Bridging the gap between Sunday in the combat zone and Sunday at home

Eric D. Jackson Sr.
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BRIDGING THE GAP BETWEEN SUNDAY IN THE COMBAT ZONE AND SUNDAY AT HOME

CASE STUDY: THE INTERSECTION OF WAR, PTSD, AND PASTORAL CARE AND COUNSELING FOR SOLDIERS AND THEIR FAMILIES

by

Eric D. Jackson, Sr.

A project report submitted in partial fulfillment of the requirements for the Doctor of Ministry degree at The Interdenominational Theological Center

May 2012
ABSTRACT

BRIDGING THE GAP BETWEEN SUNDAY IN THE COMBAT ZONE AND SUNDAY AT HOME

CASE STUDY: THE INTERSECTION OF WAR, PTSD, AND PASTORAL CARE AND COUNSELING FOR SOLDIERS AND THEIR FAMILIES

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May 2012

130 pages

In the past decade, demand for emotional, pastoral, and other support for veterans returning from the Middle East war zone, as well as their families, has escalated dramatically. In today’s military environment, service members and their families are experiencing an unprecedented number of extended deployments. The average deployment for an active duty soldier is approximately 12 to 15 months and 18 months for members of the U.S. Army Reserve and Army National Guard. Soldiers are experiencing multiple deployments with little time in between which can be a particularly stressful time for soldiers and their families, as they prepare for deployments, cope with the separation, and deal with unexpected challenges upon return. The local community is particularly important for members of the reserve component and veterans who are often miles away from the traditional military resources offered on a military installation.

This study reviewed literature on concepts, strategies and programs involved in addressing post-traumatic stress disorder (PTSD) for returning
combat veterans. The researcher reviewed current studies on military and religious PTSD programs.

Using case study methodology, this study examined the emotional, social, religious, family, health and financial impacts of war on veterans who experienced PTSD and their experiences in obtaining pastoral care and counseling from their religious institution(s). Interviews were conducted with ten military personnel who have been diagnosed with post-traumatic stress disorder or anxiety disorder as a result of their combat experiences. Veterans selected included active and inactive military from four wars, in which the United States was engaged. Research questions examined the motivation for participants to seek pastoral care for their PTSD and the extent to which participants felt their needs were met. Impact of participating in an “undeclared war” and its influence on participants’ lives was also examined.

Major findings of the study revealed that:

- Veterans have spiritual wounds that have eroded their capacity to trust.

- Early in these young recruits' military career, they are trained to feel and be physically fit. Nonetheless, basic training cannot prepare them for the reality and/or terror they encounter when engaging in combat.

- The stress of constantly engaging enemy troops and the fear of being engaged is often horrific. Memories of such warfare are, agonizing.

- When soldiers return from combat, often the impact of their experiences is time-delayed. This causes confusion and results in confusion for both the soldiers and their families.
• There are limited (often none) resources for veterans living away from military bases.

• A pastor, viewed as God's representative, may not be well-received.

• Nevertheless, the fact that clergy do represent a possible source for reconnection with God provides an opportunity to accepting veterans in the midst of their doubt, cynicism, and self-loathing.
DEDICATION

If I had had my way, this war would never have been commenced; If I had been allowed my way, this war would have ended before this, but we find it still continues; and we must believe that He permits it for some wise purpose of His own, mysterious and unknown to us; and though with our limited understandings we may not be able to comprehend it, yet we cannot but believe, that He, who made the world, still governs it.

- Abraham Lincoln

I dedicate this final project to the veterans, who have served in every conflict the United States has been involved in, and their families and all those who love them. This work is also dedicated to my mother, Thelma, and all of my family, all of which have supported, prayed and encouraged me throughout this work. Also, I dedicate this doctoral dissertation to my wife, Evette, who has endured my long transition from combat to home, as well as my sons, Omari and Eric, II. They, too, have sacrificed during my time away and transition. Finally, this work is dedicated to the glory of God and the continuation of God’s work in the life of men and women serving in harm’s way and those who love and support them.
ACKNOWLEDGMENTS

There are many people to thank as I come to the end of this long journey. I thank my comrades, who served as well as those who are still serving for God and Country – especially those who have participated in this research project. I am humbled by their honesty and candor in reflecting on their experiences and struggles. I am grateful for their willingness to be open and vulnerable in sharing their stories. This project would not have been possible without them.

I thank my committee members. I thank Chaplain (Lieutenant Colonel) José Rodriguez, a fellow-chaplain and brother-in-arms. His commitment to soldiers and families is exemplary. He has served with me as I have endeavored to help soldiers and families with the myriad of challenges they face. Also, I want to thank Dr. Willie Goodman, Jr. for his encouragement throughout the years – especially during this process. God has used him as a vessel of encouragement. He embodies what it means to be a pastoral care provider. I thank Dr. Christine Chapman for her support, leadership and encouragement. Her belief in me has been unwavering. I thank her for being my committee chair and for challenging – and guiding – me throughout this process. In addition, thanks to Rev. Dr. Chrysanthe Parker, trauma specialist, for her support and guidance.

I thank Melody Berry, as she indulged me with great patience and grace, as she provided answers to every question I had about the Doctor of Ministry program. Melody has been the "glue" in the administrative process of this program. If she did not know an answer, she found it.
I would like to thank my mother, Thelma Jackson, as she has encouraged me throughout the years – even when she was unaware that she was doing so. She has been a great example of perseverance and tenacity. Thank you for your love and support. I still look up to you.

This effort is dedicated to my wife, Evette, and my two sons, Omari and Eric, II. They have all been – and continue to be – invaluable. More than anything, I do not have the words to thank Evette enough. She continues to love me beyond measure. Her patience and understanding have sustained me throughout this process.
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CHAPTER 1 | INTRODUCTION

This Doctor of Ministry project focuses on the development of a program to address the profound need of returning soldiers from a war zone and the impact the return has on the soldier, their families, and their communities. Pastoral Care and Counseling was the chosen venue to achieve a threefold integration of spiritual and theological understandings; empirical research methodology; and understanding of the experience and behavior of persons having been deployed in a combat environment. The researcher utilized this integrated approach to develop materials and a program to provide a Christian perspective with contemporary scientific methodology and clinical techniques to help pastors, lay leaders, soldiers and their families cope with the impact of war within the scope of pastoral care of soldiers and their families. Additionally, the researcher incorporated spiritual implications and resources within the developed materials.

Several theoretical insights will be used to support the basis of the Doctor of Ministry Project, which presupposes that theological reflection in the practice of ministry can sufficiently address a ministry issue (need). This process of theological reflection on the practice of ministry presupposes its effectiveness at addressing the care concern indicated in this project. It involves the researcher considering theories and insights gleaned from several conversation partners including: combat veterans (primary ministry setting); the leaders and clergy of the local church (secondary ministry setting); and professors and colleagues engaged in the practice of ministry and support to soldiers and their families, who have been affected by combat.
This proposal will begin by offering a concise description of the primary ministry setting. The description will be given by providing insights to the diversity of the primary ministry setting. The researcher will then offer an analysis of the ministry issue. This particular section will explain why this ministry issue is significant to combat veterans and the local church and thus the researcher's motivation as a pastor and an Army chaplain to address it.

The major sections of this proposal paper discuss prior efforts to address the ministry issue and an outline of the proposed project. Those sections will consist of writing about how the researcher's engaging the scholarship of others has informed the researcher's analysis. It will include the theories of various scholars which will be used to address the nuances of the ministry setting and ministry issue. The final section will serve as a conclusion consisting of a brief summation of this writing, followed by an abstract literature review and the works cited in this proposal.

The researcher has found that soldiers are consistently encountering the following spiritual feelings and symptoms: feeling abandoned by God, finding it hard to pray, doubting their beliefs, forsaking righteousness, feeling angry towards God, not feeling thankful, feelings of alienation from church and people, and most of all, loss of faith and hope. All of these are part of the many parts that makeup post-traumatic stress disorder (PTSD). Therefore, the researcher proposes that PTSD is not a mental health issue alone, but rather, it is a physiological condition, including physical, emotional, psychological, and behavioral, which affects the entire body. As a result, veterans, who are dealing
with this condition, are wounded in ways that are all too often invisible. Therefore, many of the needs of these combat-damaged veterans go unmet or overlooked.

Consequently, these wounded warriors need someone to be minister to their many and multifaceted needs. According to Military Ministry, PTSD best heals from the inside out, and local churches are God-ordained institutions that can reach across the breadth of our land as a “Bridge to Healing” for hundreds of thousands of our wounded warriors past and present. Furthermore, churches can offer today’s military people and their families affirmation, love, encouragement, opportunities for service, and the warm accepting community. Often, churches provide this ministry automatically, but many times, they do not “extend compassion because they are simply not sensitized to these unique needs of military personnel, or they are somewhat intimidated by them, particularly by returning warriors who have seen so much and sacrificed so much for our nation.”

Ministry to soldiers and their families can foster a strong sense of community by creating a welcoming, affirming and caring environment. Therefore, churches can – and should – provide ministry to members of the military and provide spiritual solutions for the stresses of military life, including relief and hope for those suffering the destructive effects of combat trauma, especially PTSD. Whatever the case, “A wounded soul requires intervention in an environment that churches can best provide.”
When soldiers return from combat, often the impact of their experiences is time-delayed. This causes confusion and raises a host of questions for both the soldiers and their families. Thus, combat clearly presents more questions than answers. Consequently, in this Doctor of Ministry project, the researcher will address questions, such as: 1) What are some of the challenges that soldiers face upon returning from combat? 2) How do these challenges affect the soldiers and their families? 3) What is the difference between soldiers’ issues and civilians’ issues? 4) How is ministering to these wounded warriors different? 5) Does post-traumatic stress disorder have theological implications? Lastly, 6) What theological dilemma(s) does PTSD cause for the soldiers? Also, considering the fact that the soldiers return wounded in their soul, it leaves some families with the question, “How do we move forward with our fractured present as a result of our soldier’s combat experience?”

The researcher proposes that pastors and church leaders can dialogue with the combat veterans and most importantly, educate themselves to better minister to the needs of these wounded warriors and answer the aforementioned questions. The researcher contends that churches may not be properly trained to provide such ministry; however, they are appropriately equipped and anointed to do so. Accordingly, the researcher further proposes that churches have the capacity to provide compassion, acceptance and understanding for these military men and women, who feel their relationships with God have been fractured and have lost hope. Thus, this is the crux of this project.
NOTE: For the purpose of this research project, the terms warrior, veteran, and soldier are meant to be interchangeable. The terms soldier, service member, and Army refer to all branches and anyone who has ever put their life in harm's way as a result of duty in a combat zone: soldiers, marines, airmen, sailors, coast guardsmen. This includes service members in both the Active and Reserve Components (Reserves and National Guard).

NOTE: The terms “pastoral care” and “pastoral counseling” used throughout this dissertation are not to be likened unto the clinical definition. By clinical definition, pastoral counseling implies a unified course of academic training which unites theological insights and behavioral science. However, throughout this work, pastoral care and counseling refers to the care and counseling provided by local church pastors, giving place for referral when the needs of veterans supersede the ability, knowledge and/or education of pastor.
MINISTRY ISSUE

Introduction

In today's military environment, service members and their families are experiencing an unprecedented number of extended deployments. The average deployment for an active duty soldier is approximately 12 to 15 months and 18 months for members of the U.S. Army Reserve and Army National Guard. Soldiers are experiencing multiple deployments with little time in between which can be a particularly stressful time for soldiers and their families, as they prepare for deployments, cope with the separation, and deal with unexpected challenges upon return. The men and women in the Armed Forces and their families need and deserve our support. The local community is particularly important for members of the reserve component and veterans who are often miles away from the traditional military resources offered on a military installation.

The ministry issue of this Doctor of Ministry project lies in a variation of issues; perhaps the most comprehensive of which is: How does a local church pastor minister to soldiers, who have experienced combat and its effects, and their families, who may be negatively impacted by the adverse effects of their soldier's time in a warzone? In the same vein, the question may be restated – or better stated – in the following manner: How does the local church bridge the disparity between the soldiers' religious life in the combat zone and their religious life upon their return home and the church's role in that transition, to include the issue of PTSD and finding meaning or a connection to their spirituality? This line
of questioning speaks to the essence of the researcher's project, as it will seek to aid pastors and church leaders to minister and serve soldiers and their families – particularly those who have been deployed in combat zones.

Furthermore, the researcher contends that no one who experiences the trauma of living in a combat zone returns home the same as when they left. Even those who are not directly involved in combat operations but live in an environment where danger is always imminent are changed by it. With this said, there is a sense that the church does not understand what these warriors have endured in war.

The researcher, who is a combat veteran, submits, as a ministry issue, the need for local pastors and church leaders to understand soldiers returning from a combat zone and how to minister to them. The researcher has found from wide personal experience, the local churches (in general) are unaware of the needs of returning soldiers and their families. Ultimately, this researcher sought to help soldiers and their families better understand the religious experience that soldiers encounter in a combat zone and how that war experience will impact their religious experience upon their return home.

Some veterans return home physically wounded. Others return physically unharmed but bearing unseen mental, such as post-traumatic stress disorder (PTSD), emotional, or spiritual wounds. Some experience all of these. Some of these inner wounds have been described as a "wounding of the soul," or "post-traumatic soul disorder."
These veterans, whose souls have been wounded as a result of their experiences, often feel guilt for what they have done or witnessed, or they may feel guilty about being a survivor when some of their comrades may have died as a result of injuries sustained. Their sense of grief and loss is profound. Mostly, many combat veterans are experiencing various “hidden wounds” as they return home and need mental health care, as well as pastoral care.

Furthermore, this researcher will discuss mental health issues, including combat stress, post-traumatic stress disorder and mild traumatic brain injury (mTBI). Many of these are “hidden wounds” — or what Gérard Prunier, in his book, *Africa’s World War*, calls “imitima yarakomeretse,” which refers to the disease of the wounded hearts. These conditions warrant the researcher to discuss the associated stigmas and the impact on soldiers’ religious experience. The researcher will further explore PTSD and the pastoral, psychological, and theological responses to it.

It is safe to assume that all soldiers are impacted by their experiences in a combat zone. Though for many, surviving the challenges of war can be rewarding, self-efficacy, and provide a sense of purposefulness, pride, and camaraderie. The demands, stressors, and conflicts of participation in war can also be traumatizing, spiritually and morally devastating, and transformative in potentially damaging ways. The impact of such experiences can be manifested across the life of the soldiers and their families. These changes and trauma are important to understand whenever a veteran of war returns from *Sunday in a combat zone*. 
The aforementioned is part of Specialist (SPC) M.'s life story, as he is a veteran of Operation Enduring Freedom. The researcher had extensive conversations with SPC M. about his time in a combat zone. SPC M. was assigned to the 101st Airborne Division, located in the southern region of Afghanistan during his deployment. He was a Food Service Specialist by job description. However, as it often is in the Army, he was actually serving as part of the quick reaction force (QRF); a QRF is a force that is poised to respond on short notice, typically less than fifteen minutes. Later, he was part of the private security detail (PSD), where he was part of a team that provided security for the General and/or the Sergeant Major. Both of these jobs often placed SPC M. in the heart of danger.

On one occasion, while on a convoy, SPC M.'s unit was attacked with small arms fire. Though no one was injured, SPC M. was made keenly aware of the hazards that lie outside the base. In fact, while on another mission, their convoy was hit by rocket-propelled grenade (RPG), which is an anti-tank weapon system, which fires rockets equipped with an explosive warhead. These attacks would prove to be the lesser of the horrors that SPC M. would face.

As a matter of fact, while working in the Class I (Subsistence) yard (see Photograph 1.), which receives operational rations, SPC M. observed incoming RPG rounds about 200 meters away. While thinking that was a close call and perhaps the worst of the attack, another RPG hit near SPC M.'s location; this one hit a generator just feet from where he stood. In that moment, his worse fear had come to pass.
SPC M. had been hit by shrapnel – once in the leg and another in the chest.

All he remembers is hearing ringing in his ears and seeing one of his buddies, with shrapnel in his neck, being taken care of by the other soldiers. As SPC M. recalls, "It was crazy!"

As a result of his injuries, SPC M. failed every cognitive assessment given to soldiers who have experienced trauma: orientation, immediate memory, concentration, and memory recall. Worse of all, he spent more than a week suffering from memory loss. Though he was awarded a Purple Heart medal for the injuries he sustained in a combat zone, there would be no award for his most severe wounds – those which were unseen.
SPC M. was far from prepared for what would happen in the days which followed his traumatic encounter. His unit was on a mission to bring members of the Afghanistan National Army to the base. During that mission, a suicide bomber attacked the entry control point (ECP). SPC M. was not in the vicinity of the attack; however, he recalled seeing “pink mist,” which is the aftermath of a person being blown up. By this time, SPC M. tells of “feeling invincible for a while.” That was until three days prior to redeploying, he was sent on another mission; usually, units are no longer put in harm’s way this close to going home. Nonetheless, SPC M. shared with the researcher that reality set in, and he realized he “could’ve died.”

All of this was compounded by SPC M.’s grandmother’s death and his missing her funeral. Also, during that time, two of his friends were killed in combat. To make matters worse, SPC M. saw their remains – one of which was in two boxes and the other in three separate boxes. He knew this meant that they died horrific deaths.

Now home, SPC M. found himself paranoid, wondering if people in the stores might have something under their clothes (as suicide bombers did), scanning the highways and roads while driving, looking for improvised explosive devices (IEDs). In fact, when his father picked him up from the airport, SPC M. recalls his father noticing his anxiety and saying, “You’re home...you’re home!” So, when SPC M. returned from a combat zone, he remained in “combat mode” and was diagnosed with anxiety disorder and PTSD.
Unfortunately, SPC M.'s story is not an anomaly. His experience has united him among the ranks of many of our returning warriors, as they have faced similar experiences and share such stories. They come home and have trouble “flipping the switch” from combat to home. They are challenged with the realities of having been exposed to traumatic events and dealing with how to cope with these experiences.

Furthermore and as a point of reference and a means of further identifying the ministry issue, this researcher was influenced by his own experience in a combat zone and the reading and application of Charles W. Hoge’s *Once a Warrior – Always a Warrior: Navigating the Transition from Combat to Home – Including Combat Stress, PTSD, and mTBI*, which is designed to help soldiers and family members gain a better understanding of soldiers’ experiences and perspectives.

The focus of this book was to articulate the effects and challenges of postwar “transition” and “readjustment,” to include: 1) the contradictions of PTSD; 2) the dynamics of coming home (from a combat zone); 3) the “transition” and “readjustment” timeframe; and 4) unique challenges for modern warriors.

