya? Huh, Do Ya?’

This is offensive, demeaning, and voyeuristic. People who push these sorts of questions are like someone peeping through a window while someone is dressing. It is voyeurism. It is a form of gossip and it causes harm.”⁶⁴

- **When discretion is the better part of valor.** The victim of PTSD lives as if he were always in a war zone. Without being hyper-vigilant, he must remain aware of his surroundings, and attentive to what could cause him harm. He may not want to go to that family gathering, or to the reunion of his old unit, or to any place or event that may cause him to be attacked by his memories. As he progresses, he may find that he can handle situations that would have overwhelmed him earlier. But, he needs to proceed with caution. It is not wrong for him to say, “I am not ready for this, yet.” He needs to learn what situations he dare not step into, and which circumstances he needs to retreat from.
- **So as to have time to adjust.** There is one other legitimate reason to avoid others for a period of time. After a shock, a setback, or being struck with a loss, we feel we need time by ourselves to recover, to think it through, and to regain our mental balance. We need a time out.

The author, Craig Johnson, uses a striking picture to describe the feelings of a recently traumatized person withdrawing from human contact. His fictional character likens himself to a submarine, and the efforts of others to intervene in his life to depth charges. After a loved one was killed, the character talks about the lack of contact with those who had been close to him: *“It wasn’t anybody’s fault; I was running under radio silence. My friends had spared me the crippling depth charges of understanding and, worse yet, advice, but I was going to have to come up for air; Henry was a good place to start.”⁶⁵* Henry was his closest friend.

The phrase, “the crippling depth charges of understanding” may make us think, “Isn’t ‘understanding’ something good? Isn’t it a common complaint of the one in pain that no one understands?”

There are two reasons why understanding may not be wanted: 1) When it is fake understanding. When the second person is not in a position to understand. A person who is troubled by his war experiences may burst out in anger when a civilian tells him, “I know how you feel.” 2) The grieving one feels that his pain should not be understandable. That would mean that it can be explained; that it is acceptable; that it can be worked through. At this point in the mourning process, he wants to cling to the belief that this is so horrible there is no understanding of the loss or the pain he is going through.

And yet, it is one thing to try to avoid unnecessary or overwhelming pain. It is something else to avoid any pain, especially pain that brings healing.

TRIGGERS AND AVOIDANCE

The following are the words of a former law officer, now traumatized by the mental Tyrant. She had been asked about the progress she was making:

“Well I was told that the goal of therapy is to get to a place that I don't have such a strong emotional response to the trauma but I honestly don't know that I'm wired like that. I guess reframing might help or has a little but it seems temporary.”

Obviously, she had not progressed to the point where she felt she was in control. Since she thought she received some temporary relief by avoiding triggers, she was asked if she thought she could keep doing this. She answered:

“I guess I can't answer if avoidance and isolation will work long term. Probably not but it helps me have more good days than bad, which I need. The emotions surface when they surface thru triggers - many of which I haven't identified. It can be the murder of a police officer I don't know, a war story, seeing someone I haven't seen since I left or with whom I shared an emotional event, or the death of a retired coworker, or news of employees leaving the dept, coworkers getting divorced, coworkers getting hurt, watching the news, just about anything that involves some aspect that I can relate to or personally hurts to hear about and there are many triggers. It's unpredictable and even if I commit to be around people I'm reluctant and usually back out. I skipped one of my best friends wedding because I knew it'd be emotional seeing coworkers and I didn't want to sour his happy day. I lie a lot to avoid contact yet I have urges to be around people I just can't bring myself to do it 95% of the time. I'm not sure how to fix this social anxiety that has developed from being out of the profession.”

Not wanting to make a scene and sour her friend's happy day is a common reason for PTSD victims to avoid certain people and certain situations. It is not so much out of self-protection as it is out of concern for others. Mason Patience explains:

“Vietnam vets are also afraid that most people can't face what they had to face. Some combat vets fear that no one could love them if they knew what they had to do to stay alive. They also feel that talking about it will bring it all back. They'll crack. They'll go crazy. They'll cry and you won't respect them anymore. Or they'll experience flashbacks to Vietnam or to the years when they first got back and felt violent and self-destructive. They're afraid to set off a volcano of feelings. It's safer to forget.⁶⁶”

A fear of setting off a volcano of feelings grows from the warning: *“Don't poke the sleeping lion!”*

The law officer reports that isolation and avoidance seem to have brought some improvement. Her doctor feels that since she no longer wears the uniform she doesn't need as much attention:

“Things had improved.. So I thought. I think I find symptomatic relief in isolation and avoidance. I think my Dr is under the presumption that I'm out of the environment ergo it's unnecessary to come more than once a month it's sort of like beating a dead horse.”

But it seems clear that her problems are not just caused by what is now happening in her life—she is taking on the stress of others. When other officers are attacked, she feels that she is being attacked:

“I worry so much for the safety of officers and I feel powerless to help them while the criminals gang up on them and the community turns on them... Or should I say 'us' because it feels like personal attacks.”

It appears that this person is more likely just treading water than climbing out onto the safety of the shore. When a wave comes along she is in danger of being under water for a while. Not a pleasant situation to be in!

“On the upside I'm now glad I'm retired. So things seem, for a few months, to be ok then I see someone or watch something on the news and it feels like maybe I've dealt with nothing ... just avoided triggers successfully for a while.”

The question for the pastor is, “What ministry plan can I develop for this woman?” She clearly needs help.

Those who will be taking the online course “The Spiritual Side of PTSD” that is offered by Martin Luther College will develop such a plan.

THE ROLE OF PAIN

It is easier to understand the role of pain in our life if we are not hurting at that moment. Being disconnected from feeling pain gives us a sense of clarity. It also gives us a shallow understanding of pain's essence and purpose.

We can understand the value of some types of physical pain. A toothache alerts us to the need to fix something in our mouth. A painful reaction to a burning match, or an electric shock, or a pulled muscle leads us to stay away from some dangers, and give treatment to some injuries. In cases like this we can see that pain is a good thing.

But excessive pain, relentless pain seems to be unnecessary. We try to avoid it. So, we resort to aspirin, or heat pads—or some things much more powerful. If we think about it, much of our life is an effort to escape pain. Beyond pain in the body, there is that pain in our mind that can take the form of fear (that we cannot pay our bills); shame (that people will think less of us); regret, and much more.

Does not the soul also experience pain? Is not the deepest shame and regret and despair tied to what the Holy One thinks of us? Is not contrition a form of pain? Was it not pain caused by the betrayal of Jesus that drove Judas to suicide?

One of the most understandable descriptions of heaven reveals that it is a place where pain will be eliminated. *“He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away” (Revelation 21:4).*

So why doesn't he remove pain now? Why will he allow some people to writhe in torture? Why is a traumatic memory allowed to bring such anguish into a person's life?

Does pain come from God? Does God use pain to torture his creation?

Or, does pain originate in hell? Is it Satan who inflicts pain so mercilessly? Is pain of our own making?

It is clear that if there were no sin in this world, there would be no pain. The latter is a consequence of the former.

It is also clear that God uses pain for his purposes. C.S. Lewis writes, *“Pain is unmasked, unmistakable evil; every man knows that something is wrong when he is being hurt.”*⁶⁷

If there were no pain on earth, mankind might assume that this planet is his home, and all is right with the world. Pain tells him the opposite.

The goodness and wisdom and power of God are evidenced in his creation. But we easily ignore that, and often claim credit for what is the work of God alone. Good times and pleasurable experiences might encourage us to proclaim a day of thanksgiving. But we quickly turn such an event into an opportunity for more pleasure. It is easy to ignore the One who is over all. It is not easy to ignore pain.

In his striking style, Lewis writes that, *“...we can ignore even pleasure. But pain insists upon being attended to. God whispers to us in our pleasures, speaks in our conscience, but shouts in our pain: it is His megaphone to rouse a deaf world.”*⁶⁸

But, once he has gotten our attention through pain, wouldn't the threat of future pain be enough to keep us straight? The problem is that once pain is removed, we tend to forget it, or assume the pain will not return. In any event, our attention quickly moves from God to this world, this life, and ourselves. Or, as Lewis puts it, *“When threat is withdrawn I jump back to my toys.”*⁶⁹

THE GIFT FROM GOD

θεοῦ τὸ δῶρον

“For it is by grace you have been saved, through faith —and this is not from yourselves, it is the gift of God...” (Ephesians 2:8)

As in the fields of physical and mental health, in matters related to spiritual welfare, caution must be used to select the correct treatment from a variety of possibilities. In the first two fields, questions arise over the choices of surgery, therapy, drugs, radiation, or a combination of them. In the care of the soul, we recognize that the only source of treatments is the Bible.

It would seem simple, then, to decide how to treat the spiritual side of PTSD. It would also seem that every spiritual caretaker would treat the wounded soul in the same manner.

Neither is the case.

The critical question is whether to start with the doctrine of justification or sanctification. It appears that the most common answer is: sanctification.

Not all advice fits into the vein of “Me and buddy Jesus, we got a good thing going!” but the partnering up with God is often a clear objective. One might ask, “Why not?” Combating the symptoms of PTSD is going to take some effort on the victim's part, will it not? Whether crippled by a broken leg, or crippled by worries, a person cannot expect to pray for help; go to bed; and wake up the next morning

with the problem solved. The person has to expend some effort; follow some regimen, and it would help if he had a positive attitude.

So, it would seem to make sense to have the person wounded in spirit take some steps so that, with the help of God, healing can take place. We don't have to ask where the person hurts. We have already seen the evidence of a wounded soul. A natural question would be, "What caused this?" This, of course, can lead to a problem. It is the traumatic event that is causing the hurt. Memory is delivering the blow. Memory, in this case, is not a neutral witness; it is an accusing aggressor. A decision will need to be made about how to access the memory bank without turning loose the Tyrant. That will again involve the decision to work from the position of sanctification or justification.

Sometimes the approach is to tell the distressed person: "You can do it with God's help! You can diminish your anger. You can overcome your fear. You can rebuild your identity. You can take back your life. You can overcome PTSD. Have faith! Have confidence! Have hope!"

There might have been a time in this person's life when such a pep talk would have helped. But not now! Not when the person is feeling like a squeezed out toothpaste tube. Not when anhedonia has settled in. We just heard a person say: "It's like beating a dead horse." That carcass is not going to get up and run, no matter how much poking and prodding we do. Another person with good Lutheran background put it this way: "I just don't have the Geist!" Since German capitalizes nouns, I don't know if he was referring to God or not. But the reality is that without the Holy Spirit he would not have the spirit to take on the challenge of fighting PTSD.

And that raises another issue. The victim of PTSD usually does not see God as a pal. At best, some victims have no feelings toward him. At worst, they view God as the enemy.

The doctrine of sanctification reveals a wondrous power from the Lord of Glory. It makes one sing out the words, *"If God be for me, who can be against me!"* It prompts one to shout out, *"I can do all things through God who gives me strength!"*

But these claims can be suspect to the traumatized mind. Faith may still dwell in the person's soul; but doubt, frustration, and anger toward God can inhabit his mind. He still sees himself as worthless, despicable, and abandoned. If God isn't the cause of his misery, God surely did not do something to prevent it. His feelings tell him that God is not the answer.

So, instead of telling the person, "You can do it!" the accurate message is "God did it!" Justification gives the rock solid answer to every objection that reason can raise.

Holy Scripture does not argue or debate. It declares. It does not use the invitation, "Doesn't this make sense?" Many of its statements appear to be nonsense. And, when it does ask us to use reason, as in the words, *"Come now, let us reason together," says the LORD. "Though your sins are like scarlet, they shall be as white as snow; though they are red as crimson, they shall be like wool" (Isaiah 1:18)* the words point to a decision already made in heaven.

Whether already a believer or still a heathen, the person is confronted with the fact that the Creator God, to whom everyone will answer, is also the Redeemer God, who has provided the answer. Not believing it does not make it untrue. If not one among the billions and billions of humans who have

lived, and will live, believes God's words—they still are true. Writing by inspiration of the Holy Spirit, Saint Paul wrote: *“Let God be true, and every man a liar” (Romans 3:4).*

How a person feels does not determine what is and what is not true. Traumatic stress stirs up feelings, intense feelings. To tell a person, “Don't feel that way!” is useless. To try to lead the person to change his feelings is hopeless. As long as a person is directed to himself, in any way, he is being pointed to a dead end.

Point him to the Answer. Direct him to the eternal, omnipotent, holy one. “What does God say?” is the only legitimate question. Help him focus his eyes on Jesus.

The questions, “Who am I?” “What am I doing here?” and “Where am I going?” are not restricted to the field of philosophy. They are the questions of life. They are being asked by the man on his way to work; the woman dressing her small children; and the patient lying on that hospital bed. But, the person suffering from the aftereffects of trauma is probably asking the question most frequently.

He should not be left guessing. He should be told the truth. He should face the facts.

FACING FACTS

A generation of Lutheran Christians began their worship of the Lord on a Communion Sunday with these words:

“O almighty God, merciful Father, I, a poor miserable sinner, confess unto Thee all my sins and iniquities with which I have ever offended Thee and justly deserved Thy temporal and eternal punishment.”⁷⁰

That is a facing of the facts. It is the starting point of healing for the soul—“miserable sinner.”

This was followed by:

“But I am heartily sorry for them and sincerely repent of them, and I pray thee of Thy boundless mercy and for the sake of the holy, innocent, bitter sufferings and death of Thy beloved Son, Jesus Christ, to be gracious and merciful to me, a poor sinful being.”⁷¹

This is also a facing of the facts. This is the completion point of healing of the soul—God's grace and mercy.

Among the people who spoke these King James' words were some victims of PTSD. Most were not. Yet, the words brought spiritual healing to all who embraced them.

Our hearts must go out to those who suffer with PTSD. If we have been spared this disorder, we have reason to thank our Lord, and to ask him to keep this far from us. But we will not be able to help them if we spare them from facing fundamental truths that have a bearing on their situation.

Being afflicted with PTSD is not an indication of having committed some gross sin, or being negligent in one's faith life. But this affliction, along with all other disorders and afflictions are the result of sin. We need to remember that we are indeed lost and condemned creatures by nature. Any good that we receive, any pain that we are spared, is undeserved.

Anger at the circumstances we find ourselves in is only justified if the anger is directed against the cause of the distress. The target of the wrath needs to be sin, and the proponent of sin: Satan.

WHEN GOD BLOWS THE WHISTLE

Guilt over having to leave service because of PTSD is not valid guilt. That event is God blowing the whistle to end that quarter of our life!

PTSD often brings an end to a career. For protectors of society, their ability to protect provided their calling in life. The paycheck was important, but that was not the driving force. They are “sheepdogs.” They live to serve. That forms their identity. If they no longer can be in the Armed Forces, or Law Enforcement, or Firefighting, they tend to see no value or purpose to their life.

PTSD is not the only reason for a career as a protector to come to an end. Advanced age can do it. But the person who is struggling with a disorder caused by trauma is already at a tremendous disadvantage. Exaggerated feelings of worthlessness and desperation are already present. The end of a career takes away the opportunity to regain some value to life.

Frustration grows from a feeling of failure. The person feels that he should be able to overcome the disorder—if not completely, then at least enough to continue on in service. Hardship, obstacles, and setbacks were overcome in the past. Sometimes pain was ignored, and fatigue was brushed aside. Why should this disorder be any different?

Has the person become soft? Is he no longer dedicated? He had lived by the motto, “Improvise, adapt, and overcome!” Why can he not overcome now? He has faced so many enemies before, why does he cave in before the Tyrant of Trauma?

Others may tell him that he has done enough, that he deserves a break, that he should enjoy retirement and celebrate disability. Those words only cause more pain.

Like a racehorse that falls and breaks his leg coming out of the gate, and then painfully tries to catch up to the fading stable mates while dragging the broken limb—so the broken protector of society feverishly wishes he could still be boldly racing to carry out his duty.

A broken leg he could understand, and overcome. A broken mind is beyond comprehension. It seems inexcusable.

The situation calls for an application of truth. The truth is that no one is in control of his own life. The truth is that we serve at the pleasure of the ultimate Commander in Chief. This one sits not in a white house, but on a throne of heavenly glory.

This one has perfect plans, and a perfect system for carrying out his plans. Arguing will not change his mind. Rebelling is completely uncalled for, always dishonorable, and never acceptable. The faithful servant is only to receive his new orders, salute and say: “Yes, Sir!”

It is another one of those facts that need to be faced. The spiritual caregiver may be the best one to bring this to his attention.

Chapter Nine: Deadly Enemies

HELL LOCKED ON THE INSIDE

“I willingly believe that the damned are, in one sense, successful, rebels to the end; that the doors of hell are locked on the inside.”⁷²

THE ENEMY

Having lived some 300 years before the birth of Christ, a Chinese warrior (Sun Tzu) wrote a book on warfare (The Art of War) that is still being read and appreciated by our modern military. He makes this observation in that book: “*You can be sure of succeeding in your attacks if you only attack places which are undefended.*”⁷³

Satan is a wise and experienced foe. He understands the value of attacking places that are undefended. A quick review of how he mounted his attacks against a Peter and a Judas reveals that he found the undefended place in each of these. Thirty pieces of silver were enough to breach the security perimeter of Judas. A servant girl broke through the defensive line of Peter.

When a physical IED goes off there is confusion and disarray. Sometimes a person, or an entire team is left unprotected. Undisciplined troops in a convoy may race away from the explosion, leaving comrades behind. Or, a person in another armored carrier may decide to climb out of his vehicle and head for a ditch. Tragically, he would run from the one thing that provides the greatest protection.

The same is true with spiritual IEDs. Ironically, when problems blow up in a person’s face, many choose to run away from God. If you want to name the most unprotected place in the world—it is where God is not. God is not at the bottom of a bottle. God is not in the haze of a chemically induced high. God is not the enemy. God comes to humans in his Word and sacraments. Distance yourself from these means of grace, and you distance yourself from him. That is exactly what the Enemy wants.

It is common to misidentify the Enemy. Because I have capitalized the word, and you have been reading along until now, you understand that I am saying the Enemy is Satan, and those who serve under his banner.

I suspect that if we would ask the wider field of PTSD victims and those that try to help them to name the enemy they are fighting, the answer that would most frequently come back to us is: PTSD.

They would declare that it is this mental disorder that is causing the problem, and it is the disorder that must be fought against. That is not an incorrect answer, but it also is not a complete answer.

That which has been called the Tyrant of Trauma, or the Lion, is, indeed, the mental disorder on a rampage. But the greater threat has always been the Prince of Darkness lurking in the corners of life, looking for an unlocked door, or a breach in the spiritual perimeter of the soul.

He certainly is an enemy of all people. He absolutely is poised to create havoc in the life of the non-believer. But he already has occupied that sector. He controls that soul. It is the soul of the one who loves and trusts the Lord of Life that is his primary target.

The Tyrant of Trauma is not the Demon. The Tyrant is a painful, disruptive mental condition that enables memories to continue to traumatize a person.

The Demon will try to use this mental disorder, even as he tries to use many other problems and pains that occur in life, to his advantage.

The physician of the soul will always keep in mind that even if the victim of PTSD would completely overcome the disorder, and move on to a balanced and happy life—the patient would be lost if Christ was not the center of that life.

Jesus laid it out clearly: *“What good will it be for someone to gain the whole world, yet forfeit their soul? Or what can anyone give in exchange for their soul” (Matthew 16:26)?*

Perhaps the following does not need to be said. Perhaps the Enemy is clearly identified, and targeted. He should be! But, just to be safe, let it be said with finality: God is not the enemy!!

Chris Adsit tells his fellow warriors, *“We tell God to get lost and then blame him for our unimaginable inhumanity toward each other.”*

And then he becomes specific:

“You have been downrange. You have seen things that no person should ever have to see...And now, even though you’ve left the theater of war, you can’t shake it. The anxiety, the anger, the hyper vigilance, the dreams, the hair-trigger rage, the depression—they’re not getting better.” But:

YOUR CONDITION IS DUE TO THE SINFUL ACTIONS OF EVIL MEN—NOT GOD! ”

Then he makes them think:

“God put eternity in our hearts. We know there is something beyond this crazy life. We long for it. We conclude that the present suffering and evil is not right.

ARE YOU SURE YOU KNOW WHO YOUR ENEMY IS?”³

The words of the Apostle Paul answer the question: *“For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms” (Ephesians 6:12).*

Let no one forget who the Enemy is.

³ Adsit, Chris. *The Combat Trauma Healing Manual*. Pg. 13.

DISTURB—DISTRUST—DISCONNECT

Anger, anxiety, worry, and depression, as we have seen, are some of the symptoms of PTSD. They are not easy to endure, or simple to overcome. But, they are not necessarily deadly. These are not the spiritual IEDs that Satan places in faith's road. These are merely indicators, warning that something fatal could be resting under the surface.

There appears to be a distinct plan of attack that the Prince of Darkness uses on a regular basis. It consists of three stages that can be labeled with three verbs.

- Disturb—When the normal flow our life has been disturbed we are off balance. Think of a bicycle rider who has blowout to his front tire. He brakes. He swerves. He may run off the road, or he may even tip over. His ride is disrupted. He needs to collect himself, fix the problem, remount his bicycle and ride on. Perhaps he will do that. But for a period of time his plans, his concentration, and his control have been disturbed. For a while, he was at risk.
- Distrust—He used to think that he had a mighty fine bicycle. He rode it everywhere. It had always seemed dependable. But since the disturbing incident, he finds himself wondering if it still safe to ride. Maybe it is getting worn out. When he thinks of the spill he took, and how he had to push it all the way home, he is not sure he wants to trust that bike any longer.
- Disconnect—He believes he has learned his lesson. He has seen the light. He can't count on this thing. The bike is going to be thrown out. He's through with it.

Many things can disturb our life. The severity of the disturbance can range from being similar to a crack in the sidewalk, or to a speed bump, or to a concrete barrier in our path.

Disturbances to our life are to be expected. Often they are the work of God, meant for our good.

Distrust of God is not, however, something worked in heaven. This is Satan priming the explosive charge. He understands that to, "Fear, love, and trust in God above all things" is the bedrock of our connection to our Sovereign. To plant distrust is to chip away at that bedrock. Dig a hole large enough, and there will be room for a massive charge to be placed under that road.

A traumatic event has disturbed the life of the one who will suffer from PTSD. Some of his expectations, even his beliefs, have failed him. Satan will tell him that it is God who has failed him. If he steps off in the direction the Devil wants to lead him, the blowup will come. He will be disconnected from his Source of life and blessing. He will be a casualty on Life's road.

SUICIDE--THE ULTIMATE DISCONNECT

Mention PTSD in a conversation and it usually isn't long before someone brings up the matter of suicide. Very likely, some will say: "22 Veterans are committing suicide every day." That is a shocking statement. Because of this, many family members are desperately worried about their loved one afflicted with PTSD, afraid that the person is headed down that road of no return.

We must share their concern, but we also need to make sure that our concern is based upon factual information. In the Addenda you can find resources that supply additional information. But, we should be aware of some of the basics:

- The report that 22 Veterans kill themselves every day comes from a study published by the Department of Veterans Affairs in early 2013.
 - It used death records from 21 states to come up with the 2010 national average for veterans of all ages.
 - It revealed that recent wars played a minor role in veteran suicides overall.
- Veterans over 50 account for 69% of Veteran suicides.
- It appears that older Veterans are killing themselves for the same reason that civilians their age are:
 - Depression
 - Mental health problems
 - Difficult life circumstances.
- In a study of Veteran suicides by the Los Angeles Times in 2013 it was found that if California's rate holds true for the rest of the country, it would mean that for Veterans under 35, the suicide rate is 1.5 per day.

Does this mean that we need not be concerned about the possibility of suicide by a PTSD victim? Of course not! One of the three reasons for suicide by older Veterans is "mental health problems." That covers a lot of ground, but PTSD surely is included in the mix.

While concerned about the threat of suicide by those we minister to, there is no reason to believe that younger PTSD victims are any more inclined to resort to this than the rest of the population their age. Maybe that is true of the older victims, as well. Future studies may give a more accurate picture.

This leads us to the question of how we might respond to the suicide of a PTSD patient in our congregation. The answer is, "The same as anyone else who commits suicide." We ask, "Was the person in control of his mind when he took this step?" We look for evidence of living faith in the person's life. We remember the words: *"There is now no condemnation for those who are in Christ Jesus."* We also recall that without Christ there is only condemnation.

Caretakers of souls realize that the one who commits suicide automatically assigns others to a traumatized status. It may be too late to serve the dead one, but not too late for the shocked ones who remain.

A Vietnam War widow tells of her experience at the Vietnam Memorial Wall:

*“A woman came over to me and she asked, ‘Who did you lose?’ Obviously, it was clear to her that I was relating to the Wall, not just like curiosity seeker. I said, ‘My husband was killed.’ And she asked, ‘When?’ I told her and said, ‘What about you?’ She looked clearly upset. She said, ‘Well my husband’s name should be on this Wall.’ I waited for her to go on. She said, ‘He committed suicide three months ago. He just couldn’t stand the flashbacks any longer.’ She was so upset. We talked for a long time. She was the only person there that I had a conversation with. But at that moment, I realized that this is also a Memorial to the men whose names are not on it.”*⁷⁴

SECONDARY TRAUMA

*“When a serviceman comes home from war suffering from PTSD, how he or she interacts with the family is very different from before. Anger, over-reacting, paranoid, fits of rage, disinterest in sex, lethargy, substance abuse—these and other symptoms may become the new context of family life. The symptoms of PTSD sufferer end up traumatizing the spouse. This is called “Secondary Trauma.” “It can show up in their children as well.”*⁴

If PTSD is a reaction to a traumatic event, Secondary Trauma is a reaction to that reaction.

It is difficult to spend much time with anyone who is ill. The more chronic the illness, the more strenuous it is to live with that person. This does not mean that only a few are willing to do this. But, it does strain relationships. It does stress a marriage. The words “...in sickness and in health...” might have flowed easily amidst the flowers and the friends, but they may stick in one’s throat afterwards.

Mental illness can be especially disruptive. It may pain us to see a loved one wasting away from a disease. It may be hard to walk into that hospital room, even though we know our visit will be cherished. It is easy to walk out if we are met with curses. Mental illness can do that.

And, PTSD is a mental illness. Some might say that it is a contagious illness. People nearby absorb the anger, the despair, and the sense of rejection. A book by a WELS woman, Debbie Sprague, is on the Recommended Reading List. It reveals how much an otherwise mentally healthy, caring person can be contaminated by this disorder.

That raises an important question: Should someone stay close enough to the ill person to be infected with his illness?

If it were an Ebola infection would we encourage a family to live in the same house with the patient? If a family member can turn violent is that too much of a risk for the family? If a family can absorb the mental illness, is that too much of a risk? Would a pastor advise separation from the disease carrier? Does PTSD provide scriptural grounds for divorce?

Does it not need to be decided on a case-by-case basis? Would not the pastor need prayerful guidance and insight from others? Would not the “innocent” party need to come to a decision that has the approval of God and conscience?

⁴ Adsit, Chris. *The Combat Trauma Healing Manual*, Page 22

Should not other, well-intentioned, people be not too quick to judge?

COLLATERAL DAMAGE

Those who deal often with crises and trauma often have strange stories to tell. It will not serve our purpose to spend much time on what we cannot explain. But it may be well to bring it into the open in case someone else begins to become overly concerned about it.

The question is, can one person know what is happening to another person who is far away, and with whom there has been no communication? Can the physical or mental experience of the one be felt by the other? Here is a case in point:

*“On February 28, 1968, Barbara Gurvitz was driving home from work. It was late afternoon on a cold, wintery Chicago day. Soudly, when was seized by sharp, shooting pains in her stomach. She remembers, ‘I literally had to pull the car over to the side and pant. I thought that I was getting stomach flu or something—like appendicitis. I didn’t know what it was. But I felt horribly sick to my stomach. The pain passed in about 10-15 minutes.’ Years later, while reviewing some military documents, Barbara confirmed the afternoon she was stricken with pain was also the morning her husband, Jeff, Gurvitz, was killed in Vietnam. It was February, 29, 1968.”*¹

I recall a morning years ago in March when my dad announced, “Ed’s home!” Ed was his brother. He had left only a short while ago to spend the rest of the winter in Florida. He wasn’t expected back until the first of May.

To the response of doubt from his family, my dad simply said, “Call him up!” My mother did. Ed was home.

No emergency, just a change of mind.

With no communication between the brothers, how did my father know that his brother was home? I don’t know, and he didn’t know. He just did.

On a sadder note, I once had a member who lost three small children to death. One choked to death by a scarf that became caught in a power-takeoff unit. Another caught her flammable pajamas on fire. And a third drowned in a ditch behind the house. Each was an accident. Each was a traumatic experience. None came from negligence.

When I met her as an elderly lady she still missed those children. But, she said, “God was kind to me?” How so? “Each time,” she reported, “he let me know in advance so that I would realize this was according to his plan.” Two times a dream showed her the scene in advance. One time she did not think she was sleeping, she had just lain down on the couch to rest after lunch—and saw the little boy lying face up in the creek. But he was alive and well for two days, until they were paged at the State Fair and told of his drowning.

Many more such stories exist. Perhaps you have heard some, or been part of some. What are we to make of them?

Overactive imaginations? Perhaps, in some cases. Hoaxes? Probably some are. The work of demons? I don’t think the ones I know about seem demon-influenced. How about angels? Maybe.

How about God? Maybe so.

Such incidents, or reports, become of importance to us if they affect the welfare of someone we are serving. They are especially serious if they lead a person to believe that they are being punished or cursed.

A Navy wife comes to mind. She had been in a worship service I had conducted. I don't recall that the sermon had much to say about the supernatural, but after the worship service she asked if she could see me in private. When she entered the study, her body was shaking and tears were streaming down her face. Through sobs, she told me, "I think I belong to the Devil!"

When she calmed down enough to talk, she explained that one night when she was a child she looked out of her bedroom window and saw a burning cross on her lawn. Terrified, she jumped back into bed, waiting for her parents to react. But, they didn't. The next morning she went to the spot on the lawn and could find nothing. No burnt wood. No ashes. No singed grass.

She told her best friend about this. The friend said: "That's the sign of the Devil! This means he has claimed you!"

She never talked to her friend about it again, and she never told anyone else. But, some 20 years later she was still living in the terror that, even if she was confirmed now, even if she went to church and prayed—she belonged to Satan.

Again and again the scene of that burning cross would come to her mind. Again and again she would re-experience the terror she felt as a child.

Was she mentally ill? I seriously doubt it. Had she been traumatized? Absolutely? What caused the vision that brought the terror? I don't know. Was this PTSD? I don't know. Did Satan use that experience as an opportunity to lead her away from her Savior? That seems certain.