Even with the diminishing of the conflict in Iraq and Afghanistan, the number of returning warriors and veterans will continue. Even more, another problem is the increased number of deployments that soldiers and families will have to endure. According to Army Times, “American soldiers of the 21st century are quietly making history, serving in combat longer than almost any U.S. soldiers in the nation’s past,” and it suggests that the “U.S. will constantly have
combat troops fighting somewhere in the world for at least the next 20 years.”
Additionally, in 2010, the President sent 30,000 more troops to Afghanistan.
“The cycles of combat have been so long and so frequent that nearly 13,000
soldiers now have spent three to four cumulative years at war in Iraq or
Afghanistan.”
Even worse, mental health professionals believe PTSD exists in
about 11-20% of veterans of the Iraq and Afghanistan wars, and in as many as
10% of Gulf War (Desert Storm) Veterans, and about 30% of Vietnam veterans.

Consequently, the need to minister to returning soldiers and their families,
while reaching out to them with respect, will continue to grow and prove to be an
urgent need. Therein lies the problem. Ministry in the Army is challenging. In
fact, it is unique for several reasons. First of all, it is transitional – particularly
while soldiers are in a combat zone. For instance, on any given Sunday,
soldiers, who are regular attendees of a chapel service, may be required to
perform a mission during worship service and would not be able to attend any
chapel service.

Also, while deployed, it is very common to have soldiers working during
the hours in which chapel is held. One of the most consistent issues is Relief in
Place/Transfer of Authority (RIP/TOA); this is when one unit leaves the combat
zone and another replaces it. During this time, often, the chapel services
experience a significant decline in attendance.

Another way that ministry in the Army can be considered transitional is
that often soldiers come to experience religion for the first time while deployed in
a combat zone. This may happen during the early days of the tour or just prior to
returning home. Soldiers and their families adjust to this frequent change; in fact, they become accustomed to it and expect it.

In either case, most of these soldiers will experience some level of combat stress and will need to strengthen their faith and re-connect with God upon their return. However, there are no mechanisms to aid in their transition. More importantly, churches, even those who perhaps have a desire to do so, do not have the means or understanding of soldiers who may be mentally, emotionally or physically broken and/or damaged. There is no congregation-based spiritual-relationship resource that is available to returning combat military persons to strengthen their faith by re-connecting them with the God of their faith. This practice may be new or reactivated dependent upon their core exposures to religious instruction and practice.

At a minimum, these veterans may find themselves suffering from combat stress, trauma or worse, they may be experiencing PTSD. These issues affect the entire military family, and it is the directive of this project to help the church to find ways to effectively minister to military members and their families. The aforementioned highlights perhaps one of the greatest issues of our time. For a lot of soldiers, the question of spirituality and how it may or may not be connected to post-traumatic stress disorder continues to confound them and the rest of us as we work to understand and interpret the multi-layered conditions of returning soldiers.

The truth is that we know very little about the relationship between spirituality and symptoms of post-traumatic stress disorder. We know even less
about it as particularly associated with military life. Unfortunately, spirituality has long been a taboo subject in Western healthcare practices, a situation that has started to improve during the past 20 years. Spiritual alienation and loss of meaning have been identified by clinicians as issues that are distressing to veterans seeking treatment for symptoms of PTSD.

“Spiritual alienation means separation from the transcendent, the divine, or God. Regardless of the cause of spiritual isolation, it is likely to be associated with traumatic distress. Difficulty with interpersonal relationships, including estrangement from others, is a core feature of PTSD.”5 Likewise, a problematic relationship with God, or separation from God, might also contribute to traumatic distress. It is well known among mental health providers that feeling supported by others is crucial to a trauma survivor’s recovery process. In contrast, researchers have found that unsupportive behaviors may have a greater influence, delaying recovery or even contributing to symptoms of PTSD. Veterans who desire the support of their Divine Creator might experience greater ongoing distress if they feel their needs have not been met.6

Some aspects of spirituality might protect an individual from traumatic distress. The ability to make sense of a traumatic event in a way that “fits” with one’s previous beliefs not only reduces the likelihood of PTSD, it may even lead to psychological or spiritual growth. Limited research has found that combat veterans who were able to find meaning and purpose in their traumatic experiences were less likely to develop PTSD.
As churches across America continue wondering how to bridge the disparity between soldiers’ religious life in the Combat Zone and their religious life upon their return home and the church’s role in that transition, for soldiers and their families, this issue of PTSD and finding meaning or a connection to their spirituality will continue to haunt them. It will behoove churches to equip themselves and be ready to minister to these returning veterans.

According to the National Center for Post-Traumatic Stress Disorders’ *Iraq War Clinician Guide*:

The frequency of deployment of military service members has increased in the past ten years. This is largely due to their increased involvement in Operations Other than War, as well as actual combat scenarios. Servicemen and women may be deployed from active duty, as well as Reserve or National Guard positions. Deployments can be of varying level of challenge to military families. In families where medical or emotional/behavioral problems pre-exist, the deployment of a military parent can destabilize a tenuous situation, creating a significant ordeal for the family.

Active duty families often, but not always, live within military communities where family and individual support and therapeutic services are more readily available in situations of deployment. Reserve or National Guard service members may be activated for deployment from civilian jobs in geographical locations that are remote from any military resources. In such situations, families can feel isolated and less supported. These problems can be compounded if a service member takes a financial loss when activated from a better paying civilian position to a lesser paying military position. Certainly, the nature of the deployment and the role of the service member in the military action can have a significant impact on children and family left behind.7

The researcher has extensive experience as a military chaplain, having served as pastor of several chapel congregations, as well as being a pastor of a
church near a military base. Because of these personal experiences, the researcher conducted a case study to thoroughly understand the scope of issues military personal can experience. Bridging personal and academic experience in a case study underscored the depth of issues that persons with PTSD need assistance with from pastoral care providers. Although the focus of this Doctor of Ministry project was the Case Study, the researcher is using the findings to develop both a guideline for religious leaders to utilize and an internet resource for pastoral care providers.

Consequently, the researcher will develop a program to aid pastors and church leaders to minister more effectively to soldiers and families who have been multi-variably affected by combat. The researcher proposes that churches will continue to be agents of change and support for these warriors and families. However, it is imperative that they are made aware of the challenges and wounds of these transitioning families.

Additionally, it would be helpful to returning combat veterans that pastors and churches responding to the needs of military personnel not only be sensitive to the spiritual needs of these persons but be skilled interpreters of the spiritual wounds associated with this type of work. Like the emotional and mental wounds, these wounds may not be obvious to a casual observer, but they are painful, life-altering, and can be life-threatening.


3 Charles W. Hoge, M.D., Once a Warrior - Always a Warrior: Navigating the Transition from Combat to Home - Including Combat Stress, PTSD, and mTBI, First ed. (Guilford, CT: GPP Life, 2010), x-xvii.


PREVIOUS EFFORTS TO ADDRESS THE MINISTRY ISSUE

Introduction

In this chapter, the researcher will identify and call attention to work and research that has sought to address the issue of war, combat veterans and pastoral care and counseling for soldiers and families. Since Vietnam, more research has been done to help soldiers and families, as well as care providers. Notwithstanding the goal of this chapter, the researcher's mission is to address the critical shortage of information and research that is currently available.

There is a critical need for pastoral care and counseling for veterans returning from combat zones, especially as they integrate into local congregations. Many of these combat veterans are returning home with what the researcher calls "hidden wounds." Although churches are capable of providing ministry to these wounded warriors and their families, most are not staffed and neither do they have programs in place.

Consequently, soldiers and their families find it challenging to make the transition and bridge the gap from combat to home. The researcher, serving as a local pastor and an Army chaplain, has worked extensively with returning soldiers and their families since 2008. During this time, many of these individuals have not sought or found care outside the military.

Nonetheless, there are a few programs that have emerged since the beginning of the Persian Gulf War. Of these, one is Military Ministry. According to their web site, they state:
It is Military Ministry's privilege to share the Gospel of Jesus Christ with military men and women, veterans and military families. Their ministries, resources, and partnerships are all based on the belief that faith makes a difference in the lives of those in harm's way – those who have answered the call to serve their nations and live with the special conditions and stresses of military life, whether on the front lines or on the home front, whether before, during, or after deployments into combat.  

The Department of Veterans Affairs (VA) offers a training event, called the VA Chaplain Service Veterans' Community Outreach Initiative (VCOI), to help local clergy learn more about the needs of returning veterans and their families, including spiritual needs they may have as a result of their active duty and combat experiences. As part of this training, clergy learn about the VA healthcare system and how they and VA chaplains can collaborate.

The VA has prepared the following information: Ministering to Families Affected by Military Deployment, Deployment Resources for America's Clergy (US Army); Accepting the Ashes: A Daughter's Look at Post-traumatic stress Disorder, Quynn Elizabeth; Resources in Support of the Seamless Transition of Our Returning Veterans: OEF and OIF, VA Pamphlet; Polytrauma Rehabilitation Centers: Rebuilding Wounded Lives, VA Pamphlet; A Summary of VA Benefits for National Guard and Reserve Personnel, VA Pamphlet IB-10-164; and Strength for Service to God and Country: A Daily Devotional for Military and Public Service Professionals, www.StrengthForService.org.

These resources can prove to be beneficial for pastors and local church leaders. More importantly, pastors need to be aware of both the symptoms and effects of post-traumatic stress as they work with veterans and their families. In
addition to providing compassionate pastoral care, pastors need to know that PTSD is a serious problem and need to be prepared to minister to veterans and their families, consistent with the care they need.

Unfortunately, there has not been a lot of work in the area of combat stress or post-traumatic stress disorder. In fact, different names – or labels – have been used to describe these changes and wounds in combat veterans. “In the Civil War, they were called ‘the staggers,’ or ‘irritable heart,’ or ‘soldiers’ heart’ and were regarded as signs of cowardice. Soldiers who displayed these symptoms were treated with contempt. In World War I, they were called ‘shell shock’ and in World War II, were called ‘combat neurosis,’ ‘battle fatigue,’ or ‘combat exhaustion’.”9 Still today, many combat veterans have been viewed as “crazy,” “looney,” “disturbed,” or deemed handicapped. As a result, society as a whole did not offer and have not offered much care. In fact, many have gone untreated and their life outcomes have been commensurate to the challenges associated with PTSD. As returning military personnel have gone untreated so have their families; who too are not equipped to help family members with reintegration. Likewise, churches have not offered help in the way of reintegration or pastoral care and counseling.

Even worse, the mission of the Medical Corps was not to assess these wounded warriors and determine whether they were fit for duty. Rather, the medical mission was to assess and treat them with the purpose of “conserving the fighting strength.” In other words, military doctors and psychiatrists were to do all they could to make – or deem – these troubled veterans as “fit for duty.”
There were many wounded veterans returning to the battlefield with hidden injuries, with their “wounds” waiting to erupt. Upon their return to the home front, they were expected to reintegrate into society and lead relatively normal lives. Yet, many of them had no advocate; thus no care for their “wounds.”

Though Vietnam forced the mental health community to pay increased attention to the psychological costs of war, it was not until the late 1970’s and the early 1980’s that programs were developed for war veterans. In addition, it was not until 1980 that the diagnosis of PTSD was added to the standard manual of psychiatric disorders. As a result, in 1983, the United States Congress mandated that a study be conducted to examine the ongoing effects of the Vietnam War on its veterans. In response to this directive, the National Vietnam Veterans Readjustment Study (NVVRS) was undertaken.

The NVVRS was conducted between November 1986 and February 1988. The study comprised interviews of 3,016 veterans selected to provide a representative sample of those who served in the armed forces during the Vietnam era. “The estimated lifetime prevalence of PTSD among these veterans was 30.9% for men and 26.9% for women. Of Vietnam War veterans, 15.2% of males and 8.1% of females were currently diagnosed with PTSD at the time the study was conducted.”

Later, as a result of the increased number of veterans suffering from mental health illnesses following the Persian Gulf War, more attention was given to these wounded warriors suffering from PTSD. Another study was conducted
to estimate the frequency of PTSD in a population-based sample of 11,441 Gulf
War Veterans from 1995 to 1997.

PTSD was assessed using the PTSD Checklist – Military Version (PCL-M)
(see Figure 1.) rather than interviews, with those scoring 50 or higher considered
to have met criteria for PTSD. The occurrence of PTSD in this sample of Gulf
War veterans was 12.1%. "Further, the authors estimated the prevalence of
PTSD among the total Gulf War veteran population to be 10.1%."\(^{11}\)

The most recent of these studies was in 2008. The RAND Corporation,
Center for Military Health Policy Research, published a population-based study
that examined the occurrence of PTSD among service members who previously
deployed in Operation Enduring Freedom and Operation Iraqi Freedom. As in
the Gulf War veterans study, PTSD was assessed using the PCL. "Among the
1,938 participants, the prevalence of current PTSD was 13.8%."\(^{12}\)

These statistics speak to the overwhelming occurrence of post-traumatic
stress disorder among combat veterans. Yet and still, there continues to be an
ongoing need for pastoral care and counseling for these wounded warriors. The
researcher has discovered that many churches have not yet realized the need for
such care, and others are just beginning to address this critical ministry issue.
Furthermore, the researcher has discovered that though few churches have
active military ministries, most are not addressing the issue of PTSD.
PTSD CheckList – Military Version (PCL-M)

Patient’s Name: ____________________________

**Instruction to patient:** Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, put an “X” in the box to indicate how much you have been bothered by that problem in the last month.

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>Not at all (1)</th>
<th>A little bit (2)</th>
<th>Moderately (3)</th>
<th>Quite a bit (4)</th>
<th>Extremely (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Repeated, disturbing memories, thoughts, or images of a stressful military experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Repeated, disturbing dreams of a stressful military experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td>Feeling very upset when something reminded you of a stressful military experience?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful military experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Avoid thinking about or talking about a stressful military experience or avoid having feelings related to it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Avoid activities or situations because they remind you of a stressful military experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Trouble remembering important parts of a stressful military experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Loss of interest in things that you used to enjoy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Feeling distant or cut off from other people?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Feeling as if your future will somehow be cut short?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Trouble falling or staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Feeling irritable or having angry outbursts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Having difficulty concentrating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Being “super alert” or watchful on guard?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Feeling jumpy or easily startled?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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RESEARCH DESIGN AND METHODOLOGIES

Introduction

The researcher shared personal testimony regarding his experience as he transitioned from a combat zone and the effects of it. Thereafter, the researcher offered the veterans an opportunity to share their experiences and challenges using a sample of questions. Lastly, the researcher gathered and compiled information obtained from these questions. Upon the findings, the researcher utilized measurements to develop a list of resources for pastors and church leaders (See Appendix I).

This chapter describes research methods, as well as data analysis procedures used in conducting this study. The purpose was to gain an understanding of the nature and scope of pastoral care and counseling for veterans experiencing post-traumatic stress disorder after they return home. This entailed addressing questions, such as:

- What factors promoted veterans to seek pastoral care and counseling?
- Did their family members seek counseling first?
- What was the nature of the impact of PTSD on the veterans and their families?
- What were the pitfalls revealed during pastoral care and counseling?
- What strategies worked to bring relief for veterans and/or their families?
- What were the determinants of the strategies' effectiveness?
In order to answer such questions and consider resource development in the context of its environment, and from the perspective of the participants, a qualitative research methodology was chosen.

Within social science, the case study is one of the most frequently applied research designs (Burton 2000). Case studies are an extremely flexible method of conducting social science research and it is this flexibility that contributes to the attractiveness of the method. In the chapter, “Case Studies,” by Robert E. Stake in The Handbook of Qualitative Research (Denizen 2000), Stake states: “Case study is a part of scientific methodology, but its purpose is not limited to the advance of science. Case studies are of value for refining theory and suggesting complexities for further investigation, as well as helping to establish the limits of generalization.”

A case study can also be a disciplined force in public policy setting and a reflection on human experience. Vicarious experience is an important basis for refining action options and expectation. The purpose of a case report is not merely to represent the case; rather, the utility of case research to practitioners and policy makes it an extension of experience. The methods of qualitative case study are largely the methods of disciplining personal and particularized experience.

For the Doctor of Ministry case study, the researcher will be following a method developed by Robert E. Stake that draws from naturalistic, holistic, ethnographic, phenomenological, and biographic research methods (Stake xi). The researcher will be using the intrinsic case study method described as “a
given case that we are interested in, not because by studying it we learn about other cases or about some general problem, but...we need to learn about this particular case.” We have an intrinsic interest in this particular case. This is not sampling research. The first obligation will be to understand this case.

The first criterion is to maximize what can be learned. Since time and access to veterans suffering with PTSD is limited, the researcher chose a case representing a cross-section of PTSD military suffers who have sought pastoral care and/or counseling from their local religious leader. This particular case study also has appeal because the military personnel being studied represented three different wars, multiple generations, multiple religious institutions and different genders and race. In addition, the hospitality of the actors to participate and comment on the draft materials was appealing to the researcher.

**Participant Selection and Access**

Using intrinsic case study methodology, the researcher examined the experiences of military personal suffering from PTSD who sought mental health care and/or pastoral care from their home religious institutions.

**Recruiting Appropriate Participants**

The researcher discussed his proposal with several combat veterans; however, his selection was made based on whether the soldiers had experienced any level of difficulty making the transition from combat to home. Because there was an emphasis on war, PTSD, and pastoral care, the researcher narrowed his
group of veterans based on the aforementioned. Notwithstanding these facts, the researcher discovered that nearly every soldier, who had been deployed to a combat zone, had been adversely affected by the experience.

Selection Criteria

For the purposes of this study, the researcher developed a basic criterion to sort the various participants. Participants were selected if they:

- Were perceived to have been involved in actual combat;
- Did not limit themselves to care from military resources;
- Provided full disclosure about their combat experience; and
- Could recall their combat experience and express their present feelings about the effects of it.

Screening and Selecting Participants

When the researcher approached the men and women who had volunteered to be a part of this case study, the only response was one of enthusiasm. The researcher made telephone calls to the participants and had several discussions with them, explaining the purpose of the research and the Doctor of Ministry project. Ten participants were selected from the following categories: military service branch; gender; war zone; and military occupation specialty (MOS). The final screening criterion was whether the participants suffered emotionally and/or psychologically after having served in a war zone.
Implementing the Research

Though the researcher spoke with both male and female soldiers, for the purposes of this study, ten male soldiers were selected as participants. (See Table 1. Participants Represented in PTSD Pastoral Care Case Study).