What's the point of relating these unusual, hard-to-explain events? To remind us that there is much more that is going on in life than what we can see with our eyes. There may be natural powers that we are not aware of yet. (How long did humans live on the earth before they learned of x-rays?) There surely are spirits at work around us. Some are evil. Some are good.

And God is here with us.

Those who would minister to the spiritual side of humans dare never forget that the spiritual exists—and is not usually seen by human eyes—and that includes pastor eyes.

DRAINING DOWN

If my friend left the lights on after he shut his car off and went into the house, I would be able to help him when he came to complain about a dead battery.

With my set of jumper cables, I could connect my fully charged battery to his run-down one. His headlights would shine brightly again—for a while.

But, if he did not shut the headlights off, and neither of us ran our engines, after a while both his battery and my battery would be dead.

As parish pastors and others who try to assist hurting people know, helping another person can be a draining experience. If not careful, two people could end up worn out, drained down, and needing help.

Empathy and sympathy are big words for a caregiver because they mean much to the care receiver. Cold, distant, uncaring feelings put a barrier between the helper and the helped. While physical help may be able to be offered under such detached circumstances, emotional and spiritual assistance demands a connection between the one needing the help and the one offering help. It's similar to those jumper cables between car batteries.

But, if we must connect with the one needing help, how do we keep ourselves from becoming drained down?

The answer is; we must not rely upon reserved energy! If we put it another way, we can say that we cannot renew another person's power simply by sharing from our supply. We can only pass power along to another that has been supplied to us by a greater source that can actually generate power.

Using the picture of the dead car batteries, we need to turn our engine on, and, as soon as possible, our friend must start the engine of his own car. We must disconnect our jumper cables. This is especially true when we feel a natural connection to what is draining down the other person. Maybe we have been struggling with a similar issue.

Curt Lyon has a good answer to this situation:

"Other people come in with problems, and the pastor immediately identifies them with something he is working out personally. This does not benefit the people who need help, and it usually does not benefit the pastor or teacher either. I have had people say, 'I don't know how you can stand to listen to other people's problems all the time.' My stock answer has become, 'I enjoy hearing about other people's problems and working with them. I can go home thankful they're not my problems.'"⁷⁵

Spiritual caregivers must not stay connected to whatever will drain them down spiritually. On the other hand, they need to stay connected to the Great Power Source in order to minister effectively and tirelessly to those whose spiritual light is fading. They serve best when they enable the weakened one to connect directly to that Great Source of Power.

When God speaks through us, it is his power that is at work—not our own. We can do nothing by ourselves. But he can do great things through us.

To avoid becoming drained as we connect to others, we must resist the temptation to resort to our own emotional or spiritual power. Let God do his work. He does not need our help!

The goal of our connection to the one needing help is to enable that person to receive power directly from God—without us serving as a conduit. That is not always completely possible, but it needs to be kept in the forefront of our thoughts and plans.

The problem is that we like to think that we are somewhat responsible for the healing and restoration of power that may take place. We like that feeling of importance. So we are tempted to insert our plans into God’s plans, and attempt to speed up the process by injecting some of our zeal and energy into the restoring process.

Faithful and zealous we need to be as we bring God’s powerful means of grace to the beleaguered soul. But, we are just the “jumper cables.” We have no power of our own.

If we push ourselves into a position we should not be in, we run the risk of causing a short—and damaging the very one we want to help, as well as injuring our own spiritual or emotional status.



Chapter Ten: Starting Treatment

TREATMENT BY MENTAL HEALTH PROFESSIONALS

Most pastors are not mental health professionals, and do not pretend to be. But, a pastor should have some understanding of the treatments that the mental health people use. The following approaches deserve some attention:

- EXPOSURE THERAPY—This is an attempt to help the victim gain control of his traumatic memories by revisiting the memories in a safe, controlled setting. Today this is a very common approach. Some spiritual counselors use exposure therapy by bringing Jesus into the revisit of the horrible memories. There is a considerable risk to this approach unless the counselor is highly trained and experienced.
- EMDR—Eye Movement Desensitization & Reprocessing is an approach to healing that uses eye movements as a guide and tool to reduce the anxiety that the trauma has caused.
- CBT—Cognitive-Behavior Therapy is a form of psychotherapy that emphasizes the importance of the role of thinking.

There are many opportunities for a pastor to gain further insight into mental health treatment, and knowledge is always valuable.

DIAGNOSIS

When a person is brought to a trauma center, one of the first questions is: “What happened?” A car accident victim will probably be treated differently from a heart attack victim—even if both are unconscious.

Another common question is: “Where does it hurt?” It makes a difference if the person says, “My head!” instead of “My foot!”

But the patient is not always in a position to give the crucial information. Coming out of a traumatic situation he may complain about a headache, and not even notice that his foot has been crushed.

The caregiver is expected to make the proper and professional diagnosis. There may be multiple wounds, requiring specialists in different fields.

Most PTSD victims probably have multiple wounds. Various specialists may be needed. The soul specialist may certainly be one of them. The question is how does he make a diagnosis?

The medical doctor looks for the location of the wound, and the possible cause. A nail? A bullet? Pavement? Some times the needed information is obvious. Sometimes not! Many times learning the details of the wounding will help. The same is true with spiritual treatment.

If we accept the assumption that Satan uses PTSD to place IEDs in the road of faith, a starting point will be to look for those IEDs.

When we notice outbursts of anger, paranoia, hyper-vigilance, flashback, etc. it is like seeing a soda can on the side of a road in Taliban territory where no soda cans are ever found, or a small wire coming from under a rock, or a stick stuck into the shoulder of the road. All these can be indicators that an IED has been planted.

With physical IEDs, an explosive mixture is packed with sharp items to cause great physical harm. Spiritual IEDs cause spiritual harm. This means that they threaten to disrupt the soul's connection to its Creator, thus the flow of Life from its Source. Spiritual IEDs are planted to kill faith.

So it is important for a spiritual caregiver to find out exactly what caused the spiritual wound. "What was the hellish improvised device?" And, there a snag is often encountered. In many cases, the victim is determined not to revisit the scene of his trauma. He is not willing to remember and examine what happened. He is protecting himself from a recurrence of possibly great pain.

AVOIDING PAIN

We spend much of our lives using pain avoidance techniques. As a small child we quickly learned not to touch a flame, or pull a dog's tail. Painful consequences resulted from the actions. We grew to learn about pain that our emotions could feel, and we became adept at avoiding that pain, also. In simple terms, we learned: "If it hurts to do something—don't do that thing!"

Traumatic stress is an unpleasant experience. For that stress to turn into a disorder that strikes us long after the original trauma increases the pain. To counter the pain, we might try to numb it. We already looked at some of the common ways that is attempted—and the sad results of that approach.

Another common way of avoiding mental pain is to seal the experience off in a far corner of our mind, and never, ever open the door to let it out.

Many a family member has been puzzled by a warrior returning from combat, with citations, plaques, and medals arriving in the mail in the following weeks, only to see him pack them away in the attic—or worse yet, throw them away.

While some people install in their home something they call a "Brag Wall", others not only don't brag about their heroic exploits, they say nothing at all about them. The Brag Wall for some is a place to hang their pictures and awards, not necessarily to boast, but as a memorial of what they experienced over the years, and of the people they did it with. Families are proud of that, too.

There is a common saying that if you hear a person bragging about the great things he did in war, it is a sign that he probably did very little. Those who have seen action, faced death, caused death—they tend to say little.

Their emotions are too raw. They do not want to drag the experiences out to show them to others. They do not want to look at them again in their own minds. Avoid pain by sealing it away!

But, that is not the way to treat pain. Just as a sliver will fester and cause further pain if it is not found and removed, so with emotional pain, and so with spiritual pain. The cause of the pain needs to be addressed.

This is where the skill of the spiritual physician comes into the picture.

TIME IS OF THE ESSENCE

It seems obvious that, unless God works a miracle, healing takes time. Some people heal faster than others, and some wounds take longer to heal from. It is easy for the armchair physician to decide that within such and such amount of time a given percentage of the healing process should be completed. Real life is not controlled by such detached decisions.

We are familiar with the healing process involved with grief. It may take a year before a widow is able to pack away her dead husband's clothes. It may take two years before she is able to visit his grave without crying. Or, she may never be able to do these things. They may always remain too painful for her.

Often it seems that the distinction between "healing" and "healed" is lost. Healing should begin quickly after a wound has been suffered. The healing process may take a long, long time. The person should not be expected to act as if healed until the healing has actually taken place.

A caring, but very inexperienced, pastor was disappointed that his member, whose husband died in July, told him she had no desire to put up a Christmas tree in December. The pastor took this as a sign of weak faith. Did she not know that her husband was leading a delightful life in glory? Was she doubting her husband's faith? Was she doubting her God's promise?

She wasn't doubting. She was hurting. And, if he would have looked closely, he could have seen that her grief was actually healing rather well—just not in the manner he was expecting.

When we see someone struggling to overcome a painful episode in life, we may tell the impatient loved one: "Give him time." We mean, time to heal. Forcing a person to face painful reminders may be a cold act of cruelty.

But, in some circumstances, it may be a loving nudge toward healing. Patience Mason makes the following noteworthy observation:

"When dealing with veterans, the notion that time heals only leads to time lost. Time lost in pain, jail, misunderstanding, regret, and often, even more tragically, loss of life."⁷⁶

We will need to look closer at the tension between needing time to heal and missing out on healing by losing time.

MEMORIES

"The beginning of the end of the war is in remembrance."⁷⁷ This is an important statement for those tormented by memories, and those who would help them. It also presents a dilemma.

Intrusive memories are a major cause of the pain and disruption in the lives of those suffering from PTSD. Victims tend to block these memories. Bringing them up is just asking for trouble, it seems.

But that attitude is similar to thinking that, even if I have a toothache, I don't want to go to the dentist, because there is pain in the dental chair.

The fact is, sometimes we must endure pain to get rid of even worse pain. Of course, that is easier to say when we are not the one facing the pain.

The Vietnam War experience provides many examples of how memory fits into the picture of the PTSD victim and how to treat him. Consider the experience of Mike Kentes who returned from Vietnam in 1970:

“As soon as I walked in the airport this little hippy spit at me. I had my greens on and she spit at me. This old guy walked up and slapped her. And he says, ‘I’ve never struck a woman before in my life, but I saw her do that.’ And, I mean, he belted her. I thought ‘What the hell is going on?’ It turned out the old guy was with the Marines in WWII at Iwo Jima. Then a policeman came up and arrested her. And I kept saying, ‘What the hell is going on?’”⁷⁸

Part of the bitter experience of Vietnam War veterans was the shock they encountered when they returned home. Most never expected it. This was before email and Skype. For the grunt “in country” there was little opportunity to learn what was happening back in “the world.” Letters from loved ones probably did not regularly report about the anti-war demonstrations and the signs labeling warriors as “Baby Killers!”

The average GI did not like being in Vietnam. He may not have had a high opinion of the Military that drafted him, but he still thought he was doing something good. He was protecting America. He knew how Americans had respected veterans of previous wars. He was expecting the same—until the day he was lifted up from the war zone and dropped down into broiling America.

Many quickly learned to change into civilian clothes, and tucked their painful memories away from mind and sight—even as they put their medals into the attic.

The medals stay where they are put. Memories do not always do that. For the PTSD victim, the memories come out with a vengeance. They take the form of the Tyrant. This was not something that the victim could talk about. But the Tyrant was there, and was causing damage. Kentes continues:

“Then there are the personal emotions veterans suffered—almost always in silence. The anger. The depression. The sorrow. ‘I’d go into a rage, getting mad real easy...a real short fuse. That’s why guys lost so many jobs or couldn’t keep a job. You can only cuss your boss out so many times—or punch him—before you lose your job.”⁷⁹

Vietnam Veterans turned a corner with the dedication of the Vietnam Memorial Wall. The experience with The Wall will serve as a good example for us to gain insight into how facing memories can be part of the healing process.

The following words are recorded on The Wall:

*“If you are able, save for them a place inside of you and save one backward glance
when you are leaving for the places they can no longer go.
Be not ashamed to say you loved them, though you may or may not have always.
Take what they have taught you with their dying and keep it with your own.
And in that time when men decide and feel safe to call war insane,
take one moment to embrace those gentle heroes you left behind.”*

They were written “in country” by Major O’Donnell, to troops who were headed back to the States. He wanted them to remember their dead comrades. He was killed in action shortly thereafter.

Unless a person is a Veteran, or the loved one of a Veteran, it is difficult to understand the impact that the Wall has upon Vietnam Vets—including those who have never visited the site in Washington D.C.

Kentes explains: *“The dedication of the wall gave veterans “permission” to talk about the things they’d held inside for so long. As they talked, others began to better understand their struggles. The Wall helped bring together a nation that had been divided. It brought together families. And friends.”*⁸⁰

We have talked about collateral damage. We have looked at the pain that family members endure. They, too, are often afraid of the memories—but also can be helped by them. Peggy Borsay is the widow of a Vietnam Soldier and has done research on others like her. She relates:

*“One of my greatest fears in beginning the Vietnam Widows Research Project was that I knew that if I was going to be effective at doing that research I was going to have to share my feelings as well. It meant reliving that pain and revisiting that pain over and over again. I wasn’t sure I had the strength. I wasn’t sure I could do that.”*⁸¹

If we ask PTSD sufferers to share their memories, it is well for us to realize that we are asking them to go through a painful experience. This will keep us from becoming too callous, too impatient, and too demanding.

After seeing her husband’s name on the Wall Peggy writes:

*“It was a day filled with emotion, sadness, tears, and tiredness. Tonight, that’s my overwhelming feeling, just a sense of tiredness. But somehow deep inside I also feel that the healing can now begin, in a way that I could never let Peter go before. Before, I would never believe when I looked at the headstone on his grave that he was really dead. Now I can believe it an, in a way, that lets the pain not be so bad anymore.”*⁸²

Rituals and certain settings allow a person to address painful memories in a healing manner. We can learn how to help the PTSD victim face and deal with that type of memory by noting the common, effective ways this takes place in other avenues of life. The most obvious example is at the death of a loved one.

Cultural customs vary, and individual responses vary even further, but in America, people who feel the loss of a loved one gather together, if possible. They share experiences. They share their grief. The phrase is: “Pain Shared is Pain Divided.”

The cause of their distress, the body now dead, is not hidden away, but put on public display. Even if the corpse is not exposed to eyesight, a coffin stands as testimony to the reality. At the very least, as in the case of a cremation, a picture of the deceased is placed where it can easily be seen.

In that setting, people will weep. They will also laugh. The swirl of emotions will be evident. They also will be seen as acceptable.

If there is no body to be found, the grieving process may be prolonged, sometimes indefinitely. That is why funeral directors, including those at Port Mortuary where the KIAs come through, want a

family member to view enough of the body of the dead one even if it is too disfigured for public display. They want a reliable witness to the fact that the loved one is dead. It enables a sense of finality, which is vital to healing.

In the theater of war, memorial events are common when someone has been killed, and much appreciated. Certain symbols may represent the fallen one. The most common symbol for ground units is a pair of combat boots next to a rifle with a helmet placed onto it. There are others.

“Lest we forget!” is a phrase repeated often. Some will carry copies of the fallen one’s dog tags. Others will wear bracelets with the fallen one’s name and date of death.

The Vietnam Memorial Wall gives examples of other rituals: flowers, notes, pictures, and even medals, left as markers. An unusual one is rubbing over a name with paper and pencil so that it can be taken home. A visitor to The Wall comments:

*“I guess the two things I’ve been struck by is the way people do the rubbings [of the names]...and then the leaving of the mementos, which is like a catharsis. It’s an act...a release...an action, that symbolizes something to them. And it has an effect on them that they might not get any other way. It’s a symbolic feeling and gesture...it’s essentially an expression of feelings.”*⁸³

The very existence of a memorial means that someone wants to face a memory, painful as it might be.

Professionals refer to three basic types of memory:

Procedural: learned activities that we then do automatically, such as walking or riding a bike.

Semantic: remembering words, concepts, facts. One person uses the example of quoting the Lord’s Prayer.

Episodic: this is the one that is of special significance for those with PTSD. It involves remembering events, with mental images, feelings, behaviors, and meanings attached. One person uses the example: “Remember the time I went for my driver’s license?”⁸⁴

Memorials primarily bring up memories of episodes. That’s why many conversations around memorials begin with words like, “Remember the time when...?”

We can transpose what we know about how people deal with memories of a dead person into the picture of dealing with intrusive memories caused by trauma. We note the value of the following:

- Gathering with others who feel the pain;
- Providing a setting where expressing grief and anguish is acceptable;
- Providing encouragement to recall painful memories; and for the Christian,
- Providing the Word of God in that painful setting.

What the trauma victim puts to rest is the pain and the power of the memory. The reality is that something horrible happened. Part of the reality is that this horrible event has had an impact upon the person’s life. It is something that cannot be undone or successfully denied. Like death of a loved one, it must be faced.

Once again, military people will recognize the value of an approach to life's challenges that has been engrained into them since early training: "Improvise, adapt, and overcome!"

Overcoming the destructive force of PTSD may be the biggest challenge in their life.

While it is not always possible, the points made above show the best setting for a PTSD victim to receive healing is in a group setting with other trauma disorder victims.

It works best among a communion—people who have a common union of PTSD and who share a common union of faith.

We will come back to these concepts in the sections labeled "The Communion of Saints" and "Harmony."

CRISIS OF FAITH SYMPTOMS

- Feeling abandoned by God
- Finding it hard to pray
- No yearning for righteousness
- No spirit of thankfulness
- Hopelessness
- Seeing no value in Scripture

In times of trouble, the Christian instinctively turns toward his Savior God. In him is help. In him is strength. In him is guidance. In him is comfort and hope. Usually, there is a yearning in the Christian soul that propels him to the feet of his Father. As a prodigal, he may confess, "Father, I have sinned against heaven and against you." But he already knows what his Father will say: "Bring the best robe and put it on him." "This son of mine was dead and us alive again; he was lost and is found."

Is this not what the parable of Jesus teaches us? But the symptoms of a crisis of faith tell us that person has not yet "come to his senses" as the young man in the parable did. He still is locked in that far away country, with no desire to come home.

What then? How are we going to bring that person to God?

Wrong question! We can bring no one to God. No person can go to God. God has to come to him. Jesus explained this to his disciples: "*No one can come to me unless the Father who sent me draws him, and I will raise him up at the last day*" (John 6:44).

This is where a misplaced emphasis on sanctification ends in frustration.

We might not be able to bring a person to God, but we can bring God's means of grace to the person.

But, if he is so numbed to the spiritual and sees no value in Scripture, how can we expect that he will allow us to bring Scripture to him?

If we throw passages at him, he will deflect them. If we heave pious platitudes toward him, he will just let them fall to the ground.

At this point, a lack of interest in things spiritual should not startle us—even if we remember back when he loved to hear the story of Jesus and his love. A child, lying in a hospital bed after a car accident is not going to say: “I wish they would poke me with a needle, and hook me up to an IV!” He may resist such efforts—even if the parents and staff know this is what will help. So it may be with the person we are trying to help overcome a blow to his faith.

But, if he knows that we care, he may allow us to walk through the Scriptures with us. Saint Paul’s Epistle to the Romans may not be the best starting point for this walk. But, he may be willing to look in at the life of another traumatized soul—someone like Job. David, the anguished warrior, may also be of interest to him.

But, we would need to stay away from a packaged offer. A visit to the biblical site with an aim, inferences, and fulfilled aim in mind is likely to be rejected. Instead, invite him into the scene. Show him the sights. Point out the interesting details. Allow him time to look around. Let him ask some questions. Let him know that God provided this scene for him. God wants him to learn some things while he visits here.

MOURNING--A HEALTHY RESPONSE TO GRIEF

Those who are afflicted with PTSD often feel a sense of loss. They have lost the life that used to be normal to them. They may have lost comrades. They probably have lost their confidence, their bearings, their dignity, and their hope. They may have lost their faith.

Each person will grieve in his own way. But many feel that the steps spelled out by Elizabeth Kubler-Ross in “On Death and Dying” are still relevant. She lists:

- Immobilization (caused by shock)
- Denial
- Anger
- Bargaining
- Depression
- Testing
- Acceptance

A person can stall out at any one of these stages.

It is the pastor’s job to encourage and enable the grieving one to move on to the level of acceptance.

Memories may still rub emotions raw. Confusion and grief may pop up from time to time. But with acceptance the person knows that God still rules heaven and earth; his promises are still valid; his love is unending, and his will is always best.

The IEDs to faith have been uncovered and removed.

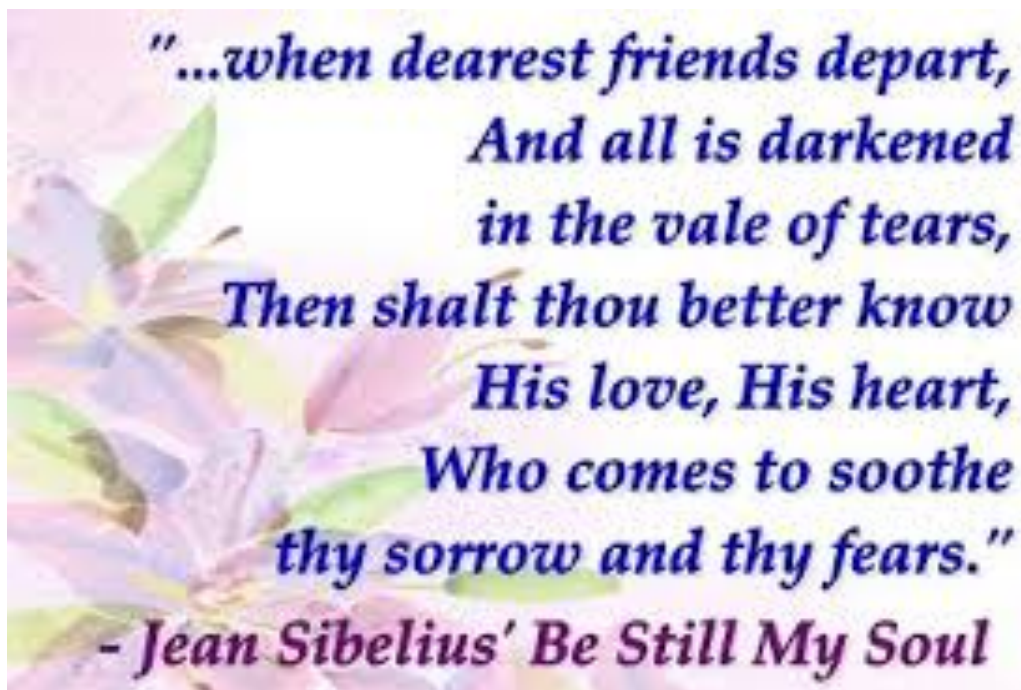
David Schacter tells his suffering comrades: *“Trauma is a thief. The self-defense mechanisms that God built into you were vital at the time your body and mind were attacked, but now—not so much. As a Marine, soldier, sailor, airman or coastguardsman, you sacrificed. But more has been taken from you than you bargained for.”*

He goes on to point to God, who can repay.

The words of the Christian hymn set to the music of Finlandia by the non-Christian J.C. Sibelius speak to the heart of the PTSD victim. Every stanza resonates with phrases that reflect the struggle the suffering one faces. We will pick out just the third stanza:

*“Be still, my soul; though dearest friends depart
And all is darkened in the vale of tears;
Then you will better know his love, his heart,
Who comes to soothe your sorrows and your fears.
Be still, my soul; your Jesus can repay
From his own fullness all he takes away.” (CW 415:3)*

This is not the angry spirit, demanding that God fix things. This is not the voice of confusion or despair. These are the words of hope and faith. They are carried by music that can touch the soul.



Chapter Eleven: At Home with the Saints

THE COMMUNION OF SAINTS

A Christian counselor writes to military victims of PTSD: *“You need a safe haven inside the wire. You need a place where you can rest, regroup, retrain, receive latest intelligence, and get ready to go out again. This is exactly what God created the Church for.”*⁸⁵ He labels the Church, “The Divine Green Zone.”

The Green Zone was a secured area in the center of Baghdad during Operation Iraqi Freedom where troops could live in relative safety. Even non-military people can relate to the image. To find some peace and rest, to discover a haven, or to live in “my little corner of the world” is a common wish of those under stress. The desire doesn’t need to signal denial or avoidance. It is a natural longing to find a time and place to recover from the battles of life.

The Church, the gathering of those who are united in a common faith in the Savior God, certainly is a place where a worn out soul should be able to find peace, rest, hope, and renewed strength. It is where the Holy Spirit comes through words and sacrament. It is where the love of Christ is shared, and shown to others.

Many envision ministering to the PTSD wounded on a one-to-one basis. That might be the case at times. But, better, if that wounded soul is sitting with a group of others as the healing from heaven comes to him. Still better, is if that wounded band of brothers is within the fold of the wider fellowship of believers. Individually; as part of a group; and as part of a congregation—this three-fold approach is the optimum method of serving the soul.

Ministry to the PTSD person is ministry in the fullest sense of the word. The pastor carries it out as part of his public office, as a representative of the corporate fellowship of believers. It is not a sidelight to his parish ministry. Just like ministry to the sick and dying, to the young and growing, and to the parents of teenagers, it is part of the greater flow of heaven-provided aid to souls.

At the heart of congregational life is corporate worship. It is the highlight of the week, and a high priority item in the pastor’s work schedule. Preparation for that event takes time and energy. No faithful pastor will neglect it. No faithful pastor will underestimate the challenge to meet the needs of so many different souls, in so many different situations, in a one-hour timeframe.

Of course, it is not the pastor who meets the needs—but the Good Shepherd under whom he serves.

And yet, what is offered during that hour of common worship is greatly determined by the under-shepherd. It is an awesome responsibility.

From within any given congregation, he finds a variety of expectations for the worship service. Some of these contradict each other. Some want traditional. Some encourage modern. Some want shorter. Some don’t care; they’ll take whatever is provided.

In New Testament times, the order of worship and the style of worship are adiaphora. But, that does not mean any ol’ thing will do. It does not mean that whatever the pastor likes is what the flock

should get. Feeding souls is a heavy responsibility. One sometimes wonders if it is a task that should have been assigned to angels.

But, for millennia the Christian Church has been able to offer worship services that edify the soul and enable God-pleasing worship. It has taken place during times of war and depression, days of plague and prosperity, under the governing of dictators and democracies.

The modern day pastor does well to consider the format of worship services that have stood the test of time. But, he also needs to have an eye on the current time.

What does this have to do with ministering to the victims of PTSD? Everything!

They need words they can relate to. What words are those? Law and Gospel! We dare not shortchange them by shortening the service to appease the short attention span crowd. We dare not speed over Law to provide an upbeat atmosphere. We want the Gospel to dominate. But the worshipper needs time to absorb the dreadfulness of his condition apart from God. Guilty souls looking for answers will relate to this. Victims of PTSD will find there an entry point, even a temporary parking space.

Hurting souls need the opportunity to pour out their miserable feelings of guilt, and beg for forgiveness. Well-planned liturgies, prayers, and Scripture readings will allow for that. Grieving souls will recognize that there is a place for them among this crowd of worshippers. More importantly, they will know that there is a place for them with their confusion, pain, and guilt in their Father's house, and before his throne.

It then will be with joy that they will be able to lift their voices in the peace of forgiveness to praise the Lord—but not before.

Worship brings us face to face with the Light that shines out of the darkness.



THE ROLE OF MUSIC IN SPIRITUAL HEALING

The feelings of Martin Luther about music are well known.

“There are, without doubt, in the human heart many seed-grains of virtue which are stirred up by music. All those with whom this is not the case I regard as blockheads and senseless stones. For we know that to the devils music is something altogether hateful and unbearable. I am not ashamed to confess publicly that next to theology there is no art which is the equal of music. For it alone, after theology, can do what otherwise only theology can accomplish, namely, quiet and cheer up the soul of man, which is clear evidence that the devil, the originator of depressing worries and troubled thoughts, flees from the voice of music just as he flees from the words of theology. For this very reason the prophets cultivated no art so much as music in that they attached their theology not to geometry, nor to arithmetic, nor to astronomy, but to music, speaking the truth through psalms and hymns.”⁸⁶

When Kurt Eggert quoted these words in a paper directed to the students and faculty of Wisconsin Lutheran College, he added the words:

“This power of music to affect the emotions, particularly when coupled with the Word—to dispel depression, ward off temptation and make the heart joyful—was for Luther a strong reason to champion its use in Christian worship, whether in simple melodies of congregational hymns or in the artistic music of the choirs.”⁸⁷

The emotions of the one suffering from PTSD are being powerfully affected by this disorder. How can that be challenged? What can counterbalance it? Music! Music tied to the Word of God can have a powerful effect upon emotions! Music can have a major role in spiritual healing.

Let’s take a few moments to review the major role that music plays in human lives. Not just entertaining, but inspiring, instructing, and celebrating. School songs and national anthems are examples of this. There is a reason why military units sing songs while undergoing training, and all branches of the U.S. Armed Forces have their individual hymns. Play the Navy Hymn or the Marine Hymn at a Veterans’ gathering, and don’t be surprised to hear strong voices come out of old throats—using words from memory that they learned while young—singing as if they were young again.

When Germany declared war in 1914, the people broke out into singing. “Nun Danket Alle Gott!” carried their excited feelings, though “Now Thank We All our God” may strike us as strange words to sing on such an occasion. But the singing showed their confidence.

By contrast, when Russian troops were forced to flee from the Germans a few weeks later, the historian reports: *“Units that had been in heavy combat marched in silence, out of step, without songs.”⁸⁸*

Showing empathy while extending a hand of peace, Abraham Lincoln used the power of music to begin the healing of a nation when at the end of the Civil War he told the band to play “Dixie.”

Music, especially music tied to the Word of God, is a powerful source for healing the wounded soul. Being responsible for choosing or providing that music places a load of accountability onto a person’s shoulders. The author of a book on music in the church puts it this way: *The stakes are high precisely because the musical doing of a people is so potent and so expressive of its being.*⁸⁹

Bible passages may be memorized, and stored for future use in times of doubt and stress. But, put those biblical thoughts to music, and not only will they be more easily remembered—especially in stressful times—but the meaning of the words will come through with intensity.

Listen to the vibrancy of the faith shown when the people of God are invited to sing their songs of faith. “Rock of Ages”, “Amazing Grace”, “Abide with Me”, and “Just as I Am” contain basic scriptural truths that people latch onto, make their own, and then sound forth from their hearts.