<table>
<thead>
<tr>
<th>NAME</th>
<th>BRANCH OF SERVICE</th>
<th>THEATER OF CONFlict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soldier 1</td>
<td>Army</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Soldier 2</td>
<td>Army</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Soldier 3</td>
<td>Army</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Soldier 4</td>
<td>Army</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Soldier 5</td>
<td>Army</td>
<td>Iraq</td>
</tr>
<tr>
<td>Soldier 6</td>
<td>Army</td>
<td>Iraq</td>
</tr>
<tr>
<td>Soldier 7</td>
<td>Army</td>
<td>Iraq</td>
</tr>
<tr>
<td>Soldier 8</td>
<td>Army</td>
<td>Iraq / Afghanistan</td>
</tr>
<tr>
<td>Soldier 9</td>
<td>Army</td>
<td>Iraq / Afghanistan</td>
</tr>
<tr>
<td>Soldier 10</td>
<td>Army</td>
<td>Iraq / Afghanistan</td>
</tr>
</tbody>
</table>

Table 1. Participants Represented in PTSD Pastoral Care Case Study

The researcher examined ten military veterans to determine their motivation for seeking pastoral care and counseling for PTSD and the extent to which participants felt their needs were met as a result of seeking help from a mental health professional and/or pastoral care. (See Table 2. Case Study Participants.) Additionally, the study examined what soldiers and families, who are coping with the effects of war, either experienced or perceived as the most efficacious means of care that they received upon the warrior’s return from a combat zone.
### Case Study Participants

<table>
<thead>
<tr>
<th>NAME</th>
<th>BEHAVIORAL HEALTH</th>
<th>PASTORAL CARE AND/OR COUNSELING</th>
<th>OTHER MILITARY HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soldier 1</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Soldier 2</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Soldier 3</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Soldier 4</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Soldier 5</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Soldier 6</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Soldier 7</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Soldier 8</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Soldier 9</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Soldier 10</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 2. Case Study Participants

The researcher ensured confidentiality and established confidence in each of the participants. (See Appendix Q for a copy of the Consent Form used for all participants in the case study.) This case study will seek both what is common and what is particular about the intersection of war, PTSD, and pastoral care and counseling drawing from all the following:

- The nature of the case;
- Participant's background;
- Other contexts, such as economic, social, and family; and
- Researcher's professional notes.
The researcher chose to use qualitative methods, including a dialogue style of interviewing, subject input, and review of the study, because he felt such methods would readily facilitate the goal of mutual learning for both the subjects and the researcher, and a resulting document that could be of use to religious leaders dealing with parishioners, who have been diagnosed with post-traumatic stress disorder.

Throughout the process of gaining participant access, as well as through data collection and analysis, the researcher encountered openness and willingness on the part of all participants in this study. The researcher's background also proved useful. The researcher was able to establish rapport since he was a combat veteran with similar feelings and struggles. Furthermore, the researcher was able to empathize with the warriors, regardless of the severity of their psychological wounds. For several of these veterans, the researcher felt as though they had been waiting to share their stories with someone who could not only hear them but also understand their struggles.

**Research Methodology**

The inquiry design of this study sought data describing personal experience, relationship with religious institution, core values and beliefs of religious institution, communication between veteran, their families, and religious institution, family structure, and commitment of religious institution to provide support for veterans with PTSD. Case study and descriptive research methods were used in conducting this study. Case study methods offer an opportunity for
learning that is relevant and productive for individuals faced with the need to make difficult decisions in a logical, analytical and professional manner (Strake 1995). Yfin (1994) argues that the case study method is the preferred strategy when “why” questions are being posed, when the investigator has little control over the events, and when he focus is on a contemporary phenomenon within some real-life context.

The researcher used two pedagogical methods, discovery learning (Campbell 1975), and generalization (Stake and Trumbull 1982), where the reader comes to know some things told as if he or she had experienced it. The investigator provided grounds for validating both observation and generalization in order to transfer knowledge from the researcher to the reader. To reduce the likelihood of misrepresentation, he used the procedure of triangulation. Triangulation is considered to be the process of using multiple perceptions to clarify meaning, verifying the repeatability of an observation or interpretation (Glesne and Peshkin 1992).

Data Collection

In this study, the researcher collected data through in-depth interviews with combat veterans. The researcher encouraged the respondents to talk freely. More importantly, the researcher used an unstructured format, to ensure the subsequent direction of the interview would be determined by the respondent’s initial reply. The researcher’s goal was allows the respondents to
tell their own stories in their own words. Furthermore, the researcher then probed the respondents for the purpose of further elaboration.

**Research Questions**

The researcher used a line of questions to ascertain the soldiers’ psychological state, as well as capture their effects of their combat experience. In doing so, the researcher posed the following questions:

- How many times have you been deployed in a combat zone?
- Do you wish your faith community would do more for veterans?
- How would you describe your faith tradition?
- How frequently do you attend services for your faith tradition?
- After returning from combat, the veterans programs you found MOST helpful were from: military, Veterans Administration hospital, state or local, church, other, or did not participate in any programs?
- After returning from combat, the veterans programs you found LEAST helpful were from: military, Veterans Administration hospital, state or local, church, other, or did not participate in any programs?
- Select feelings you have experienced since you returned from your deployment (or anytime during or after): joyful, sad, angry, frustrated, happy, depressed, tired, energetic, numb, confused, or other.
- How often do you have these feelings? (the choices provided: some of the time, most of the time, all of the time, not too often, or when you think about your experience)
• Do these feelings (that you checked above) come up without a cause? (the choices provided: never (You always know where they come from.), rarely, some of the time, most of the time, or all of the time (They seem to come out of nowhere.))
• Do you feel your life has meaning? (the choices provided: yes, all of the time, most of the time, some of the time, rarely, or no/never)
• How would you rate your attitude about your life?
• How would you rate your physical health?
• In your relationship with your family and close friends are you:
  – Able to talk freely and say what you want all of the time?
  – Able to talk freely most of the time?
  – Able to talk freely some of the time?
  – Rarely able to say what you are feeling?
  – Never able to say what you are feeling?
• Do you have less interest now in activities you used to enjoy?
• Do you get 6-8 hours of sleep each night and do you feel rested when you wake up?
• Are you experiencing nightmares, flashbacks or disturbing thoughts?
• Do you fall asleep but wake up in a state of high vigilance, instantly alert, in response to slight sounds or movements, then are unable to fall asleep again?
• What happens when you think about your combat experiences?
  – I can see them as past experiences and let go of the thoughts
– Sometimes, it takes a while to let go of the thoughts
– Sometimes, I’m not able to let go of the thoughts
– I think about them and dwell on them much of the time
– I keep thinking about them over and over again

• Do you have angry outbursts?
• Have you ever been afraid you would hurt someone during an angry outburst?
• Do you startle easily or feel on guard for no apparent reason?
• Do you have feelings of detachment from others in your life?
• Do you believe you would feel better back in a combat zone?
• Do you drink alcohol or take non-prescription drugs?
• To what extent does your use of drugs and/or alcohol interfere with your life?
• Do you feel empty, hollow, or without emotion (or in a “dark place”)?
• Do you think of harming yourself?
• Have you thought of harming someone else in a non-combat situation?
• Do you avoid situations that remind you of combat?
• Is something constantly on your mind?
• What do you worry about the most?
Data Analysis

The results of the researcher's interviews and collection of data provided valuable information, and the soldiers spoke freely about their experiences. (See Table 3. Findings of Case Study.) The data gathered was consistent regardless of the theater of combat. Combat veterans from each era of war shared similar experiences and struggles. More importantly, the researcher discovered that the soldiers' involvement or lack thereof in a religious institution did not play an integral role in whether they sought pastoral care. A common thought among soldiers, who were involved in a religious institution, was that they were indeed places for worship, but not places for help from the troubles and ailments of war. Consequently, many of them did not have an opinion as to whether their faith community should do more for veterans.

Nonetheless, this researcher disclosed that all of the respondents served as least one tour of duty in a combat zone. Upon their return, each of these veterans were directed to make appointments at the Veterans Administration (VA); however, they did not voluntarily seek assistance from the military, the VA hospital, state or local healthcare providers, or their religious institution. This was primarily due to the general consensus or stigma associated with seeking help for mental health issues.

Many of these warriors sensed their troubles were bursting from within. Additionally, each of them found that boredom and repetition were major catalysts for emotional setbacks, as they had too much time to think. The soldiers experienced anger, frustration, mood swings, and even depression.
These emotions were common and affected their families and careers. At times, some of these wounded warriors stopped moving forward, spent more time battling the memories of the past, and lost a sense of the meaning of their lives. Upon their return from the combat zone, most soldiers’ attitudes about life were drastically affected; they felt they had done too much to be forgiven, and it was too easy to consider taking a human life.

The researcher revealed that though many of soldiers’ wounds were hidden, they also sustained physical injuries. Although the soldiers have not been able to have their other physical ailments, such as high blood pressure, high cholesterol, cancer, arthritis, etc., diagnosed as service-connected, many of them attribute these other hidden wounds to their time in a combat zone. These wounded combat veterans shared another common thought. They felt inadequate and expressed that they “used to be able to do a lot more.” A lot of their responses were prefaced by, “But since I got back...” and followed by what they are now unable to do.

The soldiers’ feelings of inadequacy affected not only their lives but also the lives of their friends and family, as well as their relationships. They found it difficult to communicate with them and felt they would not understand. Among the other problems that existed among each of these wounded warriors were:

- Lack of interest now in activities they used to enjoy;
- Inability to sleep through the night without having nightmares;
- Remaining in a state of high vigilance or alertness, in response to slight sounds or movements;
• Being startled easily or feel on guard for no apparent reason; and
• Controlling angry outbursts (see Appendix E for additional visible PTSD symptoms).

Though all of these veterans were glad to be home, at times, they felt it would be not necessarily better but easier to be back in a combat zone. This was because they struggled to make the transition from the combat zone; they struggled to reintegrate back into their families' lives. This was consistent and persistent for each of them.

Though not explicitly stated, the researcher discovered that those soldiers who were involved in a religious institution were less likely to self-medicate. However, otherwise, other wounded warriors were very susceptible to drinking alcohol and/or taking non-prescription drugs. The drugs and alcohol suppressed the feelings of being empty, hollow, or in a "dark place."

As noted in the Summary of Findings section of Chapter 5, some veterans not only considered harming themselves but they actually attempted suicide. Moreover, as many of them struggle with anger issues, they find that thoughts of harming someone else in a non-combat situation are not far removed. It is simply easier to avoid situations that remind them of combat. Whether the soldiers were from the Vietnam era or as late as Operation Enduring Freedom, these wounded warriors constantly thought about their time on the battlefield.
Table 3. Findings of Case Study (NOTE: S1 = Soldier 1)

<table>
<thead>
<tr>
<th>Questions</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
<th>S4</th>
<th>S5</th>
<th>S6</th>
<th>S7</th>
<th>S8</th>
<th>S9</th>
<th>S10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number times deployed</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Desire more from faith community</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>How frequently attend services</td>
<td>n/a</td>
<td>wkly</td>
<td>n/a</td>
<td>Wkly</td>
<td>mthly</td>
<td>n/a</td>
<td>n/a</td>
<td>wkly</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Programs MOST helpful</td>
<td>n/a</td>
<td>VA</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>VA</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Programs LEAST helpful</td>
<td>VA</td>
<td>n/a</td>
<td>VA</td>
<td>VA</td>
<td>VA</td>
<td>VA</td>
<td>n/a</td>
<td>VA</td>
<td>VA</td>
<td>VA</td>
</tr>
<tr>
<td>Physical health problems?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Difficulty communicating?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Interest in activities</td>
<td>No</td>
<td>No</td>
<td>Some</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Some</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hours of sleep</td>
<td>2-4</td>
<td>about 4</td>
<td>3-4</td>
<td>4</td>
<td>2-4</td>
<td>2-4</td>
<td>3-4</td>
<td>about 4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Nightmares, flashbacks or disturbing thoughts?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Wake up in a state of high vigilance, instantly alert?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Can let go of past/thoughts?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Angry outbursts?</td>
<td>Some</td>
<td>Yes</td>
<td>Some</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Startle easily or feel on guard?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Feel detached from others?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prefer to be back in a combat zone?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Drink alcohol / take drugs?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Table 3. Findings of Case Study (NOTE: S1 = Soldier 1)

<table>
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<th>S7</th>
<th>S8</th>
<th>S9</th>
<th>S10</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much drugs / alcohol interfere?</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Some</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Feel empty, hollow, or without emotion (or in a “dark place”)?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Suicidal ideations?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Homicidal ideations?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Avoid reminders of combat?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Summary

The greatest of America’s heroes, our wounded warriors, are often traumatized by war because it is such an unnatural, though increasingly common, experience. The majority of men and women are thrust into foreign countries and forced to shed their identity and leave everything that seems “normal.” This often leads to confusion upon veterans’ return home because they feel different – they are different, and people say they seem different. Whether this is fact or fiction, these wounded warriors cannot seem to clarify who they were before the war.

Additionally, many of these veterans have feelings of failure and guilt. These feelings cause a battle within. Upon their return home, many of these combat veterans find a stark contrast between their home life and war to be overwhelming and unbearable. While they are in a combat zone, they are forced to seemingly lose control over their actions; whereas once they return home, they
reclaim it, but feel out of practice and out of control of themselves and their surroundings. This harkens back to the idea that they wrestle with their identity and these feelings. More importantly, the struggle for these soldiers often makes re-assimilation into civil society quite difficult. This battle of the mind is dichotomous; in part, it is the veteran's memory which is called into question, and conversely, it is how the veteran perceives the trauma he or she experienced while in combat.

Notwithstanding the aforementioned, these wounded warriors need pastoral care and counseling. In the past and during the previous wars, most of society was unaware of the psychological and physical effects of war on these men and women who serve in the military. However, today, more information is available. Albeit true, the religious institutions have not been a major participant in the care and support of these wounded warriors. They stand on the precipice of spiritual destruction and need care that often, pastors and religious institutions are specially equipped to provide.
CHAPTER 2 | MINISTRY CONTEXT

Ministry Setting

The ministry setting is unique because it cannot be narrowed down to a specific location. However, the emphasis of this research will be on those servicemen and women, who have deployed to a combat zone at least once, whether they are Active Duty, National Guard or Reserve. The research highlights the importance of this because studies have shown that at least a fourth of military personnel returning from duty in Afghanistan and Iraq have received a diagnosis of post-traumatic stress disorder (PTSD); and of these veterans, approximately 15% of more than 500,000 soldiers will experience significant symptoms.

Notwithstanding the complexity and immensity of the setting, the researcher proposes that churches are specially equipped and designed to help soldiers and their families heal from hidden wounds. It is more than likely that most church members have family members and friends who have been personally affected by the persistent conflict in Iraq and/or Afghanistan. Therefore, churches across America will be affected by the impacted by those wounded by war.

In fact, as the wars in Iraq and Afghanistan persist, there will continue to be demands on today's warriors. Consequently, the number of us with such experiences and feelings are astronomical. In fact, according to a June 2007 Congressionally-mandated Pentagon study of the problems related to the Iraq
conflict, U.S. troops returning from combat in Iraq and Afghanistan suffer
daunting and growing psychological problems." According to USA Today, "the
number of post-traumatic stress disorder cases has soared. By 2008, more than
14,000 soldiers had been diagnosed with PTSD." According to the Heritage
Center for Data Analysis, there’s a belief among many non-military persons or
civilians that military service disproportionately attracts minorities and men and
women from disadvantaged backgrounds. Many believe that troops enlist
because they have few options – not because they want to serve their country.
However, minorities are not over-represented in the military. In the
aforementioned report, Dr. Shenea Watkins and James Sherk reveal that there is
no credence to such notion. (See Appendices F, G, and H).

As a matter of fact, the demographics of the all-volunteer Army have
changed significantly since the mid-eighties. These changes are, in part,
reflective of the changes that have occurred in the general U.S. population over
the past 27 years. Just as the country has become more diverse in its
racial/ethnic composition, so has the Army. According to the Army G-1’s Office of Army Demographics, "There have
been significant increases in the percentage of Hispanic Soldiers serving in the
Army. There has also been a decline in the percentage of Black Soldiers.
Furthermore, as the Army opened more career fields to women," and women have responded by joining the Army in record numbers.\textsuperscript{18}

In fact, Military.com states, "the U.S. Armed Forces are a reflection of America -- virtually every possible ethnic and religious group is represented." This website further states, "Today's servicemembers are part of a team with a unique character and identity, where each servicemember is judged by his or her performance -- never by race, color, religion or gender. It has been said that if society as a whole were more like the military in this regard, the U.S. would be a better place."\textsuperscript{19}

In an attempt to accommodate this diverse group of soldiers and their families, the Army currently conducts Protestant chapel services at all its installations. Aside from denomination or ethnic-specific services, these services primarily fall into three models, 45% are traditional, 40% are a blended service typically called 'contemporary' and 15% are a pragmatic (seeker- or purpose-driven) model.\textsuperscript{20}

Additionally, other than the Protestant services, the most common chapel services are Catholic, Jewish, Muslim, and Gospel or Non-denominational. More recently, the Army has established a service to reach younger soldiers from postmodern generations, Generation X and the Millennial/Postmodern Generation.

Consequently, whatever truths lie within this statistical data, the ministry setting in the military is as diverse as its ranks. Unlike American churches, which are differentiated by denomination, the Army provides chapel services which
seek to address the spiritual needs of the majority of soldiers by age
demographic and the major faith groups rather than by specific denominational
supported beliefs. Whatever the case, local churches will more than likely
experience an increase in the number of parishioners who are combat veterans.
Therefore, it is incumbent upon them to familiarize themselves with the dynamics
of what these wounded warriors bring.


14 Washington (AP), “Hundreds of Soldiers with PTSD Incorrectly Dismissed,”

15 Sippola and Blumenshine, p. 6-7.


17 Dr. Betty D. Maxfield, “The Changing Profile of the Army 1985 - 2008,” Army G-1,


19 http://www.military.com/Recruiting/Content/0,13898,diversity_main,,00.html

20 http://oai.dtic.mil/oai/oai?verb=getRecord&metadataPrefix=html&identifier=ADA483200
CHAPTER 3 | LITERATURE REVIEW OF ACADEMIC RESOURCES

EMPIRICAL LITERATURE

In this chapter, the researcher will underscore some of the literature that has been dedicated to the support and study of combat, veterans, post-traumatic stress, and pastoral care and other treatment options available for these wounded warriors. The researcher discovered that some resources served merely as “How-to” books for soldiers and families needing assistance with the affects of combat and reintegration, and others were more clinical in nature. Nonetheless, this chapter will identify and call attention to the aforementioned to aid soldiers and families as they navigate through the “troubled waters” of post-traumatic stress.