And the value lasts. We have already noted the value of music for Alzheimer patients. Many others have carried precious truths tied to musical notes throughout their lives. Songs learned in childhood return to serve in old age. More than one pastor, who never heard his member speak anything but English, was surprised to hear his dying member softly singing, “Muede bin Ich, geh zu Ruh”, a song learned from a mother as she tucked her little one into bed so long ago. The rest the woman was singing about was not the evening’s sleep, but her eternal one. The English version, “Now the Light has Gone Away” is still effective, but it cannot take the place of what was first learned and treasured.

Victims of PTSD need to sing the words of their God. Over time, they can learn new songs. But the starting point is with the words and melodies that have already been stored in their hearts and minds.

Trying to introduce new music to the hurting person doesn’t work so well. It takes special effort and a bit of stress to decide which note comes next. Familiar melodies allow the singer to concentrate upon the words, emotions carried by the music.

In the work, “A Warrior Looks at PTSD: Enemy Inside the Wire” encouragement is given to make music a part of each occasion that the wounded souls gather together with their pastor. Begin the session, or meeting, with a solid, familiar, Christian song, and close it the same way. Find out from the group the favorite hymns. Pick the best one to use regularly, almost as a type of theme song for the group.

They will carry the music and the message home, and they will bring it back from memory as need arises.

But, it should not be overlooked that when people are asked to name their favorite hymns, the results can be surprising. What it comes down to is, what is most familiar is often the most favorite. So an unfamiliar piece can become a favorite piece if it used often enough. It’s a reminder that the old saying is true: “Repetitio mater studiorum est.” Repetition is indeed the mother of learning.

Fortunately, in the digital age, the pastor does not need to play an instrument in order to provide the music. He just needs the desire to do so.

In the section labeled “Harmony” we will again take up the value of music. But then, we will focus on choosing music in corporate worship that does not leave the suffering one standing outside the closed door.

HARMONY

“Rejoice with those who rejoice; mourn with those who mourn. Live in harmony with one another” (Romans 12:15, 16).

Two people do not need to sing the same note in order to sound good. Four people need not do so. But, the different notes they sing do need to be in harmony.

Discord results from lack of harmony. In music it’s hard on the ears; in relationships it is hard on hearts. We cannot step into the lives of people who are hurting; and thus be able to feel exactly the same as they. Nor is that necessary. We do, however, need to come to them in harmony with their emotions.

Not long ago, lightning killed an 11-year-old boy as he jogged out to his football practice field. It was the type of tragedy that attracted local media attention. On the day of the funeral a TV reporter asked for a comment from the boy’s pastor. The pastor responded: “This is a glorious day!” He went on to explain that the young boy was now with angels in heaven.

Standing behind the exuberant pastor, the TV cameras showed the boy’s mother and father. They were not exuberant. They would not have called it a glorious day. For them, it was a horrid day.

Shortly afterward the parents filed a lawsuit against the pastor and the church school for blatant disregard for their son’s welfare. The parents claimed that the school should have had a lightning detector, which is not uncommon in Florida’s schools.

Perhaps we can understand why the pastor reacted to the TV camera the way he did. Probably his funeral sermon was of the same type. He was telling the mourners, and everyone else, that life did not end with the grave. There is such a thing as heaven, and there those who die in faith live in glory. It may have seen this as an opportunity to both offer comfort and to conduct evangelism. He certainly had a wide audience.

The pastor and the parents were clearly not in harmony. When we looked at Horrid Days, we were observing the same disharmony. Parish pastors are aware of how often they need to shift emotional levels to respond in harmony with the people they wish to serve.

While still laughing with his wife over some cute thing his child did, the pastor needs to downshift when he answers the phone and learns someone has been taken to the ER with a life-threatening condition. He will not approach the troubled family in the ER waiting room by telling them of his child’s cuteness. He will match their concern with his concern for the one in critical condition.

Saint Paul’s words are telling us to match our feelings to the sorrow or joy of another present critical pastoral theology directives.

The one suffering from a disorder caused by trauma carries inside a set of emotions that color his life. That color is grey, if not black. Coming to him with the rays of sunshine may seem to be the way to lift his spirits, and bring some light into his life. It will not.

Instead, it will announce, “This is how I feel. This is the way you should feel. I do not understand or accept your position of pain or sadness.” The pained person will walk away realizing that the pastor

lives in a different world that is disconnected from his own. He will feel isolated, and maybe abandoned. We have to pick him up where he is at in order to carry him to higher ground.

Ken Gire is an Evangelical author who laments that much of today's Christian music does not allow the hurting soul to find a place to connect. He points out that in Israel's hymnbook, the Psalms, there were joyful songs of faith and hope—but also sorrowful songs of doubt and despair, of confusion and disillusionment.

He goes on to say:

"Somewhere in that collection is a song that understands, music that fits our brokenness.

In contemporary Christian music, there are few such songs. Like the psalms quoted at the beginning of this chapter, there is praise in our songs, and there is thanksgiving. There is worship, and there is celebration. But there is something in the songs of the psalmists that is missing from our contemporary songs.

For example, where is the confusion of Psalm 13:2?

How long must I struggle with anguish in my soul, with sorrow in my heart every day?

Or the misery of Psalm 32 :3?

My body wasted away, and I groaned all day long.

Where are the tears of Psalm 42 :3?

Day and night I have only tears for food.

Or the brokenness of Psalm 51:3?

For I recognize my rebellion; it haunts me day and night.

Where is the desperation of Psalm 69:1-2?

Save me, O God, for the floodwaters are up to my neck.

Deeper and deeper I sink into the mire; I can't find a foothold.

Or the loneliness of Psalm 102 :6-7?

I am like an owl in the desert, like a little owl in afar-off wilderness.

I lie awake, lonely as a solitary bird on the roof. (Bold emphasis mine)

The emotions expressed in these verses are largely absent from the songs we sing on Sunday mornings. Why? Because we want songs that are up-lifting. So we edit out the sadness, taking out the discordant notes, the chorus of questions, the melancholy tones. And this is the result. Our songs give the impression that there is no room in the church for our sadness, no room for our questions, our confusion, our despair. And if there is no room for those things, we can't help but wonder, Is there any room for us?

The church should be such a place corporately, and we who are its members should be such a place individually. Here is the hope we should have when we go to church—not that there is no sorrow in the room but that there is no room where our sorrow is not welcome. For if there is a stable for our sorrow, there is always the possibility of Christ being born in the midst of the darkest of our circumstances. Coming as King. Claiming his throne. And establishing his Kingdom within us. A Kingdom where the wolf in us and the lamb in us will at last be able to lie down together."⁹⁰

Chapter Twelve: Visits With God

A FEW TAKEN ASIDE

There is a time to address large crowds, and Jesus did that. But, there is also a time to take a few people aside, and at times, Jesus did that. And sometimes, it should be just one on one—and Jesus did that also.

The decision of which setting will work best must be made on the basis of the circumstances. There is no set formula for success, and no script that a pastor can simply follow.

But, somehow, the mind of the PTSD sufferer must be drawn away from the ranting of the Tyrant to listen to the Lord. It can happen in corporate worship, and it can take place with personal Bible reading.

But it can be done very well by an under shepherd following the example of the Good Shepherd and taking aside those with special needs for special attention.

At times, it will need to be one shepherd and just one of Jesus's sheep. That can work. But better, if a small group from the flock is taken aside to sit down at the Savior's invitation. The advantage is not that in this way the pastor saves some time by dealing with a bunch at once. The advantage is that the group can support one another, and encourage in a manner beyond the pastor's ability.

Let's take a look at a few examples from the ministry of Jesus:

MY DEAR LITTLE GIRL

"But they laughed at him. After he put them all out, he took the child's father and mother and the disciples who were with him, and went in where the child was" (Mark 5:40).

This was an extremely stressful and tragic situation. A man had dropped down at Jesus' feet, begging him to help his daughter—his *dear little daughter*. The word is *θυγάτριόν* not *θυγάτηρ*. To his relief, Jesus immediately began to go with him.

And then the unbelievable happened: Jesus stopped. Jesus instead spent time with a woman who had been subject to bleeding for twelve years. Sad, and serious, yes! But if she lived this long with the disease she surely could live longer without treatment. This was a "lights and sirens" call, and Jesus pulled over to take care of a common "office visit."

We can imagine the father pacing back and forth, not wanting to be disrespectful, but desperately needing Jesus to hurry to his daughter before it was too late. Then it was too late!

While still talking to the woman, now healed, word came from the father's house: *"Your daughter is dead..."* His worst fear realized! All was lost. No more hope—maybe only anger or frustration at Jesus. What good was Jesus now?

We don't know how much time the father had to allow the dreaded news sink in before Jesus spoke. But when he did say something to the father it seemed foolish, ridiculous, and laughable. And laugh, the friends of the father did.

This was not a time for a public demonstration of his power, as when he fed thousands with handfuls. This was a time to tenderly tend to the souls of a mother, father, and some disciples who must have been shocked at his inaction.

In the quiet privacy of the room, holding the dead girl, Jesus healed their hurt.

Considering what all had been done and said before, we would have expected that Jesus would have paraded the now-living, walking girl before the crowd, with the words: “laugh, did you? What’ya say now?”

But, of course he didn’t. Instead, he gave strict orders not to let anyone know about this. And then he intensified his personal touch. The girl had been sick. Probably had not eaten in a while. So, in addition to bringing her back to life, he had her brought some food (Mark 5:43).

Very personal, very private soul care in a small group setting!

CONFUSED, FRIGHTENED, AND ASTONISHED

A traumatic event is seldom expected, seldom immediately understood, and never pleasant. We look in at an incident in the life of Jesus when shock, confusion and fear mixed in with the crowd.

Before he heads out on the fatal trip to Jerusalem, he warns that it is hard to enter the kingdom of God. In fact, he makes it seem impossible. Amazed, the disciples looked at each other and asked, *“Who, then can be saved?” (Mark 10:27)*

While assuring them that with God all things are possible, Jesus shocks them again by saying, *“But many who are first will be last, and the last first.” (Mark 10:31)*

This raised all sorts of questions and stirred up all kinds of doubts. Saint Mark continues:

“They were on their way up to Jerusalem, with Jesus leading the way, and the disciples were astonished, while those who followed were afraid.”

One group astonished, another group afraid. It was time for Jesus to give personal, private attention to some of them. We hear:

“Again he took the Twelve aside and told them what was going to happen to him.” (Mark 10:32)

The word “again” reminds us that Jesus did this more than once. It is something we would do well to note.

If we are going to be physicians of souls, we need to realize that some times it works best for us to take some people aside and have them visit—not with us, but with their Lord.

We can do this by inviting them to sit in at a scene the Bible sets before us. We will choose the scenes carefully. We want our people to see that they are invited to be there. We want them to realize that they belong there—they fit in there.

We want them to spend some time in each place and time so that they can learn from their Savior the precious lessons he would teach them.

Other scenes will come to the mind of a pastor, and they may work well also. The following ones are just to give some examples and encourage thoughts of further possibilities.

A VISIT WITH JOB

Let him take a hard look at Job's traumatic day. Rather than beginning to read the book from the start, go through the details of that horrible day in your own words. Picture for him each devastating blow that Job was pounded with. Elaborate on each event by expressing the impact that he was hit with. Point out that Job was told not just about the loss of oxen and donkeys, sheep and camels, but in each case the report ended: *"And I am the only one left who has escaped to tell you!"*

Maybe the killed were only servants, but still that news must have hurt. Job must have known some of these people personally. Perhaps he knew wives and children who would soon hear the dreadful news of death.

Who was to blame? Whom should Job be angry at? Whom should he send out fighters against? Perhaps he could organize a raid against the Sabeans and Chaldeans. But what would he do in response to the news, *"The fire of God fell from the sky and burned up the sheep and the servants."*? Whom can he blame for that?

And then, show the worst picture. Let him look in that house filled with Job's children. Allow him to watch as the mighty wind (a tornado?) smacks the house the same way that a missile from a Blackhawk would do. Allow him to gaze at the picture that has been presented. Draw attention to the funeral that then took place. If this were in our day, how would a father bear up if he had to look at 10 caskets with the broken bodies of his children inside?

"Horrible, isn't it?" "I wonder if Job ended up with PTSD. He surely was traumatized."

Then begin to take up the question, "Why?" This will lead back into the account of the discussion between God and Satan. God may not have caused the disasters, but he did allow them to happen. Point the finger at God.

Point it to God again as you tell how misery was added to misery. How Job's body was attacked. Paint the picture of the painful sores, and the wretchedness of not being able to find some relief from the pain.

Then turn the camera toward the people. His own wife telling him to: *"Curse God and die!"* "Isn't this understandable? Wouldn't some people do just that?"

Let Job answer his wife in his own words: *"You are talking like a foolish woman. Shall we accept good from God, and not trouble?"*

Allow some discussion about that. "Was Job the one who was foolish?" "Why wasn't he angry at God?" "Do we think we could have accepted these traumatic events as well as Job did?"

Then present his friends. Didn't they make it worse? Didn't Job come under friendly fire? Here they were sitting back with their lives and loved ones still intact, and they try to tell Job that he deserved all this.

Perhaps pick up a few statements of these "friends" to show how irritating their talk must have been to Job.

"He surely seems abandoned, doesn't he?" "Whom can he turn to? God? But isn't God the one behind all this? Doesn't God have the power to stop this? Does God enjoy seeing him suffer?"

Then unroll the turn of events beginning in Chapter 23. Job is not faulting God, surely not cursing God, but he would like to question him. *“If I only knew where to find him...I would state my case before him...I would find out what he would answer me” (Job 23: 3-5).*

This is a good place to once again pause for some thought and discussion. “Wouldn’t we feel the same way?” “Don’t we, at times, wish that God had to explain himself to us?” “Doesn’t it make us feel helpless when we can’t find an answer from him?”

This is a good time to open a Bible and read through verse by verse the answer that comes from God out of a storm cloud, beginning with Chapter 38. Pause to ponder or discuss some of the questions the Lord asks. Enable the PTSD victim to understand that Job was not given an explanation for the trauma that came upon him. Help him to see that humans are way out of their league when it comes to demanding an answer from God, or trying to correct him.

Yet, in the midst of all this, Job is able to say: *“I know that my redeemer lives, and that in the end he will stand on the earth. And after my skin has been destroyed, yet in my flesh I will see God; I myself will see him with my own eyes—I, and not another. How my heart yearns within me” (Job 19:25-27)!*

“Job actually looks forward to seeing God! We might think that he felt that God had turned on him. We might expect that he would be angry with God. Instead, he yearns to be with God. Why would that be?”

HOW ABOUT DAVID?

Many Christian people have the impression that faith in Jesus forms an insulation blanket from disappoint, pain, and sorrow. Not only does this set them up for a big letdown in life, it also leads them to question the legitimacy of their faith.

They work with the assumption that other Christians—strong-faith Christians, such as their pastor and others—do not face emotional challenges and afflictions in life. Because, at least in many circles, Christians do not go around advertising their failures and fears, the picture presented is one of green pastures and still waters in life.

Nothing could be further from the truth!

If we use the parable of Jesus about the man without a wedding garment as a background (Matthew 22), the person who feels his fears and faces his failures is tempted to look in at the crowd of spiritually well-dressed ones and conclude that he does not fit in. At most, maybe he will try to slip in and sit in the back pew of the balcony. At worst, he will not even try to open the door. He will just sit in the parking lot and watch others walk into the gathering of saints. He forgets that the Christian community is also a gathering of sinners.

Our words of invitation, wearing our clerical vestments, may not be enough to help him overcome the roadblock that Satan has placed into his way. What might help, what might give him encouragement, is for him to see someone just like himself sitting in the assembly of the blessed.