Although soldiers experienced post-traumatic stress disorder (PTSD) transitioning home during the Vietnam era, never in the history of American military have the effects of a war on two fronts, multiple deployments, and an all-volunteer military, has PTSD been so widely experienced in American culture. Many writers have spoken to the struggles of combat veterans; however, Daryl Paulson and Stanley Krippner’s book, Haunted by Combat: Understanding PTSD in War Veterans Including Women, Reservists, and Those Coming Back from Iraq, validates the researchers thought. They state, “The long fought and incremental battle to better establish the uniqueness and clinical legitimacy of post-traumatic stress disorder (PTSD), especially in the military, has come at a
price.\textsuperscript{21} It has come at the price of soldiers’ well-being. It has come at the cost of marriages. Moreover, it has come at the price of lives of men and women serving in the military.

Although soldiers experienced PTSD transitioning home during the Vietnam era, never in the history of American military have the effects of a war on two fronts, multiple deployments, and an all-volunteer military, has PTSD been so widely experienced in American culture. Additionally, even though there are books, journal articles, and web sites that address the need to aid soldiers and their families, none of these talk about the issues from a pastoral care perspective. Therefore, the researcher will address such a need, since adequate resources have not been committed to help returning warriors recover from the trauma of combat.

In fact, the National Vietnam Veterans' Readjustment Study (NVVRS) also revealed that of the substantial minority of Vietnam theater veterans suffering from psychological problems, only a small number of these combat veterans actually sought treatment from mental health providers. These warriors also experienced a wide range of life-adjustment problems, such as marital problems, difficulty adjusting to jobs, and trouble adjusting to society, to name a few of the issues. Additionally, “the NVVRS found that at the time of the study approximately 830,000 male and female Vietnam theater veterans (26%) had symptoms and related functional impairment associated with PTSD.”\textsuperscript{22} Moreover, a large majority of these veterans struggled with chronic PTSD symptoms, with 80% of them reporting symptoms when interviewed 20-25 years
after Vietnam. More germane to this research, this study also disclosed that Vietnam veterans also struggle with a number of psychological disorders other than PTSD; namely, depression, anxiety, and alcohol problems (see Table 4.

Most Prevalent Disorders among Vietnam Veterans).

<table>
<thead>
<tr>
<th></th>
<th>Most-Prevalent Current Disorders</th>
<th>Most-Prevalent Lifetime Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>Alcohol Abuse</td>
<td>Alcohol Abuse</td>
</tr>
<tr>
<td></td>
<td>Alcohol Dependence</td>
<td>Alcohol Dependence</td>
</tr>
<tr>
<td></td>
<td>Generalized Anxiety Disorder</td>
<td>Generalized Anxiety Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antisocial Personality Disorder</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>Depression</td>
<td>Generalized Anxiety Disorder</td>
</tr>
<tr>
<td></td>
<td>Generalized Anxiety Disorder</td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol Dependence</td>
</tr>
</tbody>
</table>

Table 4. Most Prevalent Disorders among Vietnam Veterans

In addition to the psychological disorders listed above, a substantial minority of Vietnam theater Veterans also reported readjustment problems such as occupational instability, marital conflicts, and family problems. Moreover, Veterans with PTSD were more likely to report marital, parental, and other family adjustment problems (including violence) than Veterans without PTSD. Veterans who experienced the highest level of war exposure also reported the highest frequency of physical health problems. Veterans with a current diagnosis of PTSD or a lifetime diagnosis of substance abuse tended to report poorer physical health as well.

As indicated above, the NVVRS data revealed that higher levels of war-zone exposure tended to contribute to a higher degree of symptoms. Results showed that Veterans with one psychological or readjustment problem tended to have multiple difficulties. 23

Despite the frequent occurrence of PTSD and other psychological disorders, studies have found that social support played the most significant role as a protective factor against development of PTSD. Regardless of the sex of the veteran, post-traumatic stress disorder was directly affected by the postwar
resilience-recovery variable of structural and functional social support, i.e. the availability of potential support-givers and the perception of support, respectively. Therefore, whether returning veterans seek assistance or are directed to seek such assistance, pastoral care and counseling is critical to aiding in the prevention of or care for PTSD.

The empirical literature used in this project focused on current public literature, including *Once a Warrior – Always a Warrior: Navigating the Transition from Combat to Home –Including Combat Stress, PTSD, and mTBI; Down Range: To Iraq and Back* by Dr. Bridget C. Cantrell and Chuck Dean; *Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families* by Keith Armstrong, Dr. Suzanne Best and Dr. Paula Domenici; *Haunted by Combat: Understanding PTSD in War Veterans Including Women, Reservists, and Those Coming Back from Iraq* by Daryl S. Paulson and Stanley Krippner; *I Always Sit With My Back to the Wall: Managing Traumatic Stress and Combat PTSD Through The R-E-C-O-V-E-R Approach for Veterans and Families* by Rev. Dr. Chrys Parker and Dr. Harry Croft; and *Beyond the Yellow Ribbon: Ministering to Returning Combat veterans* by David A. Thompson and Darlene Wetterstrom.

Additionally, the researcher incorporated data compiled by the NVVRS, as well as data gathered from ten (10) soldiers and their families who are experiencing some of the issues detailed in this project as well as personal experience. The synthesis of these case studies, personal experience, extensive combat and pastoral care training resulted in the development of a pastoral care
program and list of resources for clergy and/or churches to help address issues that soldiers and their families face as a result of transitioning from combat.

Dr. Charles W. Hoge's book, *Once a Warrior – Always a Warrior: Navigating the Transition from Combat to Home – Including Combat Stress, PTSD, and mTBI*, states, "Warriors and their family members are often surprised at how difficult the transition period is after coming back from a combat deployment. Many expect that they'll just need a little time for things to go back to 'normal,' but find that 'normal' is elusive, and time is relative." This speaks to the tremendous task before those men and women having spent time deployed in a combat zone. Furthermore, the researcher has discovered that many of the veterans, including the ones who were interviewed for this project, experienced trouble transitioning and getting back to anything – let alone normalcy.

Hoge further states, as the researcher experienced for himself, that:

For warriors, PTSD can be a day-to-day experience of living with memories they want to forget, staying constantly alert to dangers others don't pay any attention to, enduring sleepless nights, and reacting to things at home as if still in the war zone. It's very difficult (if not impossible) for anyone who has not been in a war zone to understand what these experiences are like.

The researcher will further address the stigmas associated with mental health issues in the "Theories" section. Nonetheless, it is important to note that wars in Iraq and Afghanistan have increased the understanding of these stigmas, not only in the military, but also in society in general. In fact, according to Dr. Hoge, the authors of *New England Journal of Medicine* "showed that less than half of the soldiers and marines who were experiencing serious symptoms of PTSD or depression received any help, including counseling by a chaplain."
Though there is an increased awareness of these mental health issues and combat stress, the stigmas have been the main reason these wounded warriors have avoided getting help. Some of these combat veterans avoid even a diagnosis of mental health problems, fearing negative consequences, such as being released from active duty or barred from reenlistment. These service men and women worry about damage to their military careers and relationships with their comrades. Sadly enough, these stigmas exist within the walls of many of our churches as well, leaving these wounded warriors with no place to seek the help they so desperately need.

One of the challenges for pastors providing pastoral care and counseling has to do with how they view ministry and the context in which they normally do so. As Daléne C. Fuller Rogers states, “Most clergy/rabbis provide pastoral care from the context of a church/synagogue.” However, if pastors and other religious leaders would minister outside of their faith communities, as Rogers further states, they can bring “an extended network of people offering restoration of connection – a bridge from loneliness and isolation to inclusion and acceptance.” Such unconventional ministry is what the men and women who are transitioning from combat zones to local churches and religious institutions, especially those who have sustained soul wounds, need to aid in their healing and reintegration.

Edward Tick, in *War and the Soul: Healing Our Nation’s Veterans from Post-Traumatic Stress Disorder*, speaks of yet another issue that many wounded warriors face. In the section of his book titled, “War, Trauma, and Soul,” Tick
discusses how the soul is actually wounded. His explanation will aid pastors and religious leaders as they seek to provide pastoral care and counseling for the very individuals whose souls have been damaged.

Tick suggests that in war, "the soul is disfigured and can become lost for life. What is called soul loss is an extreme psychospiritual condition beyond what psychologists commonly call disassociation." Just as this condition exceeds the mental health professionals' diagnosis, it very well may extend beyond many pastors' understanding and skill sets. These wounded warriors, who have become part of many congregations and have had their souls wounded, need someone who understands that in war, the soul "flees" when the body is impacted by trauma. These veterans need someone to understand that they have been psychologically damaged, and most likely, it will be a pastor who understands that soldiers will not feel "normal" until their soul and body have been reconciled.

Tick further states:

Something can hurt so much it feels like it tears a hole in the heart. One's life is mangled. Devotion and service no longer hold meaning. The cause is no longer worth our sacrifice, and the senselessness of it all leaves one deeply angry. One scarcely knows oneself any longer...

To begin to heal the damage, we must step into the eye of this destructive conflagration that has dominated human history to examine its nature and discover its truth. In particular, we must become aware of the spiritual dimensions of war.

The aforementioned provides clear guidance and understanding of what veterans with soul wounds experience. Nonetheless, another issue that these wounded warrior face is the effects war has on their self-worth and self-esteem.
In fact, in *Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families*, Keith Armstrong, Dr. Suzanne Best and Dr. Paula Domenici state that:

War often pollutes beliefs about human worth and value, along with dreams about the future... For some veterans, charged views...strongly affect the core of their identity. They describe themselves as monsters or animals when they relate things they did in combat. Although at the time they were following orders, they blame themselves for any suffering that occurred as a result of performing their duties. They come to feel ugly about who they are, and disgusted with themselves inside and out. They may think they don't deserve to have survived, let alone to be happy now that they've returned home.30

This is a common theme among the veterans interviewed for this study, as well as other wounded warriors. In fact, this may be one of the greatest struggles for veterans who have been diagnosed with post-traumatic stress disorder, as they have lost a sense of who they are. As previously suggested throughout this research, many wounded warriors face such challenges and have no way or do not know how to seek the care they need.

Moreover, Armstrong, Best and Domenici submit a list of common views that Iraq and Afghanistan veterans have about themselves. They suggest that soldiers grapple with the following thoughts: *I don't deserve love from my family anymore; I'm incompetent because I didn't save my buddies; I failed at war; I am a bad person for the things I did at war; I'm not worthy of anybody's care; I'm weak for asking for help; I'm useless, now that I have a physical disability; and, If I told you what I did when I served, you would hate me.*31 These are the
obstacles that pastors and religious leaders must consider when providing pastoral care and counseling to these wounded warriors.

Perhaps, it is the pastor and/or the religious leader who will serve as the conduit for God's healing in the life of these combat veterans, who are wrestling with identity crises, diminished self-esteem or self-worth. In *Haunted by Combat: Understanding PTSD in War Veterans Including Women, Reservists, and Those Coming Back from Iraq* by Daryl S. Paulson and Stanley Krippner suggest, "Trauma survivors need to take a proactive stance in seeking and receiving treatment. They need to avoid thinking of themselves as 'victims' but as women and men who are capable of regaining some control over their lives." They went on to state the following:

Most of their values are tied tacitly to conventional ideas and cultural myths. The combat veteran, more often than not, rarely finds these values useful simply because her or his experiences are well outside the usual cultural norms.

Instead of feeling stigmatized by asking for psychological help, veterans should realize that it takes strength and courage to request assistance. Such an act is not shameful nor an act of weakness; it is a manifestation of self-love and self-respect that enables one to love others as well.

In the researcher's experience as a pastoral counselor, this issue of identity and feeling about self has been among the greatest of challenges for the combat veterans he has counseled over the last year. Likewise, soldiers with such issues will often grace the pews of America's religious institutions, so pastors and religious leaders should expect these men and women to come with this sense of loss and brokenness.
Rev. Dr. Chrys Parker and Dr. Harry Croft, in *I Always Sit With My Back to the Wall: Managing Traumatic Stress and Combat PTSD Through The R-E-C-O-V-E-R Approach for Veterans and Families*, speak to the value of pastoral care and counseling. In fact, they make the subsequent statement:

The services of true professional pastoral counselors are not confined to any particular religious denomination or even any particular world religion. They serve all faiths and traditions without distinction, upon the theory that all are variations upon one unifying theme, which is the connection between man and God...It is a discipline of counseling that is especially helpful in identifying underlying, interconnected issues of spiritual trauma or crisis. These issues are sometimes well-hidden and are often missed by secular counselors who do not have the specialized training to deal with them. Pastoral counselors, like other types of counselors, differ in their level of training to deal with trauma.  

Though the researcher emphasizes the significance and purpose of pastoral care and counseling, it does not negate the use of other sources of care and treatment for PTSD. Nonetheless, it is important to note that not every pastor can provide pastoral counseling.

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22 http://www ptsd va gov/professional pages/vietnam vets study asp


26 Hoge, p. 4.


31 Armstrong, p. 136.


THEOLOGICAL LITERATURE

The researcher identified two theological perspectives relevant to this Doctor of Ministry project. The first perspective is *Just War Theory*, which speaks to justifying Christians' participation in war. *Just War Theory* has two components: *Jus ad bellum*, which is justice in going to war, and *Jus in bello*, which is justice in conducting a war that is in progress. For one or a country to enter into a just war, they must satisfy all of the following seven criteria:

1) You must have a just cause. Whatever reason you may have for going to war, it is only a just cause if the war is absolutely necessary for life to continue. Inconvenience, danger, and threats are not enough to justify a war;
2) You must have the right intention. The only right intention for a war is to restore peace that has been disturbed or to impose order on disorder. Inflicting punishment or causing harm are not right intentions. Revenge and vandalism are not ‘right intentions;
3) You must have legitimate authority. You must be the legal authority in your nation that has the ability to declare war. For example, in the United States, the Constitution gives Congress the legal authority to declare a war;
4) The war must be proportional to the problem. This means, for instance, that if the ruler of another nation simply insults you, you cannot go to war. It also means that if your adversary sends troops to take over one of your provinces, you can go to war to get it back, but you have to stop there. Anything more is not proportional to the problem. The good that results from the war must outweigh the evil – on both sides. So that means that the war must ultimately benefit your adversary as well as yourself;
5) The war must be your last resort. All other means to settle the problem must have failed before you go to war. Even if your adversary's army is marching toward your border, you must seek a diplomatic solution first, and you must exhaust all other possibilities before you resort to war;
6) You must have a reasonable hope of success. If it is obvious that no matter what you do, you will lose the war, then you are not
justified in going to war, because it would cause more harm than
good. Success is more than just a military victory. Success means
accomplishing the goal of the war, and the only acceptable goal is
to restore peace, to restore order, and thus to benefit not only
yourself, but your adversary. The result must be, in short, a better
world. If you win a military victory, but create a greater mess than
the one you cleaned up, your military victory does not constitute a
success;
7) Your cause must be more in the right than your adversary’s
cause. If you are attentive, you’ll notice that this principle concedes
that even your adversary is right on a point or two. However, it is
not a just war if you are not right on more points than your
adversary is. 

Traditionally, it is only a just war if it is in response to violence, because of
the proportionality principle. War is only proportional to the problem if the
problem is a war. Therefore, under most circumstances, whoever fires the first
shot cannot be fighting a just war.

There are two principles for justice in the conduct of war, *Jus in bello*, both
of which must be meet. First of all, your actions must be proportional to your
combat objectives, and they must produce more good than evil for both sides.
Secondly, you must discriminate between soldiers and noncombatants.

As it relates to the second thought, Existentialism, it speaks to the
consequences of soldiers’ experience in – and effects of – war. Before this
researcher can address this issue, it is important to note that both civilian and
military Christians struggle with these thoughts.

In fact, in Matthew 5:38-48, Jesus said:
You have heard that it was said, ‘Eye for eye, and tooth for tooth.’
But I tell you, Do not resist an evil person. If someone strikes you
on the right cheek, turn to him the other also. And if someone
wants to sue you and take your tunic, let him have your cloak as
well. If someone forces you to go one mile, go with him two miles.
Give to the one who asks you, and do not turn away from the one who wants to borrow from you. You have heard that it was said, ‘Love your neighbor and hate your enemy.’ But I tell you: Love your enemies and pray for those who persecute you, that you may be sons of your Father in heaven. He causes his sun to rise on the evil and the good, and sends rain on the righteous and the unrighteous. If you love those who love you, what reward will you get? Are not even the tax collectors doing that? And if you greet only your brothers, what are you doing more than others? Do not even pagans do that? Be perfect, therefore, as your heavenly Father is perfect. (NIV)

Conversely, but not necessarily to oppose this thought, Christian theologians have had to deal with these pressing and practical issues. Of these theologians, this researcher will study St. Augustine of Hippo, St. Thomas Aquinas, Immanuel Kant, Paul Tillich, Reinhold Niebuhr, and H. Richard Niebuhr and their theories on Just War. Additionally, the researcher will study the views of Søren Kierkegaard, Karl Barth, and Paul Tillich on Existentialism.

St. Augustine of Hippo “developed a theology of just war, that is, war that is acceptable under certain conditions. First, war must occur for a good and just purpose rather than for self-gain or as an exercise of power. Second, just war must be waged by a properly instituted authority such as the state. Third, peace must be a central motive even in the midst of violence.”

The researcher proposes that this is a point of contention for many of America’s returning warriors. Augustine sought to help persons participating in Just War; however, the internal problem that today’s veterans faced were not being privy to the establishing justification for the war in which they were (or are) participating. Consequently, because they were not privy, they were adversely affected by their participation.
Nonetheless, Augustine was among the first Christian theologians to grapple with the use of violence for the purpose of maintaining public order. He utilizes the reference to the Old Testament rule of an eye for an eye, “which he interpreted as limiting violence: It is an eye for an eye, not a life for an eye. So, Augustine reasoned that the only justifiable purpose for waging a war is to bring peace, and that one must use the least amount of force that is necessary.”

St. Thomas Aquinas asserted that “the purpose of civil government is not to prevent evil, but to bring about justice. Of course one must eliminate evil to bring about justice, but eliminating evil is in the middle of the process, not at the end. The end goal is justice.” According to Aquinas, war is justified only if the good it brings outweighs the harm it causes – for both sides.

Ken Collin, on his web site, states the following about Thomas Aquinas:

Because Jesus commands us to love our enemies, if we wage war, the result must leave our enemy in a better state than if we had not waged war. Aquinas felt that, on a personal level, self-defense is not a justification for violence. That means you cannot fight back if a bully attacks you, but you can fight a bully to rescue another person. If you use violence, whether you are going to war or defending a person from bullies, you cannot have the intention of killing the evildoers, you can only have the intention of stopping them.

This researcher will seek to identify the themes in Søren Kierkegaard’s philosophy, such as alienation, abstraction, death, dread or anxiety, despair, ethics, individuality, pathos (passion), and subjectivity.

“At the center of Kierkegaard’s philosophy stands the individual human being who exists. This person strives, learns, develops, chooses, and decides –
in short, a person who commits himself to some course of action that defines their existence as opposed to someone else's existence and as opposed to non-living things.\textsuperscript{39} Furthermore, Kierkegaard believed that "existence" is an active engagement with the world and with one's life.

As humans, we are all caught up in what Kierkegaard calls "the web of existence." We all exist – and because of this, we all face the necessity of making choices, reaching decisions, and eventually committing ourselves in some fashion to some agenda. An important aspect of Kierkegaard's philosophy in this matter was his distinction between objective truths, which included the correspondence between facts and beliefs, and subjective truths, which include our passionate commitment to ideas and beliefs.\textsuperscript{40}

Kierkegaard argued that there were three basic stages of understanding themselves and relating to the world that a person could pass through. The first he called the aesthetic stage — in this, a person experiments with different beliefs but never fully commits to any of them. The second he called the ethical stage — here, a person does commit and does act decisively, but on what are presumed to be rational grounds. The third and final stage Kierkegaard called "religious." At that point, a person commits to God, but based upon a leap of faith rather than any objective, rational standards.

For Kierkegaard, religion is characterized not by objective truths (factual information about the world) but rather subjective truths (passion and commitment). Religion is made meaningful and relevant by our passionate commitment to what we believe and what we want out of life, regardless of
whether it can be rationally and mathematically described. For the religious person to say that such-and-such is “true,” they are saying that it is “true for me” because it is a truth that this person lives in an immediate and existential way rather than simply observes at a distance.

Such religious commitment is self-validating and impervious to external, skeptical critique. It is either something we have or something we lack, but not something which can be justified to others through reference to objective truths. It is, in short, the religious philosophy of both saints and fanatics – and Kierkegaard can offer no way to distinguish one from the other.

Kierkegaard explained his ideal of religious faith through the story of Abraham, the Jewish patriarch was ordered by God to kill his only son. On the one hand, Abraham knew that this was a violation of God’s law; on the other hand, Abraham knew that he had clear orders to kill. What rational, abstract “knowledge” about the world could Abraham rely upon to arrive at the correct decision? According to Kierkegaard, it did not exist. This meant that Abraham had to commit himself to one course of action or the other by relying on faith, risking the possibility that it might well be wrong.

Such internal development becomes the challenge of the warrior, negotiating participation through the exercise of faith. This becomes a cornerstone in the protocol for helping returning military personnel and their families through the stress of war. The researcher submits that pastors and church leaders consider the examination of the placement of the returning warriors’ faith as supportive of participation in war.
Kierkegaard believed this to be the human condition, or humanity's "existential situation." We can't know what the right thing to do is and no abstract philosophical system can help us. We can't know what our "essential nature" is because we aren't born with one. In the end, we have to choose — and risk choosing wrong. Outside of this, there is no "existence" for humanity.

This existential situation produces anxiety and dread in people. We would prefer easy answers and certainty, but there is simply no way to obtain them. According to Kierkegaard, our insecurity causes us to become alienated from our own lives, so we try to find some means of overcoming the angst associated with reality. We are willing to do something — anything, to find release. In the end, though, we usually just end up making things worse. You can't lose yourself in a crowd, in a mob, or in a group pursuing collective action. In the end, you are still on your own and have to face your own choices, for good or for ill.

Kierkegaard argued that, in the still places of our isolation, we needed to face our relationship with God. Instead of allowing ourselves to be driven away from God by the distractions we use to try and alleviate our anxieties over our finiteness, we should instead seek greater communion with the infinite and absolute nature of divinity. This in turn requires a "leap of faith," to be contrasted with strict, even robotic adherence to moral laws. Instead of trying to understand God through abstract and objective reason, one must experience the presence of God immediately and subjectively, allowing God to lead us wherever we are needed.
Karl Barth, in his commentary on the epistle of St. Paul to the Romans, centers his attention on the question of the opposition between the finite and the infinite, which was the basic point of Kierkegaard's writing. The problem Barth tries to solve is this: God is in heaven, and humankind is on earth. What is the relation between such a God and such a person, between such a person and such a God?  

Barth observes that the infinite and the finite – i.e., God and man – are in perfect antithesis. There is a “line of death” dividing God from man, and any attempt to overcome this line is vain, as well as sacrilegious. Man lives in a world which is the opposite of that of God. The world of man, “flesh,” is the world of nature, which is the framework for man's history, his culture, and his civilization – all things that are completely under the domination of death. Man – as an existent being, subject to death – is conscious of his own nothingness and of the nothingness of his culture and civilization. Even religion cannot help man to overcome this sentiment of nothingness, for any attempt to cross the line of death and to come close to God is destined to fail.

But precisely because of this wreckage of culture and religion – this general theological crisis – faith arises in man. Faith is due completely to God. It is the dictatorial domination of God over man. Now, because of faith, the line, dividing time from eternity and man from God, disappears. Under the absolute domination of God, the existence of man is transformed into an achievement of the eternal plan of God (Predestination). Time and man's sinful and imperfect
activity in the world are absorbed in eternity. In short, the “no” of man corresponds to the “yes” of God.

Existentialism, according to Tillich, is the outcry against such inhumanity, a protest against industrial society, substituting machines for human beings and turning them into cogs in the wheels of production and consumption, on daylight saving time, on the assembly line, or worse yet, turning them out into homelessness.

If technology was the answer, what accounts for the discontent and calamity that permeated his generation? The missing ingredient that is needed to compliment an understanding of physical cosmology resides within the spirit. According to D. Mackenzie Brown, “Tillich reflects Kierkegaard in stressing the need for each individual to confront his existence alone, in the inwardness of his soul. Man’s fulfillment must be found through his own inner courage and vision. The fundamental question of human existence – “What am I?” – can only be answered by one who asks the question.”

Intellect allows for the knowledge of the working of the physical universe and the complexities of macrocosm systems. Before one can master the techniques, the consciousness of the observer needs to know his place in the scheme of things. “However to understand his concept of reason we must understand something of his fundamental ontology which he expressed using the terms ‘essence’, ‘existence’ and ‘essentialisation’. In fact, for him the only way God can be fully understood is in the light of non-being. Thus existential
ontology raises the question of being/non-being that theology is particularly suited to answer.”

What Tillich injected into society was a way to merge timeless truths with a culture that seems to disregard all previous historic consistency. The dread of a lost purpose prevailed during an era of uppermost cruelty. Tillich was able to reinvent a lost equilibrium and had the gift to explain it with flare and vigor. For him the key can be found in the soul. “It is not life itself; it is without creative power. But the Spirit is power as well as reason, uniting and transcending them. It is creative life. Neither power alone, nor reason alone, creates the works of art and poetry, of philosophy and politics; the Spirit creates them individually and universally, powerful and full of reason at the same time. In every great human work we admire the inexhaustible depth of its individual and incomparable character, the power of something which happens but once and cannot be repeated and that, nevertheless, is visible to century after century, universal and accessible in every period.”

Theology can be human and harmonious with seeking God. The distance between faith and culture should narrow in order for humankind to resist the temptation that the physicist is the high priest of civilization. The significance of the Tillich message lies in a reminder to heartfelt seekers of a lost spiritual element. The emptiness of a technological world cannot be fulfilled without an admission that we need the essentiality of a spiritual nature. Faith reinforces that the order found in scientific discoveries is not an accident. Tillich inspires, where the non-believer fosters desperation. The existential model endures the test of
scrutiny and unites the lacking component. His popular attraction is the result of a public urgency. According to Tillich, hope does exist, if you know where to find it.

39 http://atheism.about.com/od/existentialistphilosophers/a/kierkegaard.htm
40 http://atheism.about.com/od/existentialistphilosophers/a/kierkegaard.htm
41 http://www.radicalacademy.com/adiphiexistentialism.htm
42 http://www.religion-online.org/showchapter.asp?title=538&C=597
BIBLICAL LITERATURE

Introduction

In this chapter, the researcher has identified the biblical literature relevant to this ministry issue. The pericope will bring to light the challenge faced by soldiers who are struggling with the symptoms and effects of post-traumatic stress and other mental illnesses. For the purposes of this study, the researcher chose Psalm 88.

The researcher will primarily use Psalm 88 from the New Revised Standard Version and the New International Version because of their use of particular language; for instance, the use of words, such as "Sheol" ("grave" NIV, v.3), "Pit" (vv. 4, 6), "dead/death" (vv. 5, 10, 15), "grave" (vv. 5, 11), "darkness/dark" (vv. 5, 12, 18), "deep" (v. 6), "Shades" ("the dead" NIV, v.10), "Abaddon" ("Destruction" NIV, v.11), "land of forgetfulness" ("land of oblivion" NIV, v.12). All of these words speak to the depth of misery and agony in which the author is experiencing.

Furthermore, the researcher utilized Psalm 88 to begin articulating a theology of care in response to the issue being addressed in the primary ministry setting. The researcher has a different vantage point, as a veteran himself, for articulating a theological framework to support the dissertation project. What the psalmist articulates soundly resonates with the ministry issue and some of the coincidental experiences of the researcher. These experiences are germane to the research of this project. They speak to the despondency in relation to the
God of one’s faith and praxis as deliberately utilized in both military personnel and their families, as well as whether or not chaplaincy support was available and subsequently helpful relative to post-traumatic stress symptoms or other mental health issues after combat.

Soldiers, who have soul wounds, wrestle with whether they should give up on God. Because of their wounds, they believe they will never have peace. They often feel they will also give up on themselves and others. "Many succumb to the PTSD-Identity and may deny God or think that they are unworthy of God."43 They grapple with questions, such as: “What if I don’t want to be in relationship with God?” or “Can I become so disappointed in God, in life, in others, and my own actions as to deny the possibility of ever being in God’s Presence again, ever being at Peace again?”

The researcher selected this particular psalm due to its theme of anger, anxiety, and depression and its concluding negligence of God to provide a resolution. This psalm correlates to what many combat veterans experience as they grapple with emotional and often hidden wounds. Consequently, Psalm 88 is one of few biblical texts, which aptly address the ministry issue and what soldiers feel and experience.

Psalm 88 is a psalm of lament, whereas the author is suffering and perhaps expecting to die – or he fears death. Furthermore, in this psalm, the psalmist is seemingly in conflict with the idea of the “absence of God” in his life, when God simply does not seem to be present or care. As a result, we see the
earnest prayer of a person in deep distress, feeling alone and forsaken of God. Indeed, Psalm 88 is among the saddest of all the Psalms.

For in this psalm, we find the psalmist praying and receiving no answers to his prayers. He believes that God has not heard him, that God’s promise and unfailing love have failed, and that God no longer shows mercy, favor, and compassion. Unlike the rest of the psalms, it does not end in praise, but rather, Psalm 88 ends with the psalmist not being delivered. Consequently, the same difficult situation which called forth the author’s lament is still present. He has not been delivered; he has not received a direct answer from God; and he has not had his problems removed.

This psalmist cries out in protest to God’s wrathful abandonment. He declares, “You have put me in the lowest pit, in the darkest depths” (v6), and in desperation, he asks, “Why, O Lord, do you reject me and hide your face from me?” (v14). In a way, the author places himself prior to God’s deliverance, so that the resolution of his struggles still lies in the future – at least so he believes. In a sense, the hymn in Psalm 88 looks forward and praises God for the deliverance which the psalmist knows (by faith) that God is able to bring.

In fact, in her book, Journey Through the Psalms, Denise Dombkowski Hopkins, likens the journey through the psalms to a roller-coaster ride. She suggests that it is a “ride from praise to doubt and back again with a swiftness that takes one’s breath away.” This is precisely where many soldiers find themselves – somewhere between believing God completely for their deliverance and wondering why God is not answering their prayers – on a “roller-coaster.”
They are often in a place, be it emotionally, mentally, or spiritually, where they wrestle with feelings of abandonment, desperation, despair and even depression. They often feel forgotten – even when they return home to their loved ones and friends.

These feelings further lead to emotional “baggage” which affects all areas of soldiers’ lives. As a matter of fact, Rev. Dr. Chrys Parker speaks of combat-related PTSD and says, “many veterans and their families have learned over the years to shape their lives around the illness in ways that were usually intended to gloss over and deny the major impact it was having upon them. [PTSD] has made them strangers to their families and – what is worse – strangers to themselves.”

After returning from a combat tour in Iraq, the researcher experienced similar feelings, particularly feeling of separation and difficulty connecting to family and friends. However, having a significant amount of training and experience, the researcher was able to work through and overcome many of these setbacks. Yet, even though the researcher is a 26-year veteran, even though the researcher is a trained chaplain, the researcher found that he was often confronted with feelings of isolation, some of which the researcher chose.

Furthermore, as an Army chaplain, part of the researcher’s job in the military is to minister to injured, ill and/or wounded soldiers. Often, the researcher is called upon to provide counsel to these warriors. Though many are combat trained and experienced, their thoughts of isolation overwhelm them. In fact, since the beginning of the War on Terrorism, the number of suicides is at
record levels. The divorce rate among soldiers has steadily increased, and the rates of mental health and prescription drug abuse continue to rise. These are the men and women in uniform, who find their way into my office for help.

The researcher recently spoke with a soldier who was experiencing suicidal ideations. Of course, the researcher’s first action – or reaction – was to listen and hopefully hear some glimmer of hope in the midst of his story. He expressed that his father had recently died, and just a year ago, his wife died. As a result of his depression, his performance at work was impeded, and consequently, he lost his job. At the time of our phone call, as a result of losing his job, he was losing his house. Indeed, he was on a “roller-coaster” of tragedy and loss.

At this point in our conversation, the researcher was challenged to find a way to encourage the soldier. So, the researcher asked him a series of questions, hoping to fall upon this glimmer of hope that the researcher sought for this Doctor of Ministry project. The researcher asked about his family and his relationship with his mother. This, too, was an impasse. They had a tense relationship – at best. I was “grasping for straws” in my quest to raise his spirits.

Finally, I asked about his military experience. Though he had quit reporting to duty and had not maintained communication with his unit, he informed me that he was a chaplain’s assistant. There it was! This was my opening. This was my connection. I knew that, as a chaplain, I could compel him to at least attempt to see God in the midst of his darkness.
Prior to this connection, he expressed not only deep depression, but also a strong sense of hopelessness. He had grown accustomed to having a rather comfortable life prior to his losses. As Hopkins stated, "the danger of praise without lament is triumphalism, and the danger of lament without praise is hopelessness."\(^46\) This is, in fact, where this soldier was. He had previously believed God was omnipresent, and now, he found himself wondering where God was. This is precisely where many soldiers are today – feeling forgotten, forsaken and hopeless.

Although the researcher knew this experience could not be used for this Doctor of Ministry project (the interaction did not follow precise research protocol), the researcher cites the story as an example of the stories the researcher encountered during the development of both the three case studies used for this Doctor of Ministry project as well as the model program the researcher developed for this project.

In fact, according to the Bible Knowledge Commentary, the psalmist, in describing his affliction, first compared himself to those who are forgotten in the grave. He suggested that his troubled life was near death, and he was considered dead, without God’s care. Then, he declares directly to God that God had brought this trouble on him. For him, God was directly responsible for his troubles. He concludes the Psalm saying, “Your wrath has swept over me; your terrors have destroyed. All day long they surround me like a flood; they have completely engulfed me. You have taken my companions and loved ones from me; the darkness is my closest friend” (vv16-18). So, the psalmist felt as though
God's wrath overwhelmed him and separated him from his friends and loved ones by his grief. 47

Clearly, it's a troubling ending. It ends with no resolution. It draws us, the hearers, into despair. This text draws us into this same place where many returning soldiers find themselves, into this place of darkness, where they can find only loneliness and emptiness. So it is with many of America's finest men and women of the Armed Forces, they are grappling with intense loneliness in the midst of family and friends. They struggle with feelings of isolation even though they may be surrounded by people who love them. Worst of all, many of them feel forsaken by God even while having a deep-seated belief that God is able to help them.

Psalm 88 has a striking resemblance to those words of Jesus while on the cross: "My God, My God, why have you forsaken me?" (Matthew 27:46 and Psalm 22). But when we follow the 22nd Psalm and the psalmist's lament, halfway through the path of despair, the biblical text brightens up into a place of hope and life—a life governed by God's loving-kindness. The psalmist declares, "He has not despised or disdained the suffering of the afflicted one; He has not hidden His face from him but has listened to his cry for help" (Psalm 22:24). And the psalm goes on to celebrate this God who will be present, who will not let the world and any of God's people fall into dissolution. In this text, however, the light of hope breaks into the despair. In this text, there is a resolution. Rather, Psalm 88, much like what many soldiers encounter, does not offer a solution. Soldiers, similarly, see no solutions. They see no help. They feel lost and without hope.
They feel as though they are alone. They are challenged with moral and spiritual issues. Some even feel rejected by God because of their moral positions.

The challenge is what to do while waiting for God's response. How does one keep the faith? Hopkins quotes Renita Weems having said, “This is the spiritual journey, learning how to live in the meantime, between the last time you heard from God and the next time you hear from God.” She goes on to say, “The movement toward praise is punctuated by lurches into despair, but these are not faith relapses or aberrations. ‘Doubt and despair are not mere side-steps in an otherwise optimistic faith. They are in fact integral to the faith experience.’”

Almost ironically, again like many returning soldiers, the psalmist states that he continued to pray earnestly to the Lord. Here, the psalmist concluded that a dead person cannot praise God’s works and attributes. It is evident that he wrote this from a human, physical perspective; yet, it does not contradict his feelings in other verses. In fact, this presents a dichotomy for the psalmist. These thoughts are in line with ancient Hebrew beliefs about death, that the dead were consigned to a kind of non-existence or marginal existence in Sheol, from which God and even the awareness of God were absent. This, as in a number of the psalms, is that God loses out in allowing the psalmist to be left alone in agony. In a culture defined by honor and shame, God, by failing to rescue a faithful devotee, suffers a reduction in honor.