As we look for fitting examples, we ultimately will be asking ourselves, “What about David?”

If we would count up the cries of anguish recorded in the Bible, if we made a list of desperate pleas for help, the name of David, shepherd boy and king, would no doubt be at the top of the list. Our attention has already been drawn to some of his laments. Let's consider a few more.

Because he was a warrior, because he had blood on his hands, the protectors of society can identify with him easier than some others in Scripture. Let them hear his voice:

"Listen to my words, LORD, consider my lament. Hear my cry for help..."(from Psalm 5)

"How long, LORD? Will you forget me forever?" (from Psalm 13)

"Record my misery; list my tears on your scroll" (from Psalm 56)

"Save me, O God, for the waters have come up to my neck.

I sink in the miry depths, where there is no foothold" (from Psalm 69)

"So my spirit grows faint within me; my heart within me is dismayed" (from Psalm 143).

Did God hear him? The Messiah was known as the Son of David. Jesus was born of the bloodline of David. Hard to find a higher honor on earth!

LISTENING TO PAUL

We have no evidence to prove that Job or David or Saint Paul experienced PTSD. But, clearly, all underwent traumatic stress (TS). By taking a close look at what the person did, what happened to him, and how he reacted, the PTSD patient could gain valuable insight into how heroes of faith overcame the control of stress in their lives. This addresses the feeling of being alone, and different from most Christians. It also shows that the Tyrant can be put into his place.

Take the person to the bloody scene at the stoning of Stephen. Enable him to imagine exactly how that death took place. Then, bring in the note from Acts 8:1. Introduce Saul of Tarsus. Follow up with the picture Scripture gives of the persecution that broke out, and the heartless hunting down of Christians by this fanatic.

The conversion of Saul to Paul can be used to show that God can change things—and God does not abandon people just because they have done something horrible. Let Paul tell his own story in Acts 22. Allow his confession to sink in, *"I persecuted the followers of the Way to their death, arresting both men and women and throwing them into prison..."*

Imagine how he felt about this in later years. Consider the emotional pain and regret that this caused.

Then take him to verses 7 and 8. Imagine the blow this was to Paul when he found out that it was actually Jesus, the Son of God that he had been persecuting. Shame, guilt, and remorse must have hit him in waves.

The passing of time does not allow him to forget this. He comes back to the same story before Agrippa in Chapter 26.

He again returns to his shameful action when he writes to the Corinthian congregation. (I Corinthians 15:9)

He mentions this when he writes to the Galatians. (Galatians 1:13 ff.)

He does the same when he writes to his beloved congregation in Philippi. (Philippians 3:6)

The one we call Saint Paul had blood on his hands. There is no way that he could go back in time to undo those wretched actions. No way that he could make it up to those people. He may well have thought of these things every day of his remaining life.

He did not live in denial.

But he also did not live in defeat. To the Christians in Rome he cries out: *“Therefore, there is now no condemnation for those who are in Christ Jesus...”* (Romans 8:1) There was an answer to his guilt and shame and regret. The answer was Jesus!

It wasn't a matter of finding a loophole in the law. Neither was he hiding from justice. He did not have to keep looking over his shoulder, wondering when he would have to face up to his crimes against mankind and God. He wasn't on parole. He had received an absolute pardon.

The trauma would not be his tyrant. Thus he states his famous claim:

“If God is for us, who can be against us? He who did not spare his own Son, but gave him up for us all—how will he not also, along with him, graciously give us all things? Who will bring any charge against those whom God has chosen? It is God who justifies. Who then is the one who condemns? No one. Christ Jesus who died —more than that, who was raised to life —is at the right hand of God and is also interceding for us. Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written:

‘For your sake we face death all day long; we are considered as sheep to be slaughtered.’

No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (Romans 8:31-39).

Let those words percolate a while before asking for a reaction

GO TO DARK GETHSEMANE

“Out of the depths I cry to you, O Lord...” David had lamented in Psalm 130. But he was nowhere close to the depths that Jesus reached in Gethsemane on Maundy Thursday.

Troubled and sorrowful, Jesus admitted to his close disciples, *“My soul is overwhelmed with sorrow to the point of death”* (Matthew 26:38).

Like David, he asks for deliverance: *“My Father, if it is possible, may this cup be taken from me”* (Matthew 26: 39). After checking with the sleeping disciples, he returns to plead with his Father once again. And then, once more!

Adding to his distress is the reaction of his friends—they sleep while he agonizes.

But the greatest source of the distress is that his request is not granted. From the vault of heaven comes a silent *“No!”*

Those words of C.S. Lewis come back to mind: *“But go to Him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence.”*⁹¹

It would seem that is exactly what happened to Jesus. No words from heaven saying, *“This is my beloved Son!”*

Isn't this similar to what happens to us at times? Isn't this what the victim of PTSD experiences? Isn't this one of the biggest problems—no way out? Doesn't this lead to discouragement and even depression?

Don't we have to admit that Jesus understands our deepest fear and disappointment? Isn't it true that both Jesus and we don't always have our prayers answered in the way we prefer?

But, that does not mean that we have no reason to expect help. Instead, it shows us that God does answer prayer. He doesn't always give us what we want, but he does give us what we need.

How did that work out for Jesus? He still had to go to the cross. But he was helped: *“An angel from heaven appeared to him, and strengthened him”* (Luke 22: 43).

That's the way our God works! He may not take all our problems away, but he will give us the strength that we need to take those problems on.

Many lessons are taught at Gethsemane. Surely the great love of the Triune God for mankind is one of them! But for those who are facing tough times, the message of the Almighty is clear for those who wear his uniform: *“I've got your back!”*

Golgotha is another story.

A VISIT TO GOLGOTHA

This is one place that we cannot wrap our mind around. We cannot comprehend all that is taking place on the cross. We cannot come close to imagining what it was like for Jesus to go through this experience.

The intense thirst, the jeering of the onlookers, and even the pain caused by being hung by nails are things that we can begin to imagine. But the depth of the horror, being forsaken by God—that defies any attempt to understand. When Jesus screamed out, “My God, my God, why have you forsaken me?” he was experiencing the essence of hell. He was feeling what we deserve to feel. We are tempted to turn away from a sight that dreadful.

But Golgotha is a place we cannot ignore. We ask ourselves: What if, on Good Friday, a giant mirror had been placed on Golgotha behind the cross of Jesus? What would the person standing at a distance have seen?

Well, the three crosses, naturally, with the prisoners hanging on them. Near the foot of the crosses, Roman soldiers would have been seen, gambling for the clothes of the one on the center cross.

In the field of vision, a crowd of people would appear—some taunting, some crying.

But no matter which part of the scene that person would focus on, something else would always show up in that giant mirror. He would always see his own face, looking back at him.

Such a mirror has been placed on Golgotha, made not of glass, but of words. Thousands of years later the Word of God still reflects back to us the bloody scene of Calvary. And every time we look at that reflection we see our own face.

We look at the soldiers killing time by gambling while Jesus died—and we see ourselves ignoring the Crucified One as we try to find pleasure and distraction in our life.

We look at those mocking Jesus—and we see ourselves scorning his teachings that we don’t like to hear, and calling out his name to curse, or simply to emphasize a point—as if he were not the holy God whose name dare never be taken in vain.

We look at the women from Galilee—and we see ourselves at times wondering why Jesus doesn’t do something to prove himself, and take away the confusion and pain in our lives.

Then we see his mother, Mary, and his disciple, John—and reflected back in the mirror we see our own face strained and fearful, wondering how we are going to go on after the loss of a loved one, or a major disappointment in life.

But the most surprising sight is our own face when we gaze at Jesus. Every time we look at him, we see ourselves.

It isn’t a mirage. It isn’t a distortion in the mirror. It is fact. In Jesus, we see ourselves. It’s as if we were the suffering one. As if our Father in heaven had turned his back on us. As if the justice of God had hammered us, and there was no escape.

The mirroring Word of God shows the full vision of Golgotha. We are in the picture because the one of the center cross was there in our place. His payment was credited to our account.

When the hymn asks, “*Were you there when they crucified my Lord?*” we know the answer. It is, “Yes.”

And we show up again every time we look into his Word and see him dying for us.

Anytime we feel that we are suffering, we need to look again at Golgotha and thank the God of mercy that we do not know what that type of suffering is like—and we never will.

SITTING WITH EASTER ANGELS

We remember that a basic meaning of the word “angel” is “messenger.” Heavenly angels apparently carry out many tasks at the Lord’s command. Sometimes they intervene to rescue God’s people from times of danger. But most often they appear in Scripture to deliver a message to humans.

One of the happiest assignments was given to two angels who were to show up at a gravesite not far from the hill called Golgotha. One of them was to roll the stone away from the entrance to the grave. Both of them would appear inside the tomb. It is not clear if only one, or both of them spoke to the women who came to the grave.

But it is clear that their appearance was breathtaking. “Like lightning” Saint Matthew reports. And, clothes as white as snow! “*The guards were so afraid of them that they shook and became like dead men (Matthew 28:4).*”

Yet, their message was not frightening. It was the best news the world could have heard: “*He is not here; he has risen just as he said (Matthew 28:6).*”

Hanging out in the tomb, or sitting on the tombstone, those angels were much like members of an athletic team that just won a game. The anxiety is gone. The pressure has been lifted. It’s smiles all around. Spectators are greeted with jubilant faces.

If we can enable the victims of PTSD to place themselves emotionally into what it was like for the Easter morning angels, they will be able to feel the success of Jesus’ mission. Let the reality of the hymn verse sink in: “*The strife is o’er, the battle done; Now is the victor’s triumph won; Now be the song of praise begun. Alleluia!*”(CW 148)

Invite those who have been beaten down by a traumatic event to sit next to the angel on top of the rolled-away tombstone. Let them look at the world from that vantage point. Let them see the passing of the centuries through the eyes of one who dwells with the Lord God in eternity. Shouldn’t past pain be now forgotten? Shouldn’t the thrill of victory overshadow any former hurt or defeat? Shouldn’t the future be seen as a bright possibility?

Eventually, the members of the winning team will need to leave the scene of their victory. For students, classes may be waiting for them tomorrow.

But no one will be able to take their victory away. The final numbers on scoreboard will be stored in memory. The shout will echo in their minds: “We won! We won!”

Victims of PTSD need to come back to that memory. The bright memory of Easter drives away the darkness of trauma. The words need to be repeated: “We won! We won! We won with Jesus!”

They are words never to be forgotten.

IDENTITY

Self-image has become an important concept in recent times. Out of fear that children, especially in low-income families, would suffer from a low self-image, teachers and other leaders were encouraged to have the children chant: “I am somebody! I am somebody!”

But such assertions do not change a person’s image—at least not for long.

A person’s identity is not defined by a slogan, but by a person’s value. The plumber can say, “I’m worth \$90 per hour because I can fix your sink.” The NFL player can say, “I’m worth 40 million because I can catch a ball and run fast.” Others may, or may not agree with those self-proclaimed values.

Most people recognize that a human’s worth cannot be measured in dollars. They argue that integrity and character are better standards to determine value.

Self-image is tied to identity. When I answer the question, “Who am I?” I am telling you what I think of myself.

“I’m the mayor” or “I’m the teacher” or “I’m the President” defines the person according to the responsibilities he has, and his relationship to others.

The victim of PTSD is often unsure about his identity. At one time he could say, “I’m a cop!” or “I’m a pilot!” or “I’m a firefighter!” If he wanted to add to the identification he might say, “And a good one!”

But now that the Tyrant of Trauma has pushed its way into his life he is not sure how to answer. He might say, “I used to be...” He might add to himself, “And I used to be good.”

Much of his life is now characterized by the words, “used to be...”

That is easier to face than the thought, “Now I am a failure.” “Now I am worthless.” “Now I am a victim!”

We might be prompted to rush to correct such thoughts. We might want to point out the strengths and value that we see in the person. If we cannot scrub out all of the black in that self-portrait, we want to at least lighten it to a shade of grey.

But the reality we must begin with is that the person is worthless, even as we are worthless. At least, that’s the way we started out.

Saint Peter calls back the words of the Old Testament prophet: *“All people are like grass, and all their glory is like the flowers of the field; the grass withers and the flowers fall...”*⁵

Wise Solomon doesn’t make it any better when he declares: *“Meaningless! Meaningless! ‘Says the teacher.’ Utterly meaningless! Everything is meaningless!”* Then he questions the value of human accomplishments: *“What does man gain from all his labor at which he toils under the sun?”*⁶

⁵ | Peter 1:24

⁶ Ecclesiastes 1:2,3

This leads us back to the question of identity and self-worth. I might have many titles and many different responsibilities, but they do not define me. My identity begins with the family I belong to. I am a product of my parents, grandparents, great-grandparents, aunts, uncles and ancestors I have never met. They have determined the shape of my face, the color of my eyes, and my instinctive approach to life.

Some of this I inherited at birth. Some I learned from their words and examples. I may have tried to escape their influence. I may have tried to change my thinking and my appearance. But, negatively or positively, my life has been greatly shaped by my family.

If you know my family, as soon as I say my name you already know much about me.

ADOPTED

My wife and I adopted two children as infants. They do not know the names of their parents, but they do show characteristics that do not come from the Ziemer line.

If you ask their name they will reveal that I am their father, and that is so. It makes no essential difference what bloodline they were born from. They now belong to me.

In a much more significant way, every Christian has also been adopted.

Before he left this earth, Jesus promised that he would not leave his followers as orphans. He would send the Holy Spirit to them in rich and powerful measure. The Apostle Paul has this in mind as he writes to God's people:

"The Spirit you received does not make you slaves, so that you live in fear again; rather, the Spirit you received brought about your adoption to sonship. And by him we cry, 'Abba, Father'" (Romans 8:15).

This is also a facing of the facts.

Satan will try to make the Christian doubt it. Doubt is the first layer of the IED he places into our path. He will point to the stained record of shame and sin. He will shout, "You know you are guilty! You know you are a fraud! Admit it!"

We would have to cower under his attacks if we had to stand up to him alone. Our friends, our loved ones and a host of pastors are not strong enough to beat him off.

As we have confessed so often, *"Our help is in the name of the Lord!"*

Probably few of our people realize what is actually happening, and maybe we don't give enough thought to it, but one of the most important events in our worship service is when we place the Name of God upon those who have gathered to worship him.

The words of the Aaronic Benediction are familiar, even if translations vary a bit:

"The LORD bless you and keep you;
the LORD make his face shine on you and be gracious to you;
the LORD turn his face toward you and give you peace." (NIV2011)

We don't preface the benediction with the word "May." This is not a prayer. This is not a hope or a wish. This is an action.

We are very aware of the meaning that God gave to this action when he said:

“So they will put my name on the Israelites, and I will bless them” (Numbers 6:27).

Who is the Christian victim of PTSD? He is the blessed one. He belongs to the holy God.

That would be enough to counter the slander of Satan and kick our doubts in the seat of their pants. But the Lord God is overflowing with grace and mercy.

We had reason to earlier draw attention to toxic meals. Now we turn our attention to blessed meals. We call them Holy Communion. For all of the good reasons why gathering with family and friends at a meal is special, the gathering at the Lord’s Supper is likewise special—plus!

The “plus” part is that this is the Son of God whose invitation we are accepting. The “super-plus” part is the union that we enter into with him (or more accurately, he with us) in this meal. Do we want proof that we are his brothers, and we are part of the family of God? Do we want strength to live a life that reflects our true standing? Do we want our failures and guilt erased?