Whatever the historical circumstances behind it may have been, the psalm itself provides for its readers a paradigm for understanding an individual’s suffering and struggle with faith. So it is, this dichotomous struggle is shared by
many soldiers, after experiencing the dangers and results of war, often feel similar isolation, and at the same time, they have an awareness of God’s presence. This is recognition of at least a remnant of faith — in spite of what they feel emotionally and spiritually.

Such faith, according to Psalm 88, is to be the foundation of deliverance rather than the result of it. When faced with suffering and the apparent absence of God, as the psalmist implies, God always remains faithful. Herein is found the only hope that exists. Herein lies the only hope echoed in the words of the psalmist and felt by soldiers. This faith is rooted in a remembrance of God’s past deliverance. It is based on the hope and trust that God will continue to deliver in the present and future. Gregory Stevenson, in his article, *Communal Imagery and the Individual Lament: Exodus Typology in Psalm 77*, stated, “Since one knows who God is by what God does, the recitation and re-presentation of God’s past acts serve to provide hope and faith for the present.”49 In essence, the psalmist is longing for a reason to praise God. Though not the same quest for many warriors, they too are longing for hope, trust and faith in God. They often find themselves trying to remember God’s past deliverances in their own lives — not just a biblical account.

On one hand, the psalmist, as well as a lot of returning warriors, believes the Lord should deliver him, so that he could declare God’s glory. To this psalmist, death seemed to be the end of his opportunity to praise and worship God. Conversely, the psalmist also believes God is responsible for his affliction. Consequently, the psalmist affirms his faith by his cry to God for help (v. 13; cf.
vv. 1-2). Then, he questions why the Lord had apparently rejected him (v. 14). This is the same struggle a lot of returning soldiers face.

This struggle also suggests movement. There is seemingly a consensus among scholars on the psalms, and particularly the laments, which suggests that a distinctive movement from plea to praise characterizes the lament psalm. "This movement may be, at times, sharp and somewhat disjointed. It may be uneven. Nevertheless, this movement from plea to praise is essential in understanding the power of the psalms of lament." According to Logan C. Jones, in his article, *The Psalms of Lament and the Transformation of Sorrow*:

For Claus Westermann, this movement from plea to praise is the movement of faith in God. The movement ranges from deep alienation and pain to profound trust, confidence, and gratitude... This movement of faith does not shy away from the reality of brokenness and grief. They are certainly acknowledged and named. The reality of brokenness and grief is not denied in the laments. But – and this "but" is a critical aspect of the movement – the movement does not stay stuck in the plea, in brokenness and grief. There is more beyond. There is ultimately praise. There is an unparalleled transformation of sorrow into something more, call it praise, joy, wisdom, joy, hope.50

Yet and still, the dilemma of being caught between one’s expectations of God and one’s perceptions of reality stands at the center of Psalm 88. This same dichotomy remains before many returning soldiers. They believe God should deliver them. In fact, many times, they are angry with God because of God’s delay and seemingly refusal to do so. They find themselves isolated because they believe, as did this psalmist, that God is responsible for their affliction and hardship. At the same time, they are completely convinced that God is the only help they have. Therefore, they find themselves praying and
seeking God for help, only to find themselves days – and sometimes, moments – later feeling as though God has rejected them.

Though the psalmist and soldiers are seemingly caught between two opinions or grappling with a crisis of belief, their struggle suggests that they have an unquestionable relationship with God. Hence, they are able to voice their concerns to their God. Perhaps this is the psalmist’s goal. Perhaps there is no goal – other than to express himself and vent his anguish and feelings of isolation. Perhaps it is an attempt to persuade God to move on his behalf.

Indeed, all of this may be true. The first of these is certainly significant, as this is how the psalmist has experienced God. This is the God to whom he can address his grief and despair. This angry, despairing psalm still addresses God. The psalmist never turns away from God altogether, and somehow, he still expects that God should and will act on his behalf.

Though there is no such movement or conclusion in Psalm 88, a lament, “with its movement from plea to praise, is an act of boldness. Underneath the pain and anguish, the anger and despair, lies a confidence that allows, and even compels, the psalmist to give voice to the darkness.”\(^{51}\) So it is, soldiers, feeling neglected and forsaken, as with the psalmist, out of the depths come their cries.

The psalmist is never clear about exactly how this movement happens. The shift in the sacred text is often marked by the word, “but.” Sure, bad things have happened. Of course, the anguish is real. Absolutely, Sheol is a dark place. Consequently, “the truth of life must indeed be spoken and named. While it may feel like the isolation will last forever and from which there is no escape,
there is another narrative waiting. This narrative begins with the great and majestic word, "But." This word tells us the story is not over. There is more to come. What comes is God. God responds and acts. However, soldiers find themselves waiting and searching for God because of God’s apparent delay in their lives. Of course, this is one of many challenges faced by soldiers. The "But" in the times of alienation reflects the mysterious movement from hopelessness to hope, from darkness to light. Thus, the psalmist’s cry and unending plea: “I, O Lord, cry out to you; in the morning my prayer comes before you” (v13).

Some, who may not understand or who cannot relate to soldiers’ experiences, may question their faith or theology. However, “a theology that has no place for lament is left only with thin, inadequate murmurings. The covenantal relationship is reduced to a mere shell, maneuvered about with smoke and mirrors rather than serious and faithful engagement.” As Brueggemann says, in his book, *The Psalms and the Life of Faith*, “Covenant minus lament is finally a practice of denial, cover-up, and pretense.” Furthermore, a theology which takes our covenantal relationship with God seriously must then also take the laments seriously. Perhaps this is the tension of the text. Perhaps this is the dichotomy of this dialogue. Relationships with God and laments go hand-in-hand; one cannot happen without the other.

Among the dilemmas with soldiers is the fact that the military is a closed community and pride precedes the desire to seek counsel. Soldiers would much rather remain silent; however, conversely, when they choose to voice their
concerns, it often comes with little to no consideration for tact or professionalism. In this, soldiers, like this psalmist, are able to speak the unspeakable and name the unnameable. In doing so, they may find hope for transformation. This is not a cheap hope that can be easily confused with optimism. Soldiers will not seek counsel until they have first fostered a relationship with the one with whom they have sought such counsel; consequently, trust must be formed. Therefore, the aforementioned hope is a hope wrought in relationship and trust. The depth of pain expressed by soldiers and in the laments is all too real. Psalm 88 allows the psalmist to be authentic and candid. It allows him to vent with full disclosure— not holding back his true feelings. He can be “real.” For in doing so, even his anger-filled prayers lead him to God. Logan Jones speaks to such venting and expressing oneself; he stated:

At its core, the lament is witness to a profound faith that takes God seriously and takes the covenantal relationship with God seriously. This means there has to be dialogue. There has to be exchange in open and honest ways. There can be no holding back. Everything is on the table: doubt, anger, despair, guilt, resentment. There is no requirement of politeness. There is no need for gentility. If the relationship is authentic, then it can endure and even thrive on the honest and candid expression of all of the hurtful feelings. These feelings have to be spoken in order for them to be dealt with. Silence in the face of hurt does no good. The anguish of life calls for speech, for words, for prayer.55

War is a necessary evil—at least, so it has been said. Thus, soldiers and their families know that life is not always good. It may not always be fair. They may question why bad things happen to good people, but they have come to expect and understand that bad things do happen. They are often prepared when circumstances change. Though difficult, soldiers mentally prepare
themselves for when loss occurs. They are well-acquainted with the deep of the 
Pit. Unfortunately, their lives are often turned upside down and inside out. 
Though chaos reigns, in such times, they rally together and rely on esprit de 
corps when grief and sorrow invade their ranks. Lament, deep and loud and 
persistent, is now called for. It is in times like this that they find some resolve. 
They find their voice. In essence, they challenge God to prove God's self. 

There is yet another dilemma. What many soldiers have come to realize 
is that they have changed. Their faith has changed as well. The soldiers' 
feelings of isolation are attributed to these changes. In fact, Richard M. Davis, in 
his article, After the War: An Insider's Look, says it best. He states the following:

Many of us who felt God's closeness in combat no longer have a 
sense of this exciting and vibrant spirit. We still believe, but 
something has happened to us. Our questions are more personal 
now, and the answers no longer roll off our tongues as if we were 
reading from a Sunday school lesson or a catechetical primer. 
When the naïve hear our questions, they begin to wonder about the 
quality of our relationship with God. They don't seem to like our 
questions or our struggles. However, for us there are no questions 
that are off limits, and we are not able to hide our struggles as we 
were before. So, we keep asking forbidden questions even when 
we come up dry. We wish we didn't have these questions. Before 
our enlightenment, our faith was simple, and we wish we could 
return to those days. We know that God was with us when we 
were trying to survive, and we wonder why God feels distant now. 
Perhaps it is because we feel distant from everyone, and God gets 
lumped together with the naïve. We know that God understands 
the panic that seized our hearts and minds, and we ask why God 
doesn't take away these things that linger on. When we recall that 
throughout history God has supported the weak and flawed, we 
wonder when God is going to support us.56
For soldiers, there is no value in silence, isolation, and denial. And if everything – and every feeling – must be voiced, then it must also be addressed to God, who is the “author and finisher of our faith” and the source of all life. God is expected, even in the disorientation, even in isolation, even in silence, to hear the fullness of the cries because that is who God has proven to be in the past. God is expected to hear. God is expected to act. In spite of the present reality, this psalmist – and soldiers – expects God to deliver. However, God’s hearing, acting, and delivering are not always easy to bear. Psalm 88 reminds us that the darkness is indeed real. The pit is not a figurative reference, but rather, it is a tangible place. It may be a temporary place; however, in the moment of despair, it seems not only real but also permanent.

Coupled with the aforementioned dilemmas, soldiers, today, face mental illnesses, including post-traumatic stress disorder (PTSD). Though there may not be a direct connection to the lament Psalter and such illnesses or symptoms, it does speak to soldiers’ feelings of soldiers’ being alienated or forsaken. Truth is we know very little about the relationship between spirituality and symptoms of PTSD.

Spiritual alienation means separation from the transcendent, the divine, or God. Regardless of the cause of spiritual isolation, it is likely to be associated with traumatic distress. Difficulty with interpersonal relationships, including estrangement from others, is a core feature of PTSD. Likewise, a problematic relationship with God, or separation from God, might also contribute to traumatic distress. It is well known among mental health providers that feeling supported
by others is crucial to a trauma survivor’s recovery process. In contrast, researchers have found that unsupportive behaviors may have a greater influence, delaying recovery or even contributing to symptoms of PTSD. Returning warriors, who desire the support of their Divine Creator, might experience greater ongoing distress if they feel their needs have not been met. Perhaps this is the correlation with the psalmist. Perhaps this feeling of having unmet needs is where the psalmist’s and soldiers’ inner-most feelings are intertwined.

Additionally, soldiers may see themselves as responsible for traumatic experiences. Whether justified or not, when soldiers placed in primal, disordered situations feel that taking human life is necessary for survival, “an eye-for-an-eye and a tooth-for-a-tooth way of assessing their own actions and the actions of others” can result in a devaluing of human life. Although this kill-or-be-killed mentality may be essential in war, soldiers returning to civilian life often must deal with the dehumanizing nature of their actions – actions diametrically opposed to their religious beliefs. Furthermore, some veterans may experience mixed emotions, i.e., feeling justified in their actions, while still sensing a great need for forgiveness.58

For many warriors, grief, pain, loss and feelings of isolation are ever-present, always close at hand. Andrews and Sherr, in their article, When Veterans Come Home, put it this way: “Viewing the world now as evil, unsafe, and chaotic, veterans may feel anger, resentment, and even betrayal toward or from God.”59 Soldiers may experience feelings of guilt and shame because of the anger they feel toward God and thus believe themselves unworthy or incapable of reconciliation and restoration with and by God.
As Walter Brueggemann suggests, in his book, *Message of the Psalms*, "Human life consists in anguished seasons of hurt, alienation, suffering and death. These evoke rage, resentment, self-pity, and hatred." The soldier, once exhibiting a sense of security and solid footing, is now experiencing feelings of loss and change. For them, nothing is certain. All their old ways and understanding collapse under the weight of darkness.

In these seasons, in times of isolation, soldiers, like this psalmist, ask questions that often have no answers. They ask questions, such as: “How long will God forget?” or “How long will God be silent?” They may not verbalize it, but their actions or lack thereof suggests that they are wondering how long their pain will last. Unfortunately, at times, there are no answers to these terrible questions. They seem to fall on deaf ears.

Logan Jones says, "To live into these questions is to face the deep darkness. There is no way to avoid it. The psalmist gives voice to this anguished part of our human experience. And there are times when the words and questions catch in the throat, when the utterance cannot be finished, when the darkness is so oppressive and painful that all is left is a groan." The unanswered questions cut to the core of one’s soul. As a result, there is no certainty onto which to hold.

Brueggemann says this psalm leads us "into dangerous acknowledgment of how life really is; [it leads] us into the presence of God where everything is not polite and civil; [and it causes] us to think unthinkable thoughts and utter unutterable words." He further states:
These psalms are dangerous. They lead into places of deep darkness, where denial and deception try to rule the day. They lead us to the place where we have to say this is how it really is, to a place where not everything can be reduced to polite and civil musings and gestures. They lead us, ever boldly, into the places of unthinkable thoughts and unutterable words. But our honest experience, both personal and public, attests to the resilience of the darkness, in spite of us.⁶²

Much the same, for some returning warriors, “the existential implications of trauma could lead to the destruction of their previously held systems of faith, leading to feelings of hopelessness and despair.”⁶³ This may, in fact, be yet another connection between these warriors and the psalmist. For here in Psalm 88, we find the saddest psalm in the Psalter. As previously mentioned, it offers no glimmer of hope. At least explicitly, we are left in the same state of despair as at the beginning of this psalm.

This psalm speaks of the place of desperation. It speaks of the place of isolation. It speaks of separation – separation from friends and God, where the psalmist states, “You have caused my companions to shun me; you have made me a thing of horror to them. I am shut in so that I cannot escape” (v8). According to Paul Apple, “the loneliness of being forsaken by God and man makes life in the pits intolerable.”⁶⁴

Cognitively, soldiers may know that God will never leave them or forsake them. By faith, they may know that the Lord is their Helper (Hebrews 13:5-6). Notwithstanding what they know and/or believe, sometimes soldiers may feel as though God has forsaken them. Similarly, Psalm 88 demonstrates that there is tension between what the psalmist
knows intellectually about the character of God and how God relates to him and what he feels in his heart in the desperation of the present crisis.

It is such a place of tension because, as suggested in verses 3 through 5, the psalmist had drawn near to Sheol or "the pit," the abode of the dead. He felt like a dying man, who has lost all strength. Like a soldier returning from a combat zone, having experienced and perceived danger, the psalmist feels he is of no more worth than the dead who are slain in battle, whose corpses are thrown into common graves. The psalmist feels "cut off" from God's help and protection. In fact, to him, he is already in the "lowest pit," Sheol – if not actually, metaphorically. This is the place of his depression and suffering; he is "in the depths." He is in "the sea of misery." Wave after wave of God's wrath seems to smash against him.65

It is to this end that Walter Brueggemann says that Psalm 88 "is an embarrassment to conventional faith. It is the cry of a believer (who sounds like Job) whose life is in shambles and who desperately wants contact with God."66 However, God appears absent, and the psalmist remains utterly alone. The psalmist, like many soldiers, feels trapped in "the Pit." Pastoral counselor Wayne Oates refers to this feeling as the "trappedness." As Hopkins says, he "hears in the language of Psalm 88 the isolation of being trapped in an 'iron cage of despair.' Feeling helpless in relation to God and other people, the psalmist is trapped in a 'can't do' mode and will not or cannot hear the good news of God's presence. The psalmist feels cut off from God's presence and from the understanding of friends and family."67
This is exactly how that chaplain assistant felt. He felt cut off, distant and misunderstood by his family and friends and his comrades in his unit. He felt as though he was trapped in despair and depression. Consequently, the difficulty that I experienced in offering him hope merely speaks to his inability to hear the good news of God’s presence. Just as this psalm ends in darkness – both literally and figuratively, unfortunately, so does the story and lives of many of our returning warriors. For some of these wounded warriors, God’s presence is not good news because it might mean that God is present and does not stop or take them out of their pain. If God is a “fix-it God,” and God does not “fix” it, then God is of no value. Consequently, if God is of no value, then neither are they of any value – at least so it seems for them.

Equally so, this psalm presents difficult theological questions to any fundamental faith. They are also important theological and pastoral resources, precisely because they do not contain a resolution to the problem. As Brueggemann puts it, “They do not carry with them any articulated resolve of the issue.” He further suggests, “They leave us lingering in the unresolve[d], dangling in the depth of the pit without any explicit sign of rescue. That is an important statement to have in the repertoire, precisely because life is like that. Faith does not always resolve life.”

Brueggemann continues on to say:

There is not for every personal crisis of disorientation a way out, if only we can press the right button. Too much pastoral action is inclined and tempted to resolve things, no matter how the situation really is. Faith is treated like the great answer book. Insofar as these psalms are witnesses to faith, they attest that faith means staying in the midst of the disorientation, not retreating to an old
orientation that is over and done with, and not charging ahead to some imagined resolution that rushes ahead of the slow, tortuous pace of reality.⁶⁸

This is why the researcher chose Psalm 88; it connects to the struggle of soldiers – especially those struggling with transition from a combat zone. Just as these warriors are challenged with embarrassment and isolation, so is this psalm an embarrassment to conventional faith. Further connecting to the soldiers’ toil, the psalm speaks to “the cry of a believer (who sounds like Job) whose life has gone awry, who desperately seeks contact with [God], but who is unable to evoke a response from God. This is indeed ‘the dark night of the soul,’ when the troubled person must be and must stay in the darkness of abandonment, utterly alone.”⁶⁹

⁴⁴ Denise Dombkowski Hopkins, Journey Through the Psalms (Religion / Biblical Criticism and Interpretation / Old Testament), Revised and Expanded ed. (St. Louis, MO: Christian Board of Publication, 2006), 2.
⁴⁶ Hopkins, p 3.
⁴⁸ Hopkins, p 3.
⁵¹ Jones, p. 49.
⁵² Jones, p. 51.
53 Jones, p. 55.
55 Jones, p. 49.
57 Jones, p. 52.
59 Taylor and Sherr, p. 10.
61 Jones, p. 52.
62 Brueggemann, p. 53.
63 Andrews and Sherr, p. 10.
66 Brueggemann, p. 78.
THEORETICAL LITERATURE AND THEORIES

Introduction

This chapter will address treatment options, as well as means to provide pastoral care and counseling to the men and women who have been affected by war and the mental illness that may have resulted from their time in a combat zone. It is to be noted that the treatment options identified in this chapter are not an exhaustive list. However, the researcher identified the therapy options that were discovered to be most efficacious.

Dr. Francine Shapiro, a Senior Research Fellow at the Mental Research Institute, Director of the EMDR Institute, and founder of the EMDR Humanitarian Assistance Programs (www.emdrhap.org), believes the following:

All humans are understood to have a physiologically-based information processing system. This can be compared to other body systems, such as digestion in which the body extracts nutrients for health and survival. The information processing system processes the multiple elements of our experiences and stores memories in an accessible and useful form. Memories are linked in networks that contain related thoughts, images, emotions, and sensations. Learning occurs when new associations are forged with material already stored in memory.

“Combat Trauma” describes a spectrum of behavior observed in those who have been exposed to a traumatic combat-related event which involves actual or threatened death or serious bodily injury to self or others. This event may cause a range of reactions involving intense fear, panic, helplessness or
horror. It is manifested in physical, behavioral, cognitive, emotional and spiritual symptoms, which, if untreated, can last a lifetime.

As the researcher has previously suggested, Post-traumatic stress disorder (PTSD) is a normal reaction to an abnormal event. Although it has been called “the signature injury” of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (Iraq), it is estimated that there are over 400,000 Vietnam War veterans who still suffer from PTSD – undiagnosed and untreated. Consider that for every combat trauma or PTSD sufferer from these and past wars, another 10 people are emotionally and spiritually wounded by the secondary trauma created by these wounded warriors’ behavior.

As the leaders of Military Ministry state, “Our Armed Forces represent the nation’s exoderm: they are bruised and bleed, sometimes making the ultimate sacrifice on our behalf. The wounds of war take many forms, including the spiritual and emotional impact of combat trauma...” They further assert that “PTSD best heals from the inside out, and that local churches are God-ordained institutions that can reach across the breadth of our land as a ‘Bridge to Healing’ for hundreds of thousands of our wounded warriors past and present.”

The military has increased its attention on PTSD; consequently, it is having a more positive effect on the way that some of society views mental illness. Prior to the Persian Gulf War (August 2, 1990 – February 28, 1991), codenamed Operation Desert Storm (January 17, 1991 – February 28, 1991), society often viewed mental disorders as weakness in – and personal failure of –
character. As a result, people with these mental health conditions have felt shame and have been stigmatized.

The word *stigma* literally means to be stained or marked by a shameful disease. More so, veterans actually expressed concern that they would be perceived as weak or treated differently by their leaders and buddies if they sought assistance for their problems. Therefore, only few – especially in the military – have sought help for these hidden wounds.

Among these wounded warriors, not only did they avoid seeking help from mental health professionals, they also evaded the ministry of their unit chaplains. Additionally, the church has not been exempt; it has not provided pastoral care for those suffering silently. So, there has been neither healthcare nor spiritual care for those suffering from hidden and soul wounds.

Nonetheless, professor of Pastoral Psychology and Counseling, Dr. Howard Clinebell, has stated that, “Through the centuries, pastors have given care, support, and guidance during personal crises and losses. In our day of proliferating personal and social crises, ministers have an unprecedented opportunity to give both care and counseling to persons struggling in the riptides of chaotic crises.”71 Likewise, the researcher asserts that pastoral care and counseling is of the most viable means in which to assist soldiers and their families, who are navigating through the abyss of trauma and crises.

In fact, a national study revealed that almost 40 percent of Americans, presented with a personal or family crisis, turned to ministers when they sought professional help. Additionally, of those experiencing the death of someone
close, more than 50 percent turned to ministers for help. In the military, these ministers are chaplains. Chaplains are available for soldiers while they are deployed, providing the care they need; however, when these soldiers return to the home front, churches are the best avenue to provide similar levels of pastoral care and counseling.

The researcher further suggests that pastoral care and counseling should be combined with other options, since there are other successful treatments available for PTSD. Of these are psychotherapy, sometimes referred to as "counseling," and medication. Often, those being treated for PTSD are directed to combine psychotherapy and medication. Unfortunately, the researcher has found that many of these veterans are receiving less counseling or pastoral care and more medication.

Nonetheless, the researcher has identified two applicable counseling theories to accurately address this ministry issue. The first is the psychotherapy, Cognitive Behavioral Therapy (CBT) and the second is Eye Movement Desensitization and Reprocessing (EMDR). These theories have proven most useful in aiding those suffering with combat stress and mental health issues, as well as issues service members face while transitioning home. Additionally, the researcher proposes that a combination of these theories will prove to be a viable means of pastoral care and counseling.

There are different types of Cognitive Behavioral Therapy, one of which is Cognitive Processing Therapy (CPT). CPT gives the traumatized person a new way of coping with distressing thoughts and means to gain an understanding of
the traumatic events. It helps persons make sense of what happened, helps them to get “unstuck” in their thoughts about the trauma and make sense of the trauma and how it affects their lives. Ultimately, CPT uses the traumatic event in persons’ lives to determine how it affects their future. As a result, CPT has been proven to be the most effective treatment for PTSD.

Another choice among therapists and for the researcher is Eye Movement Desensitization and Reprocessing (EMDR). It is a “comprehensive, integrative psychotherapy approach, which contains elements of various psychotherapies in structured protocols that are designed to maximize treatment effects.” EMDR involves having the person focus on distractions, such as hand movements, tapping or other repetitive sounds, while the person talks about the traumatic event. Over time, it can help change how that person reacts to memories of the trauma. This therapy has also been proven to be an efficacious treatment for PTSD.

Additionally, some studies show that giving people an opportunity to talk about their experiences very soon after a catastrophic event may reduce some of the symptoms of PTSD. In fact, the researcher has conducted critical incident stress debriefing following traumatic events. This debriefing served as a group therapy, allowing the service members to express what they felt, what they experienced, what they saw and hear, and how they felt as a result of the trauma they experienced. This type of group therapy and exposure therapy has allowed persons to gradually and repeatedly relives the frightening experience under
controlled conditions to help him or her work through the trauma. Consequently, it too has been shown to be effective.

Medication is another treatment option. Selective Serotonin Reuptake Inhibitors (SSRIs), different types of antidepressants, are the mediations used to treat persons suffering from trauma or mental health issues. The two SSRIs that are currently approved by the FDA for the treatment of PTSD are sertraline (Zoloft) and paroxetine (Paxil). Sometimes, doctors prescribe medicines called benzodiazepines for people with PTSD.

These medicines are often given to people who have problems with anxiety. Additionally, these medications can raise the level of serotonin in the person's brain, which can make them feel better, helps ease their associated symptoms of depression and anxiety, and it also helps the traumatized person sleep. While they may be of some help at first, they do not treat the core PTSD symptoms. They may lead to addiction and are not recommended for long-term PTSD treatment. Nonetheless, during the researcher's deployment to Iraq, the mental health providers were prescribing these two drugs by the dozens.

Mental health professionals – particularly in the military – have resorted to the treatment of medication as a first option rather than as a last resort. Unfortunately, previous studies with combat veterans have been hampered by insufficient treatment time and fidelity to treatment. Notwithstanding the aforementioned, scientists are attempting to determine which treatments work best for which type of trauma.


CHAPTER 4 | CASE STUDY: WAR, PTSD, AND PASTORAL COUNSELING

Introduction

In this chapter, the researcher will discuss the nature of this study. Additionally, the researcher will explain the need for pastoral care and counseling for wounded warriors; any conflicts identified; the structure, ideas or the ways the researcher proposes to address the ministry issue; and how the researcher plans to implement additional resources. This chapter will also discuss the backgrounds of the veterans interviewed for this study.

Over the last three years, the researcher has spoken with countless veterans, two of which were from the World War II era. Additionally, the researcher’s father was a two-time Vietnam war veteran, and though too young to recall the effects of war on his father, the researcher recollects the anger issues that followed his father’s return.

The World War II veterans gave impressive testimonies of their tours of duty; however, their accounts and the time since their tours in combat zones had well-exceeded their memories. Also, their mental states were hampered more by age than by their combat experiences.

The researcher interviewed four soldiers from the Vietnam conflict, four from the Iraq theater of war, and two soldiers who had been deployed to both Iraq and Afghanistan. The soldiers who were involved in Iraq and Afghanistan, as studies suggest, had been deployed over longer periods and more times than veterans of earlier wars. Nonetheless, the researcher examined these veterans
to determine whether they experienced any adverse effects, such as PTSD or other mental issues, and if so, whether they sought assistance from a behavioral health specialist, other military care providers, or pastoral care and counseling.

Furthermore, if these veterans experienced PTSD or other mental health issues, the researcher also sought to disclose what soldiers and families, who are coping with the effects of war, either experienced or perceived as the most effective means of care that they received.

As for the wounded warriors seeking help, the researcher discovered that the Vietnam veterans consistently had not sought out behavioral health specialists. However, like most soldiers from the Vietnam era, they had made appointments with the Veterans Administration hospital, including behavioral health. Some of these veterans were involved in the local church and had been in counseling with their pastors. Notwithstanding their involvement in the church, these veterans suggested that their pastors had been of little help, since they could not comprehend the depth of their trauma.

Conversely, with the veterans from later eras, they did seek support from behavioral health specialists – whether command-directed or voluntarily. The researcher discovered that younger soldiers were less inclined to be involved in a local church; consequently, they had not sought help from a pastor or other religious leaders or institutions. The researcher speculates that the apathy among the younger veterans may be the direct result of multiple tours of duty and an absence from the local community and the local church.
Part I: The Need

This is the crux of this research. The military, for one, has begun to place more attention on effects of war, post-traumatic stress disorder, and providing for the needs of soldiers and families. Another outlet for support has been the Veterans Administration. These are the primary means of support; however, there are other paramilitary or non-governmental organizations (NGO's) providing support and care as well.

The Army, for instance, started a program called, Strong Bonds. It's is a unit-based program, led by an Army chaplain, which assists commanders in building individual resiliency by strengthening Army families. The core mission of the Strong Bonds program is to increase individual soldier and family member resilience and readiness through relationship education and skills training. This program is conducted in an offsite retreat format in order to maximize the training effect. Additionally, it provides a fun, safe, and secure environment in which to address the impact of relocations, deployments, and military lifestyle stressors.

The researcher has taught lessons, such as "Laugh Your Way to a Better Marriage," "Fighting for Your Marriage," "How Not to Fall in Love with a Jerk," and "Effective Communication," and provided other coping skills for deployment. Also, the researcher has conducted these "get-aways" for single soldiers, families, couples, and the spouses of deployed soldiers.

Another approach the Army has developed is the Comprehensive Soldier Fitness Program, which promotes strong minds and strong bodies. This program is based on over 30 years of scientific research and uses individual
assessments, tailored virtual training, classroom training, and embedded resilience experts to provide the critical skills for soldiers, family members and Army civilians. There are five dimensions of strength in this program: physical; emotional; social; family; and spiritual.

Another internal resource the Army has developed as a result of this growing need is Family Life Chaplains. They reach out to assist individuals, couples and families who are going through personal, social or emotional problems and stress. The Family Life Chaplain serves as a pastoral counselor, who is clinically trained in the area of individual, marriage and family counseling and offers: pastoral counseling, which acknowledges the interaction between psychological, moral and spiritual factors in an individual's life; pastoral care, which deals more generally with times of personal crisis, life transitions, grief and loss; spiritual counseling, which explores spiritual and ethical issues within the context of the person's religious faith. The Family Life chaplains are specifically trained to help soldiers work through marital problems, parent-child conflicts, personal adjustment difficulties, grief, low self-esteem, suicidal ideations, family problems, divorce issues, crisis events, blended families, and more.

Similar to the Family Life Chaplain, another helpful resource provided by the Department of Defense is the Military Family Life Consultant (MFLC) program, which offers trained, professional counselors for service members and their families to speak with. They provide short-term, problem-solving, non-medical counseling to service members and their families. They, too, are specially trained on military-specific topics and provide education and information.
on a variety of issues that warriors and their families may face throughout the deployment cycle. Though the MFLC is often embedded in and augments the unit, the researcher has seen hesitancy among many soldiers to utilize the MFLC.

Although many of these resources are great assets for active duty personnel, many Guard and Reserve members find it difficult to utilize these services or receive care from them, as they often live far from military installations and members of their units. Consequently, the Department of Defense implemented the Yellow Ribbon Reintegration Program. It is an effort to promote the well-being of National Guard and Reserve soldiers, their families and communities, by connecting them with resources throughout the deployment cycle. Through these events, soldiers and their families connect with local resources before, during, and after deployments.

Other sources are the Veterans Administration, which has dedicated online resources, as well as a mental health department; the National Center for PTSD, which seeks to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders; Military OneSource, which is a Department of Defense program established for service members and their families to help with a broad range of concerns including money management, spouse employment and education, parenting and child care, relocation, deployment, reunion, and the particular concerns of families with special-needs members. They can also include more complex issues like relationships, stress,
and grief. Services are available 24 hours a day – by telephone and online. Many Military OneSource staff members have military experience (veterans, spouses, Guardsmen, Reservists), and all receive ongoing training on military matters and military lifestyle. The program can be especially helpful to service members and their families who live at a distance from installations.

The previously mentioned programs serve soldiers and families well; however, they are deficient in providing pastoral care and counseling. Though the Family Life Chaplains provide such care, they are subject to being outnumbered by soldiers and families needing care, as the ratio is significantly disproportionate. In fact, the researcher has been serving as the only chaplain for over 500 soldiers and family members, providing pastoral care and counseling on a weekly basis. The researcher meets with 5-10% of these soldiers, some of which have been diagnosed with PTSD or acute anxiety issues.

Part II: Conflicts

The researcher has identified several conflicts as it relates to providing pastoral care and counseling to soldiers, whose souls have been wounded. For instance, many pastors and religious leaders do not understand the military culture. More importantly, they are unfamiliar with the effects of combat. The best way to remedy this issue is to have pastors and religious leaders attend classes on combat operational stress, soldier resiliency, and post-traumatic stress disorder. Like other types of counselors, pastoral counselors differ in their level of training to deal with trauma.
Additionally, the researcher discovered another problem: soldiers and families do not attend the local church. The church seems to be too slow and growing irrelevant. Especially following a deployment in a combat zone, soldiers may be less inclined – and have little or no desire – to join a local congregation.

One of the most significant issues is that pastors and/or religious leaders are not trained to provide care to wounded warriors. If a pastor has been seminary-trained, he or she may have taken a clinical pastoral education; however, unless they were specifically trained in trauma, they may be little help. Therefore, many local pastors and religious leaders need additionally training, if they are to provide the type and depth of care that veterans so desperately need.

Part III: The Structure

The research proposes to address comprehensive questions, such as:

*How does a local church pastor minister to soldiers and their families, who may be negatively impacted by the adverse affects of the soldiers’ time in a warzone?*

In the same vein, the question may be restated – or better stated – in the following manner: *How does the local church bridge the disparity between soldiers’ religious life in the combat zone and their religious life upon their return home and the church’s role in that transition, to include the issue of PTSD and finding meaning or a connection to their spirituality?* This line of questioning speaks to the essence of the researcher’s project, as it will seek to aid pastors and church leaders to minister and serve soldiers and their families – particularly
those who have been deployed in combat zones. Many of these soldiers have "soul wounds."

The researcher proposes that the best way to address these "soul" wounds of veterans is to have pastors and religious leaders who are specially trained to deal with trauma. Should local pastor find themselves lacking such training, they should, at a minimum, refer the veterans to the proper resources (see Appendix I). Pastors should also assess whether their churches have resources to begin helping these wounded warriors and whether existing ministries intersect with needs of military families (see Appendix N).

Just as important, pastors and religious leaders can fill gaps in learning by consulting military chaplains to teach their staffs about the unique ministry needs of wounded combat veterans. These religious leaders must first recognize and admit their own shortcomings and understand that they may need help from sources which may not currently exist within their congregations. Furthermore, they need to know that this ministry issue will exist for years to come.

Too often, local church leaders are limited to "Sunday morning" theology, meaning their knowledge is inadequate and restricted to what they have learned in Sunday School or bible study. As a result, they have no point of reference to address the colossal needs of wounded warriors and their families. The researcher further believes pastors and religious leaders should seek all means of education and training available to prepare themselves for the influx of veterans who will grace their congregations.
The researcher hopes to educate local pastors and religious leaders and help them understand that when they are counseling military families, who have been adversely affected by combat, that there are unique conditions and variables (see Appendices E and F) involved. Furthermore, these usual conditions often complicate the ability to effectively minister to and counsel the soldiers and their family members. If pastoral counselors would familiarize themselves with the symptoms associated with post-traumatic stress, it would better serve the soldiers and families they seek to assist.

Part IV: Implementation

With the persistent conflict in Iraq and Afghanistan – and perhaps Israel and/or Libya, the number of returning warriors and their families will continue to increase. Consequently, the need to minister to these soldiers and their families and reach out to them with respect will continue to grow and prove to be an urgent need. Therefore, churches and religious institutions, especially those that hope to help wounded warriors and their families, need a better understanding of soldiers who may be mentally, emotionally, physically and possibly spiritually broken and/or damaged.

The researcher proposes to conduct seminars for churches and religious institutions that have military families (as a focus group), develop resource materials (see Appendices A, B, C, D, E and F), conduct seminars and train leaders. Also, after the completion of this study, the researcher plans to further
develop a set of online resources for local churches to better provide ministry to combat veterans and their families.

As a combat veteran, the researcher believes the significance of this work will be far-reaching and have a deep impact. Should the findings of this research be utilized in local churches and other religious institutions, there will be fewer disparities in the religious experiences of combat veterans and their families. Above all, it is the researcher's opinion that veterans will perceive this effort as a positive move in the right direction.
CHAPTER 5 | PRESENTATION OF DATA: FINDINGS AND ANALYSIS

Introduction

This Doctor of Ministry project is a case study of the intersection of PTSD and pastoral care on the home front. It will capture three major components needed to address the ministry issue, which are pastoral care, theology, and resources available. Combat veterans, those service members who have deployed to a combat theater of operation, are the primary focus, concern, and subjects of this project.