“Take and eat; this is my body.” “Drink from it (the cup of wine) all of you. This is my blood of the covenant which is poured out for many for the forgiveness of sins” (Matthew 26: 26-28).

These words will demolish any accusation Satan can make. They will show him to be a liar. The Christian PTSD victim is forgiven—as are all of his brothers and sisters in Christ!

And, as the TV sales announcer would say: *But wait! There is more!* For the New Testament Child of God, there is also Baptism!

An old hymn that is being re-discovered probably says it best. As you read the words, note how well they address the needs of the one whose faith Satan is trying to undermine and disrupt because of previous trauma:

God's Own Child I Gladly Say It

“God's own child, I gladly say it:

I am baptized into Christ!

He, because I could not pay it,

Gave my full redemption price.

Do I need earth's treasure many?

I have one worth more than any

That brought me salvation free

Lasting to eternity

Sin, disturb my soul no longer:

I am baptized into Christ!

I have comfort even stronger:

Jesus' cleansing sacrifice.

Should a guilty conscience seize me

Since my Baptism did release me

In a dear forgiving flood,

Sprinkling me with Jesus' blood?

*Satan, hear this proclamation:
I am baptized into Christ!
Drop your ugly accusation,
I am not so soon enticed.
Now that to the font I've traveled,
All your might has come unraveled,
And, against your tyranny,
God, my Lord, unites with me!"⁷*

*Death, you cannot end my gladness:
I am baptized into Christ!
When I die, I leave all sadness
To inherit paradise!
Though I lie in dust and ashes
Faith's assurance brightly flashes:
Baptism has the strength divine
To make life immortal mine.*

*There is nothing worth comparing
To this lifelong comfort sure!
Open-eyed my grave is staring:
Even there I'll sleep secure.
Though my flesh awaits its raising,
Still my soul continues praising:
I am baptized into Christ;
I'm a child of paradise!"*

Allow these facts to soak into the soul of the beleaguered Christian victim of trauma. What is his identity? He is a child of God. He is forgiven. He is a child of paradise.

Before those facts, the Tyrant of Trauma must withdraw, and his mentor, Satan, must take a step back.

⁷ Copied from churchmusicreview.blogspot.com

Chapter Thirteen: At Home with God

HE REFRESHES MY SOUL

Suffering seeks relief. An aching tooth or a throbbing shoulder makes us long for the time when we are pain free, and able to enjoy life again.

The stressed out, hurting soul also looks for some way to find respite and renewal.

In Word and Sacrament, the Lord of Life offers the soul the answer it is looking for. Many parts of Scripture speak to the soul with words of comfort and assurance. Included among them are the descriptions of life with him in glory.

Caretakers of the soul can select from a rich treasure house of such precious words. Among them can be the 23rd Psalm.

An advantage to using this psalm is that it is already familiar to most. A person does not need to wrestle with new words or strange mental pictures. At the same time, most people will find that there is more to the psalm than they realized. If they look at the words through the eyes of one suffering from PTSD, they may feel it was written with them in mind. And, it was.

Taking the psalm through line-by-line allows time and discussion for the picture to be formed in the mind. It is a good picture. It is series of mental images that can push away the horrible, and replace it with the wonderful.

Choose a translation that will work best for those you are working with. It's difficult to escape the King James' translation. Probably the one familiar to most, it also brings a wording that has made it a classic.

Perhaps start with that. But then you may wish to have the psalm looked at in a more modern translation. This invites the mind to look at works afresh and see sights not noticed before. The 2011 edition of the NIV is printed out below.

"Through the darkest valley" seems to be a step down in meaning from the familiar "valley of the shadow of death." But this translation may help the person to understand that the phrase does not just apply in life and death situations. It includes walking in the dark valleys of PTSD.

David's psalm covers the entire existence of those who are in the care of the Good Shepherd. We do not need to wait for heaven in order to enjoy the blessing of his loving care.

It might be that we want to only use one verse per meeting. The psalm is rich enough, and clear enough that a discussion could go on for an hour about how a given verse speaks to the sufferer of PTSD.

Each session would be soul refreshing.

The last verse serves as a very fine summary—goodness and love following me while I live on earth, a home in heaven afterward.

Ken Gire summarizes it this way:

*“Every sorrow, every tear, every loss, every death reminds us that this is not our home. Every ache and pain whispers to us, “You were made from dust, and to dust you will return” (Genesis 3:19). We long for the promise of security, but we know it's a promise that nothing on this earth can fulfill.”*¹

*“Imagine it. To have God as our home! That is where we are secure and safe. That is where we are happy and at peace. In God's presence. That is the home Moses longs for, the one we all long for. And that is the home that the apostle John describes in Revelation 21:3-4: I heard a loud shout from the throne, saying, ‘Look, God's home is now among his people! He will live with them, and they will be his people. God himself will be with them. He will wipe every tear from their eyes, and there will be no more death or sorrow or crying or pain. All these things are gone forever.’”*²

The LORD is my shepherd, I lack nothing.

He makes me lie down in green pastures,

he leads me beside quiet waters,

he refreshes my soul.

He guides me along the right paths

for his name's sake.

Even though I walk

through the darkest valley,

I will fear no evil,

for you are with me;

your rod and your staff,

they comfort me.

You prepare a table before me

in the presence of my enemies.

You anoint my head with oil;

my cup overflows.

Surely your goodness and love will follow me

all the days of my life,

and I will dwell in the house of the LORD forever.

REDEMPTION

“We will not see the hand of the true God if we do not start with redemption. ‘God so loved the world that He gave His one and only Son that whoever believes in Him shall not perish but have eternal life’ is the starting point for everything we have to offer anyone who is hurting. Redemption assumes a broken or empty way of life...”⁹²

These words are worth remembering. A spiritual Band-Aid will not make a hurting soul better. At the beginning, it requires a spiritual heart transplant. The Holy Spirit must create a new life. In this new life eyes and ears are turned toward God. He protects, he strengthens, and he rescues. The Lord of Glory claims the trusting one as his own.

But the Forces of Darkness watch and wait. They look for chances to rob people of their confidence and joy that comes from their loving Creator. They aim to kill saving faith.

Life on this planet walks down a dangerous road. Many dangers are unseen by human eyes. Bodies and minds are attacked by devastating forces. The life of the soul is at risk.

Caretakers of the soul are charged with the task of bringing the power of God, the knowledge of God, and the healing of God to souls at risk and souls in pain.

Treatment begins with the redeeming action of God: *“But now apart from the law the righteousness of God has been made known, to which the Law and the Prophets testify” (Romans 3:21).*

Justification is followed by sanctification. A person needs to stay away from roads the Enemy uses. Traveling those roads is only asking for trouble. There are spiritual IEDs on those roads.

The writer of Psalm One has it right:

“ Blessed is the one

who does not walk in step with the wicked

or stand in the way that sinners take

or sit in the company of mockers,

but whose delight is in the law of the LORD,

and who meditates on his law day and night.

That person is like a tree planted by streams of water,

which yields its fruit in season

and whose leaf does not wither—

whatever they do prospers.

Not so the wicked!

They are like chaff

that the wind blows away.

Therefore the wicked will not stand in the judgment,

nor sinners in the assembly of the righteous.

For the LORD watches over the way of the righteous,

but the way of the wicked leads to destruction.”

THE DAY IS COMING

“Surely the day is coming; it will burn like a furnace. All the arrogant and every evildoer will be stubble, and that day that is coming will set them on fire,” says the LORD Almighty. “Not a root or a branch will be left to them. But for you who revere my name, the sun of righteousness will rise with healing in its wings. And you will go out and leap like calves released from the stall (Malachi 4:1, 2).

Confused, discouraged, and hurting—this describes many victims of PTSD.

Isolated, angry, and hopeless—this is how many of them feel.

Lacking purpose, lacking joy, lacking strength—this is how many victims of PTSD describe themselves.

It is a sad picture.

It makes one wonder if they have experienced the consuming fire Malachi talks about when he warns of a day that is coming—a day that *will burn like a furnace*.

Are their lives not like stubble that has been set on fire? What’s left for them? They have lost their roots, have they not? They can no longer expect their lives to blossom, can they? “*Not a root or branch will be left to them...*”

Sadly, this is the way some victims of PTSD are, and this is the way they will end up. But, the prophet makes sure that the reader knows to whom these words apply. He calls them the “*arrogant*” and “*evildoer*.”

But, there are others. There are still some who revere the name of the Holy One of Israel. PTSD does not own these souls. These call out that they are: “*God’s own child*”, and, “*I gladly say it...*”

Their wounds may hurt, but their spirits can sing. Their future is as bright as the sun. A calf that is set free from its stall leaps into the air with boundless energy and pure joy.

This is what awaits the child of God now weighed down with PTSD. Healing is not a mere possibility. It is started now amidst darkness and will end in sunshine.

We can help those afflicted with PTSD. We can come into their darkness and show them the light of God’s grace and glory.

We can tell them that this will end well for children of the heavenly Father. We can promise healing. They can face PTSD with hope and eager expectation.

For, the day is coming for them when the sun of righteousness will rise with healing in its wings. They have their Father’s word on it.



**Author's Note: This work is intended for educational purposes only.
You are free to share it, as is, with anyone who may possibly benefit from it.**

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Addenda

From: The Spiritual Care PTSD Handbook

Patients with PTSD perceive the world as dangerous, and view themselves to be essentially incompetent (Foa, 2000). The inability to live with apparent contradiction is central to the anxiety of many, and most service members with PTSD struggle with contradictions about how they feel they should have acted versus how they did act, how they feel the military should have gone about things versus what actually happened, etc. (Fleischman, J., personal communication, January 21, 2009). Trauma upends a person's emotional, psychological, spiritual and personality processes through shattering assumptions about safety, power and control, the self and the world (Harris et al., 2008). Trauma impacts all areas of a person's life, yet when the spiritual is acknowledged and addressed, it can often resonate with the service member and help him or her feel better understood (McBride, 2002). ¹

Criterion B: Intrusive Recollection

The traumatic event is persistently re-experienced in at least one of the following ways:

- Recurrent and intrusive distressing recollections of the event, including: images, thoughts or perceptions. (Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.)
 - Recurrent distressing dreams of the event. (Note: In children, there may be frightening dreams with out recognizable content.)
 - Acting or feeling as if the traumatic event were recurring, which includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur upon awakening or while intoxicated. (Note: In children, trauma-specific reenactment may occur.)
 - Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 - Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. PTSD can be viewed as fear of the unpleasant memories of the traumatic event that repeatedly intrude into one's awareness. (American Psychiatric Association, 2000, p. 7).
 - Can be thoughts, images or perceptions that may be unwelcome, uninvited, or painful
 - Often bring out feelings of fear, vulnerability, helplessness, rage at the cause, disgust, guilt, shame, sadness and hollowness

- Often triggered by something directly or indirectly associated with the traumatic event (a firecracker being perceived as gunfire, etc.)
- Nightmares are common – either directly about the trauma or related disturbing symbolism
- Flashbacks when awake, feels like the person is experiencing the event in the present tense

Criterion C: Avoidant/Numbing

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

- Efforts to avoid thoughts, feelings or conversations associated with the trauma
- Efforts to avoid activities, places or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted affective range (e.g., unable to have loving feelings)
- Sense of foreshortened future (e.g., does not expect to have a career, marriage, children or a normal lifespan). The person often will seek to withdraw and avoid all potential traumatic reminders due to flashbacks or nightmares entailed in intrusive recollection. Many self-medicate through abuse of alcohol, narcotics or other illicit drugs; food, sex or work.

The majority of things that brought pleasure prior to the trauma (e.g. vacations, hobbies, etc.) are often abandoned in an attempt to suppress all feelings. Self-isolation begins to occur because no one may understand what the patient has experienced. The patient feels dirty, tainted, unforgivable, changed and views those with whom they have been in relationship (significant other/spouse, family, friends, social circles, church, God, military, the nation, humanity) as changed as well. This situation may crudely be described as a “psychic numbing” or “emotional anesthesia.”

Focusing intensely on the past trauma and present torture may lead one to feel disconnected from his or her future. This is referred to as “a sense of foreshortened future.”

Criterion D: Hyper-Arousal

Persistent symptoms of increasing arousal not present before the trauma, indicated by at least two of the following:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response

Other symptoms include:

- Trouble with sleep (difficulty falling asleep or staying asleep)

- Irritability or angry outbursts leading to smashing objects, heated arguments, screaming, intense criticizing and impatience, which may in reaction, lead to shame, guilt and self-loathing
 - Difficulty concentrating or remembering things
 - Hyper-vigilance – being on guard at all times, always sitting with one’s back to a wall, extremely cautious, checking parked cars for bombs, etc.
- “Like revving at a much higher rate” (Oliver, J, personal communication, February 3, 2009).
- Feeling immensely vulnerable, fearful of many “ordinary” things, unable to feel calm in safe places
 - Fear of repetition of the traumatic event
 - Dreading disaster
 - Rapid scanning, looking over one’s shoulder
 - Keeping weapons
 - Being overprotective / smothering loved ones
 - Paranoia
 - Exaggerated startle response

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The views expressed in this document are those of the authors and do not reflect the official policy or position of the Department of the Navy, Department of Defense, or the U.S. Government.

¹ Hughes, Brian and Handzo, George. *Spiritual Care Handbook on PTSD/TBI*. PG. 6

Suicide

Military Suicide a Misunderstood Statistic

Military Suicide a Misunderstood Statistic

A misunderstood statistic: 22 military suicides a day

Los Angeles Times December 20, 2013 by Alan Zarembo

Main Points:

- Statistic quoted most is the 22 veterans kill themselves each day

- Number comes from a study published by the federal Department of Veterans Affairs in early 2013
- Recent wars were not study's primary focus
 - They play a minor role in veteran suicides overall
- Used death records from 21 states to come up with 2010 national average for veterans of all ages
- As a group, veterans are old
 - 91% of nation's 22 million are at least 35 years old
 - Overwhelming majority did not serve in post-9/11 era
 - 72% of veterans are at least 50
 - This group accounts for 69% of veteran suicides
 - This is more than 15 of the 22 per day
- Experts believe that the farther a veteran is from military service, the less likely it is that his or her suicide has anything to do with time in uniform
 - Thus, it seems that older veterans are killing themselves for the same reason that civilians their age are:
 - Depression
 - Mental health problems
 - Difficult life circumstances.
- California found that suicide and accident rates were substantially higher for veterans compared to those who have never served
- If California's rate holds true across the country, 530 veterans under 35 commit suicide each year. This amounts to roughly 1.5 per day

Myths About Military Suicide

http://www.washingtonpost.com/opinions/five-myths-about-suicide-in-the-military/2014/11/07/61ceb0aa-637b-11e4-836c-83bc4f26eb67_story.html

Special Ops Suicides

<http://time.com/67748/us-military-seals-rangers-suicide/>

Suicide in Military NIH

<http://www.nimh.nih.gov/news/science-news/2014/suicide-in-the-military-army-nih-funded-study-points-to-risk-and-protective-factors.shtml>

Suicide Report in Stars and Stripes

<http://www.stripes.com/news/special-reports/suicide-in-the-military>

Trauma Before Enlistment affects PTSD In Military

<http://www.apa.org/news/press/releases/2014/08/military-suicide.aspx>

Uncounted suffering from Suicides

<http://www.cnn.com/interactive/2014/03/us/uncounted-suicides/>

Example of Help Offered by the VA

About Face

<http://www.ptsd.va.gov/apps/AboutFace/Index.html>

Works Cited

- Adsit, Chris. *The Combat Trauma Healing Manual: Christ-centered Solutions for Combat Trauma*. Newport News, VA: Military Ministry Press, 2007. Print.
- Grossman, Dave, Lt Col. *On Killing*. New York: Little, Brown and Company, 2009. Print.
- Clark, Allen. *Wounded Soldier, Healing Warrior*. St. Paul, MN: Zenith Press, 2007. Print.
- Grossman, Dave, Lt Col and Christensen, Loren. *On Combat*. PPCT Research Publications, 2007. Print.
- Lewis, C.S.. *The Problem of Pain*. HarperCollins. 2009. Epub Edition.
- Gire, Ken. *The North Face of God*. Carol Stream, IL: Tyndale House Publishers, Inc.,2005. Ebook.
- Lewis, C.S. *A Grief Observed*. Harper Collins. 2009 Epub Edition.
- Sprague, Debbie. *A Stranger in My Bed*. New York, NY: Morgan James Publishing. 2013. Ebook.
- Zemler, John. *PTSD Spirituality: Healing Souls Wounded by PTSD. November 6, 2011. Blog*.
- Mason, Patience. *Recovering from the War..* High Springs, FL: Patience Press, 1910. Ebook.
- Self, Nate. *Two Wars*. Carol Stream, IL: Tyndale House, 2008. Ebook.
- Cash, John A. *Seven Firefights in Vietnam*. Pickle Partners Publishing, 2013. Ebook.
- Backus, William. *Hidden Rift with God*. Minneapolis, MN: Bethany House Publishers, 1990.
- Behringer, James. *What are the Spiritual Implications for PTSD and TBI and How can Parish Nurses Help. December 2013*
- Becker, Siebert. *The Foolishness of God*. Milwaukee, WI: Northwestern Publishing House, 1982. Print

- Schulz, Gregory. *The Problem of Suffering*. Milwaukee, WI: Northwestern Publishing House, 1998.
- Hughes, Brian & Handzo, George. *Spiritual Care Handbook on PTSD/TBI*. Publication of the U.S. Navy Chaplain Corps.
- Sun Tzu. *The Art of War*. Translated by Lionel Giles in 1910. iBooks.
- Arndt, William and Gingrich, Wilbur. *A Greek-English Lexicon of the New Testament and Other Early Christian Literature*. Chicago, IL: University of Chicago Press, 1957.
- Friedrich, Gerhard. *Theological Dictionary of the New Testament. Volume VII*. Grand Rapids, MI: Eerdmans Publishing Company, 1971.
- Botterweck, G. Johannes, and Ringgeren, Helmer. *Theological Dictionary of the Old Testament. Volumes II & XIII*. Grand Rapids, MI: Eerdmans Publishing Company, 1975.
- Artwohl, Alexis and Christensen, Loren W. *Deadly Force Encounters: What Cops Need to Know to Mentally and Physically Prepare for and Survive a Gunfight*. Bolder, CO, Paladin Press. 1997.
- U.S. Department of Veterans Affairs PTSD. *National Center for PTSD*. www.ptsd.va.gov.
- Hoenecke, Adolf. *Evangelical Lutheran Dogmatics. Volume II*. Milwaukee, WI: Northwestern Publishing House, 2009.
- Lewis, C.S. *Christian Reflections*, Grand Rapids, MI: Eerdmans, 1967
- Eggert, Kurt J. *Martin Luther, God's Music Man*. Paper delivered at Wisconsin Lutheran College. November 10, 1983.
- Westermeyer, Paul. *Te Deum: The Church and Music*. Minneapolis, MN: Augsburg Fortress, 1998.
- Tuchman, Barbara W. *The Guns of August*. New York, NY: Random House Trade Paperbacks, 2014 Edition.
- Maguen, Shira and Litz, Brett. *Moral Injury in Veterans of War*. PTSD Research Quarterly, Vol. 23/NO 1. 2012.
- Gibbons-Neff, Thomas. *Haunted by Their Decisions in War*. Twitter@TMGNeff. March 6, 2015.
- Seahorn, Janet J and Seahorn, E. Anthony. *Tears of a Warrior: A Family's Story of Combat and Living with PTSD*. Fort Collins, CO: Team Pursuits, 2012.
- Moore, Lt. Gen. Harold G. (Ret.) and Galloway, Joseph L. *We Were Soldiers Once...and Young*. New York, NY: Open Road Integrated Media, 2012.

RECOMMENDED READING

Edmonds, Colonel Bill. *God is Not Here: A Soldier's Struggle with Torture, Trauma, and the Moral Injuries of War*.

Lewis, C.S. *The Problem of Pain*. 2009. Epub Edition. ISBN: 9780061947643.

- Linn, Matthew and Linn, Dennis. *Healing Life's Hurts: Healing Memories through Five Stages of Forgiveness*. 1978. Paulist Press New York, NY. ISBN: 0-8091-2059-3
- Becker, Siegbert, W. *The Foolishness of God: The Place of Reason in the Theology of Martin Luther*. 1982. Northwestern Publishing House Milwaukee, WI. ISBN: 0-8100-0155-1
- Grossman, Dave; Christensen, Loren W. (2011-05-10). *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace* Human Factor Research Group, Inc.
- Mason, Patience H. C. (1998-06-01). *Recovering from the War: A Guide for All Veterans, Family Members, Friends, and Therapists* Patience Press. Kindle Edition.
- Lyon, Curtis (1991-07-01). *Counseling At The Cross* (NPH Classic) Northwestern Publishing House.
- Self, Nate. *Two Wars: one hero's fight on two fronts—abroad and within*. 2008. eBook
- Adsit, Chris. *The Combat Trauma Healing Manual*. 2007. Military Ministry Press Newport News, VA.
- Sprague, Debbie. *A Stranger in My Bed*. 2013. Morgan James Publishing New York, NY.
- Sites, Kevin. *The Things They Cannot Say—Stories Soldiers Won't Tell You About What They've Seen, Done, or Failed to Do in War* by Kevin Sites. 2013. HarperCollins, Epub Edition. ISBN 97800062273185

ENDNOTES

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1. Hughes, Brian and Handzo, George. *Spiritual Care Handbook on PTSD/TBI*. U.S. Navy Chaplain Corps.
 2. <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/definition/con-20022540>
 3. Grossman, Dave; Christensen, Loren W. (2011-05-10). *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace* (Kindle Location 6836). Human Factor Research Group, Inc.. Kindle Edition.
 4. Ibid
 5. Alexis Artwohl; Loren W. Christensen. *Deadly Force Encounters: What Cops Need To Know To Mentally And Physically Prepare For And Survive A Gunfight* (pgs. 19, 20). Kindle Edition.
 6. Mason, Patience H. C. (1998-06-01). *Recovering from the War: A Guide for All Veterans, Family Members, Friends, and Therapists* (Kindle Locations 158-162). Patience Press. Kindle Edition.
 7. Grossman, David. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. Pg.292.
 8. PTSD Research Quarterly, Volume 23/No. 1 by National Center for PTSD. 2012
 9. Ibid
 10. Gibbons-Neff, Thomas. *Haunted by their Decisions in War*. Twitter@TMGNeff. March 6, 2015.
 11. Ibid

-
12. Gibbons-Neff, Thomas. *Haunted by their Decisions in War*. Twitter@TMGNeff. March 6, 2015 Pg. 2
 13. Lyon, Curtis (1991-07-01). *Counseling At The Cross* (NPH Classic) (Kindle Locations 1684-1688). Northwestern Publishing House. Kindle Edition.
 14. Adsit, Chris. *The Combat Trauma Healing Manual*. Pg. 23
 15. Tick, Edward. Quoted in *ibid*
 16. Seahorn, Janet; Anthony Seahorn (2012-02-29). *Tears of a Warrior: A Family's Story of Combat and Living with PTSD* (Kindle Locations 51-54). Team Pursuits. Kindle Edition.
 17. U.S. Department of Veterans Affairs PTSD: National Center for PTSD. www.ptsd.va.gov
 18. Dees, Robert F. Major General U.S. Army Retired, quoted in Forward of *The Combat Trauma Healing Manual*
 19. Hamilton Nolan's Discussions (<http://gawker.com/ptsd-and-me-true-stories-from-military-veterans-1167107848>)
 20. Dictionary.com
 21. Merriam-Webster Dictionary
 22. ARC, 2001, Ripple Effect
 23. CISD PTSD Police Chaplains Conference November 18, 2014
 24. *Ibid*
 25. Patience Mason quoted in the *Combat Trauma Healing Manual*. Pg. 25.
 26. A summary from *Ibid*
 27. ¹ Patience Mason quoted in *The Combat Trauma Healing Manual*. Pg.25.
 28. Arndt, William and Gingrich, Wilbur. *A Greek English Lexicon of the New Testament and Other Early Christian Literature*. 1957. Pgs. 750-752.
 29. Friedrich, Gerhard. *Theological Dictionary of the New Testament*. Volume VII. Pg. 123.
 30. Botterweck, Johannes G. and Ringgren, Helmer. *Theological Dictionary of the Old Testament*. Volume II. 1975. Pg. 326.
 31. Grossman, Dave; Christensen, Loren W. (2011-05-10). *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace* (Kindle Locations 1415-1421). Human Factor Research Group, Inc.. Kindle Edition.
 32. *Ibid*, Locations 1587-1590
 33. *Ibid*, 1765-1766
 34. *Ibid*, Locations 1619-1623
 35. *Ibid*, Locations 1828-1831
 36. Grossman, Dave; Christensen, Loren W. (2011-05-10). *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace* (Kindle Locations 2285-2287). Human Factor Research Group, Inc. Kindle Edition.
 37. *Ibid*, Locations 2338-2350
 38. *Ibid*, Locations 2364-2368
 39. Grossman, Dave; Christensen, Loren W. (2011-05-10). *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace* (Kindle Locations 2609-2613). Human Factor Research Group, Inc. Kindle Edition.
 40. *Ibid*, Locations 2383-2385
 41. *Ibid*, Locations 2444-2447

-
42. Clark, Allen. *Wounded Soldier, Healing Warrior*. Pg. 293
 43. Clark, Allen. *Wounded Soldier, Healing Warrior*. Pg. 91.
 44. Ibid, pg. 92.
 45. www.psychguides.com/guides/post-traumatic-stress-disorder-symptoms-causes-and-effects/
 46. Ibid.
 47. Mason, Patience H. C. (1998-06-01). *Recovering from the War: A Guide for All Veterans, Family Members, Friends, and Therapists* (Kindle Locations 3978-3999). Patience Press. Kindle Edition.
 48. Leaming, Barbara. *Jacqueline Bouvier Kennedy Onasis: The Untold Story*. Quoted in an interview with TODAY.
 49. Hughes, Brian and Handzo, George. *Spiritual Care Handbook on PTSD/TBI*. Pg. 6
 50. Ibid, Pgs. 8,9
 51. Lyon, Curtis (1991-07-01). *Counseling At The Cross* (NPH Classic) (Kindle Locations 841-848). Northwestern Publishing House. Kindle Edition.
 52. Adsit, Chris. *The Combat Trauma Healing Manual*. Pg. 11.
 53. Lewis, C. S. (2009-05-28). *The Problem of Pain* (Collected Letters of C.S. Lewis) (p. 59). HarperCollins. Kindle Edition.
 54. Lewis, C.S. *A Grief Observed*. 2009. (p.6). HarperCollins E-book. ISBN 978-0-06-194928-9
 55. Ken Gire. *The North Face of God* (Kindle Locations 57-60). Kindle Edition.
 56. Nathan Self, Former Captain U.S. Army Pg. 9 in *The Combat Trauma Healing Manual*.
 57. *Maria, in Sound of Music*
 58. Botterwick, Johannes G. and Ringgren, Helmer. *Theological Dictionary of the Old Testament. Volume II* Pg.246.
 59. Hoenecke, Adolf. *Evangelical Dogmatics*. Volume II. Page141.
 60. Ibid, Pg. 7
 61. Becker, Siegbert. *The Foolishness of God*. 1982. Northwestern Publishing House. Pg.119
 62. Ken Gire. *The North Face of God* (Kindle Locations 274-276). Kindle Edition.
 63. Mason, Patience H. C. (1998-06-01). *Recovering from the War: A Guide for All Veterans, Family Members, Friends, and Therapists* (Kindle Locations 4029-4035). Patience Press. Kindle Edition.
 64. Adsit, Christ, *The Combat Trauma Healing Manual*.
 65. Sherriff Longmire in "Death without Company"
 66. Mason, Patience H. C. (1998-06-01). *Recovering from the War: A Guide for All Veterans, Family Members, Friends, and Therapists* (Kindle Locations 208-212). Patience Press. Kindle Edition.
 67. Lewis, C. S. (2009-05-28). *The Problem of Pain* (Collected Letters of C.S. Lewis) (p. 90). HarperCollins. Kindle Edition.
 68. Lewis, C. S. (2009-05-28). *The Problem of Pain* (Collected Letters of C.S. Lewis) (p. 91). HarperCollins. Kindle Edition.
 69. Ibid Pg. 105
 70. The Lutheran Hymnal. 1941. Concordia Publishing House. Pg16
 71. The Lutheran Hymnal. 1941. Concordia Publishing House. Pg.16
 72. Lewis, C. S. (2009-05-28). *The Problem of Pain* (Collected Letters of C.S. Lewis) (p. 130). HarperCollins. Kindle Edition.
 73. Excerpt From: Sun Tzu. "*The Art of War*." iBooks.
 74. Barbara Gurvitz, quoted in "*The Wall that Heals*" by Jan Scruggs. Pg. 62

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75. Lyon, Curtis (1991-07-01). *Counseling At The Cross* (NPH Classic) (Kindle Locations 2061-2065). Northwestern Publishing House. Kindle Edition.
 76. Mason, Patience H. C. (1998-06-01). *Recovering from the War: A Guide for All Veterans, Family Members, Friends, and Therapists* (Kindle Locations 122-123). Patience Press. Kindle Edition.
 77. Herman Wouk. "Winds of War" quoted in "The Wall that Heals" by Jan Scruggs
 78. Mike Kentes, quoted in "*A Wall that Heals*" Pg. 4
 79. Ibid Pgs. 5 & 6
 80. Ibid Pg. 7
 81. Peggy Borsay, quoted in Ibid Pg. 15
 82. Ibid
 83. Chuck (no last name given, quoted in Ibid Pg. 34
 84. Daniel Schacter, quoted in *The Combat Trauma Healing Manual*. Pg. 29
 85. Adsit, Chris. *The Combat Trauma Healing Manual*. P g. 46.
 86. Martin Luther, quoted in "*Martin Luther, God's Music Man*" by Kurt Eggert
 87. Eggert, Kurt. "*Martin Luther, God's Music Man.*" 1983.
 88. Excerpt From: Barbara W. Tuchman. "*The Guns of August.*" iBooks. <https://itun.es/us/3Yecz.1>
 89. Paul Westermeyer. *Te Deum* (Kindle Location 172). Kindle Edition.
 90. Ken Gire. *The North Face of God* (Kindle Locations 302-312). Kindle Edition.
 91. Lewis, C.S. *A Grief Observed*. 2009. (p.6). HarperCollins E-book. ISBN 978-0-06-194928-9
 92. Behringer, James. *What are the Spiritual Implications for PTSD and TBI and How can Parish Nurses Help?* 2013