Summary of Findings

Soldier 1

Soldier 1's took place over a period of time, as the researcher had a close relationship with him. He would share his story as if it were a puzzle being pieced together but only in part. The researcher later discovered it was because Soldier 1 would often have lapses in his memory.

Notwithstanding his forgetfulness, Soldier 1's memory loss seemed selective, as he recalled several events with complete details. On one account, Soldier 1 tells of a soldier, who had fallen asleep in a wooden box. When the soldier woke up, his fellow comrades fired upon him, and as Soldier 1 stated, "sawed him in half." Unfortunately, this was only one of his traumatic experiences.

The researcher found it difficult to penetrate Soldier 1's "protective barrier." It appeared that Soldier 1 had not received professional care for the
hidden wounds that he sustained during his time in the jungles of Vietnam. Soldier 1 was elusive and isolated, and he found it difficult to express his thoughts. The researcher’s thoughts were confirmed; Soldier 1 shared that he had not sought help from a mental health professional nor had he received pastoral care from within his local church. Regrettably, since the end of researcher’s dissertation, Soldier 1 is deceased; the researcher wonders how much the hidden wounds may have contributed to his demise.

**Soldier 2**

Soldier 2’s interview was all but orderly. The researcher sought to ask each veteran the same questions and in the same order to maintain consistency and continuity within the responses. However, as soon as the researcher explained to Soldier 2 that he was writing about bridging the gap between Sunday in the combat zone and Sunday at home as well as discussing the intersection of war, PTSD, and pastoral care and counseling for soldiers and their families, Soldier 2 abandoned the script and began sharing his story in a scattered but detailed account of his experience in the stench of death and carnage in the mountains Vietnam.

Without prompting and without hesitation, Soldier 2 stated, “That mother-f_ _ _ _ _ tried to kill me, but I shot his a__!" Unbeknownst to him at the time, Soldier 2 had been shot. This was merely the beginning of his trauma. After having been hospitalized and recovered, Soldier 2 was returned to duty and thus back to the battlefield, which he so vividly recalls today.
During this interview, the researcher was merely a careful spectator. Still bearing the scars of having been stabbed and shot during hand-to-hand combat, Soldier 2 shared his story as if he had been awaiting the opportunity to tell someone about his experience. The researcher was later informed of two key points: first, Soldier 2 recalls his mother having received a telephone call and being informed that he had been killed in action; secondly, Soldier 2 usually did not share his experience with others.

Soldier 3

The researcher interviewed Soldier 3 and concluded that there was not much variation in his story from his comrades. Nonetheless, Soldier 3 was conflicted; he had been in the midst of “the worst horror” he’d ever seen. Soldier 3 recalled being exhausted from the fighting and only had a moment to think about what had just occurred. He was able to dismiss any feelings of shock, hate, and anger, because in the moment, he “was just glad to be alive.”

Like many others, Soldier 3 recalled kneeling beside his brothers in arms, some of which were dead, many were wounded and screaming in pain, and a few of them laid there dying silently. Soldier 3’s being traumatized by these atrocities was only compounded by the threat of him being in constant danger, watching out for the enemy, combing the ground for booby traps, or trying to distinguish between friend or foe among the Vietnamese civilians and soldiers.

Soldier 3 accumulated a host of traumatic memories, and when he returned home from the jungle-filled combat zone of Vietnam, those memories came with him. He had aged physically; however, Soldier 3 was psychologically
and emotionally wounded and spiritually damaged. He found himself in a constant state of confusion, trying to cope with the memories of lost friends and the lives that were taken by his own hands and his attempts to be “normal.”

**Soldier 4**

Soldier 4 had the most difficulty sharing his story. He was still haunted by the time he spent in the jungles of Vietnam and what he did while he was in combat. Cognitively, he understood that what he did had to be done. However, he wrestled with having to kill individuals, who appeared to be civilian.

As the researcher asked questions, Soldier 4’s responses were often fragmented and filled with tears. In fact, though the researcher was not unaware of what triggered the silence, Soldier 4 slipped into a state of quietude, which seemingly concluded the interview. Albeit quiet, Soldier 4’s discontinuance of speech was actually the beginning of what would prove to be part two of the interview.

The researcher did not continue with his line of questioning; however, the next day, Soldier 4 brought two hands full of photographs from Vietnam, some of which were merely pictures of Soldier 4 and comrades on the base. Others were pictures of carnage, which were visible and harsh reminders for Soldier 4. The tears seem to flow unconsciously down Soldier 4’s face.

**Soldier 5**

Soldier 5 avoided the “hard” conversation. He spoke about conversations he had with fellow warriors. He said, “We talked about our fears and hardships.
We talked about our families, our girlfriends and wives and what we planned to do when we got back home."

It was as if Soldier 5 and his buddies knew what each other were thinking. They spoke as though they would all be returning home alive, never considering the thought of death. He and his comrades thought about of going home as respected American warriors and heroes. Though Soldier 5 has seen unmentionable atrocities, his way of escape was only in his mind.

Soldier 5 closed off every thought about the horrors of war. He did not talk about his memories; the researcher began to wonder if Soldier 5 actually remembered. Then, without warning and without a preceding question, Soldier 5 said, "I killed a little boy. I shot him. I had to do it. It was him or my whole platoon." Soldier 5 did not forget. The problem was that he remembered. Soldier 5 told the researcher that he had kept this secret for several years, but it was causing damage to his marriage and all other relationships.

Soldier 6

Soldier 6 had been clinically diagnosed with post-traumatic stress disorder and assigned to a Warrior Transition Unit (WTU) to receive care for his anxiety. It seemed the clinical setting was causing as much stress for Soldier 6 as did his assigned unit. Soldier 6 was approached from behind, and due to this mental state, he instinctively turned around and simultaneously swung. As a result, he was discharged from the WTU for anger issues.
The system, which was put in place to aid these wounded warriors, was failing one its own. Soldier 6 had little control of his behavior. He was in the right place to understand his condition and provide care for him; however, the staff seemed to either be unaware of the symptoms of PTSD or disregard them altogether.

Soldier 6 felt as though his experience in the WTU was worse than the events encountered while in the combat zone of Iraq. The treatment that Soldier 6 endured while assigned to the WTU would deter him from seeking assistance from any other source. Today, Soldier 6 continues to struggle with anger and anxiety; however, he attributes his faith in God for his ability to remain hopeful.

**Soldier 7**

Soldier 7 fought to manage recurring nightmares and had trouble sleeping. He tried to tuck away the bad memories that he experienced in Iraq; however, suppressing the memories was nearly impossible. Certain sounds, smells, or even words would trigger anxiety or even depression. It “took [him] right back to Iraq” (in his mind).

Soldier 7 sought help by self-medicating with alcohol and drug use. He tried unsuccessfully to suppress the nightmares and suicidal thoughts. For three years, Soldier 7 avoided admitting mental state; he believed asking for medical assistance was a sign of weakness.

The researcher spoke to Soldier 7 about eliminating stigmas and seeking help. However, according to Soldier 7, “Soldiers aren’t supposed to be weak.”
His embedded mythology about the military hindered his ability to get the care he needed, whether from military behavioral health specialists or pastoral care providers.

Soldier 8

The researcher met Soldier 8 in the chapel (the military’s version of church). All seemed well for Soldier 8. Unbeknownst to the researcher, Soldier 8 had just returned from his third deployment to a combat zone; he had been to Iraq twice and was three months removed from a tour of duty in Afghanistan.

Soldier 8 began to share stories, most of which started with, “I’m an Infantryman...” He was suggesting that his job was to fight and kill. He was suggesting that his “job” was to violate what he deemed in direct conflict with his theological views. Soldier 8 was specifically trained to fight on foot and to engage the enemy face-to-face, as the Infantryman himself is the weapon system. He, along with the units in which he’s been assigned, was responsible for a significant amount of the killing during combat.

The researcher soon realized that Soldier 8 was struggling with his transition from the combat zones to home. There were no bands, no cheers at the airport, or “welcome home” ceremonies for Soldier 8 when he returned from Afghanistan. Instead, he returned to a job, which did not afford him the opportunity to navigate through the cloudy waters of his trauma. Soldier 8 found that his family and friends could not understand the events that he endured.
during battle. He had become a hardened man, and he was carrying the memories of killing and the constant vision of mayhem.

Soldier 8 was seeking help from the military's behavioral health. Additionally, he was seeking pastoral counsel with the researcher. Soldier 8 has a long road to recovery; his memories were haunting him. His trauma was significant; and though Soldier 8 had not been clinically diagnosed with post-traumatic stress disorder, he exuded all the symptoms of the syndrome.

**Soldier 9**

The researcher not only interviewed Soldier 9, but he also counseled him after a suicide attempt. Soldier 9 said, “Sometimes, I feel empty. Ever since I got back (from Iraq), I just...I feel like my mind is somewhere else.” Soldier 9 was wrestling with his personal “demons,” the psychological issues and his maladjustment since his return from deployment.

The researcher asked Soldier 9 about his suicide attempt, and he explained to the researcher that he had been struggling for a while. He had been struggling to be a father to his children, struggling to be a husband, and struggling to be a soldier. His “mind just wouldn't let [him] do it anymore.” Soldier 9 had grown weary of trying to cope with symptoms of post-traumatic stress, but he had not sought help of any kind.

Soldier 9 did not have a faith tradition. Consequently, for him, the only option was to seek help through the military. He had discontinued the use of
medication and found himself unable to cope with daily tasks and normal life issues brought about by his family’s inability to understand his condition.

**Soldier 10**

As I spoke to Soldier 10, he was shaking, as if his body was trying to leave the room. His thoughts were scattered, and his issues were many. During Soldier 10’s tour of duty in Iraq, he sustained injuries to his back, his knees, and as he said, “Pewsch—” (gesturing that he had been wounded to his head or mind, while making a shooting sound).

Soldier 10’s visible wounds affected him emotionally. Moreover, his invisible wounds were causing him “to lose it.” He felt uncomfortable and unsafe. Consequently, he slept in his closet. As he told the researcher, “this is the only place [he] feel(s) safe.” Not only had Soldier 10 become a prisoner in his mind, but he had become a prisoner in his home, as well. This was coupled with the fact that he was on his second deployment; he was unable to get help from his first tour of duty, when he was sent to the battlefield of Afghanistan.

Soldier 10 also expressed that he had not been to church since he was a child, and he felt like a hypocrite. His feelings of inadequacy and unworthiness prevented Soldier 10 from seeking help; however, the researcher advised him to do so. Unfortunately, Soldier 10 was being released from the military and would have to seek help from other sources, such as the local church, the Veterans Administration, or other civilian therapists.
Significance of Findings

"The 20th century is an era that saw a significant amount of military action: World Wars I and II, the Cold War, Vietnam, and the Gulf War...Unfortunately, the war experience for many veterans is traumatizing, and as a result, many have been diagnosed with Post-Traumatic Stress Disorder (PTSD)."74

The findings gave rise to conclusions, implications and recommendations provided in this chapter. First of all, most of those Iraq and Afghanistan veterans, who were diagnosed with PTSD, complete treatment or seek care. Also, studies show that male veterans (compared to female veterans), those warriors under twenty-five years old, and veterans living in rural areas are among those who are less likely to receive adequate care. More importantly, though new ways are being developed to adequately provide for soldiers diagnosed with PTSD, there are still significant barriers to veterans getting a full course of treatment and care, especially pastoral care.

Implications

Combat is violent, and it should not be spoken of or taken lightly. In fact, General William Tecumseh Sherman said it best when speaking to the Michigan Military Academy. He expressed that he understood how they felt and their desire to use skills they acquired while at the academy. He went on to tell them: *Suppress it! You don't know the horrible aspects of war. I've been through two wars and I know. I've seen cities and homes in ashes. I've seen thousands of men lying on the ground, their dead faces looking up at the skies. I tell you, war*
In war, the operational tempo is almost non-stop, and opportunities for rest are few and far in between. The stress of constantly engaging enemy troops and the fear of being engaged is often horrific. Memories of such warfare are equally, if not more, agonizing. At best, many warriors are able to invoke self-defense mechanisms or somehow build psychological boundaries around the terrors of war.

Many of these combat veterans, like the researcher, often are not aware of the changes in their demeanor. The researcher has an advantage; aided by a seminary education, years of pastoral counseling experience, and over 25 years of military training, the researcher realized that he had adjusted emotionally to contend with the atrocities of war. Soldiers, however, are not as cognizant of their psychological state. These wounded warriors acquire stamina, witness death, and take the lives of their enemy combatants with little or no remorse. Thereafter, they suppress these memories, avoid or having trouble forming deep-rooted relationships, and equally as difficult, they struggle to accept the possibility of a loving God – especially one who cares for them, could ease their pain, or heal their emotional wounds.

When a soldier goes through basic training, he or she is taught that the spirit of the bayonet is to “Kill! Kill! Kill without mercy!” Then, when asked, What makes the grass grow? The young troop’s response is a resounding, “Blood! Blood! Blood makes the grass grow!” This type of “brainwashing” is the military’s attempt to prepare every budding warrior for battle. Additionally, this causes confusion, mainly due to the brutality that war entails: killing - the taking
of another human life - an act that is taught in basic training as necessary for survival.

This complicates the military's image as a highly organized and efficient unit, with the reality of war as chaotic, terrifying, and anything but meticulously executed. Early in these young recruits' military career, they are trained to feel and be physically fit. Nonetheless, basic training cannot prepare them for the reality and/or terror they encounter when engaging in combat. "Not only must they face another person who they have been instructed to kill, they must also face their own mortality, as well as the enemy's mortality. In this way, combat appears to be extremely traumatizing due to psychological fragmentation."75

The aforementioned must be considered when soldiers return from a combat zone. They carry with them the memories of lost youthfulness, as well as the wounds which they sustained while in combat. The difficulty for non-military persons, who seek to provide pastoral care for these warriors, lies in the fact that a lot of these wounds are not visible. In fact, these wounds are to the soldier's soul, emotions, and mind.

Recommendation

Rogers, Daléne Fuller Rogers, in Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul, stated the following:

Veterans may have spiritual wounds that have eroded their capacity to trust, especially in authority figures. A pastor, viewed as God's representative, may not be well-received. The pastor becomes a reminder of their loss of connection with God and their spirituality. Nevertheless, the fact that clergy do represent a possible source for reconnection with God, or at least a person with
whom to discuss spiritual issues, provides an opportunity to offer the living reminder of God's compassion by accepting veterans in the midst of their doubt, cynicism, and self-loathing.

The pastor may be a source of hope for healing and transformation...the pastor may have the opportunity to point out that by accepting responsibility for their actions in wartime, they have taken an important initial step in the Christian approach to spiritual healing...A pastor may be a spiritual companion for the grief process associated with a veteran's spiritual recovery process.⁷⁶

This speaks to the researcher's recommendation. With over 1.5 million Americans having served in Iraq or Afghanistan since the beginning of the Global War on Terror and nearly 800,000 of them having been released from the military services to our communities and religious institutions, it behooves pastors and religious leaders to stand ready to provide pastoral care and counseling. These wounded warriors and their families need and deserve the compassionate care that pastors and religious institutions can provide.

It is also important to note that when a soldier returns home from a combat tour and is suffering from post-traumatic stress, they are often prone to anger quickly and have sudden outbursts of rage with little or no provocation. Additionally, it is probable that domestic violence may sometimes result from their behavioral and anger issues. Consequently, pastoral care and counseling may be needed to help families having difficulty to adjust these episodes and/or getting back together following a deployment. In some cases, pastors will need to refer the family for marriage and family counseling in the community.

Therefore, the researcher recommends that pastors and churches educate themselves and be sensitive to the fact that the wounds many of these
warriors bear are spiritual wounds – painful, life-altering, and possibly life-threatening. The researcher asserts to all veterans, “Beloved, I pray that all may go well with you and that you may be in good health, just as it is well with your soul” and petitions all pastors, religious leaders and religious institutions to aid in this goal.

Discussion

As suggested in previous chapters, it seems that the social implications of combat that some wounded warriors call into question is the justification of and the theological impact of war, since war occurs between countries but it is fought by men and women. Consequently, there are myriad social implications that these combat veterans, some of which are grappling with PTSD, must face on a daily basis. Many of them wrestle with feeling any strong emotion, particularly love, or feeling disconnected from reality, and feeling guilty. Others experience difficulty forming or fostering relationships. All of these reactions impact veterans' relationships and their ability to function in society. It is imperative for pastors and religious leaders to understand that the effects of war are so debilitating, emotionally, physically, and spiritually.

It is equally important to note that post-traumatic stress is a normal reaction to abnormal situations. Therefore, after a traumatic event, such as combat, it is normal to feel afraid, sad, anxious, and disconnected. Usually, over a period of time, these feelings fade. However, sometimes the trauma is so
overwhelming that these wounded warriors seem stuck with a constant sense of danger and painful memories that will not seem to fade.

For those veterans suffering with PTSD, they can feel as though they will never get over what happened and/or feel "normal" again. As pastors and leaders or anyone, who is able to speak to these suffering soldiers, it would serve them well to have them seek treatment and develop coping skills, as well as reach out for support and seek pastoral care and counseling. Such care and treatment will also help restore their sense of control and reduce the hold the memory of the trauma has on their life. They need to know that they can overcome the symptoms of PTSD and move on with their life.
The Project Title

The title of the project is being stated as: **BRIDGING THE GAP BETWEEN SUNDAY IN THE COMBAT ZONE AND SUNDAY AT HOME: CASE STUDY: THE INTERSECTION OF WAR, PTSD, AND PASTORAL CARE AND COUNSELING FOR SOLDIERS AND THEIR FAMILIES.** It will capture three major components needed to address the ministry issue, which are pastoral care, theology, and resources available to soldiers, who are returning from combat zones, and their families. Combat veterans, those service members who have deployed to a combat theater of operation, are the primary focus, concern, and subjects of this project.

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75 Ibid.
76 Rogers, 46.
77 3 John 1:2 (New Revised Standard Version)
CHAPTER 6 | PROJECT EVALUATION AND CONCLUSION

This chapter reviews the main conclusions of this study and presents evaluations and suggestions presented by the researcher's dissertation committee: Dr. Stephen Rasor reviewed the overall project; Dr. Christine Chapman served as the committee chair; Chaplain (Lieutenant Colonel) José Rodriguez, an Army chaplain, reviewed the military content; and Dr. Willie Goodman examined the pastoral care content.

Dr. Stephen Rasor, Director of the Doctor of Ministry program at The Interdenominational Theological Center, and the committee that reviews all Doctor of Ministry proposals reviewed this project and found the topic matter to be relevant and an important ministry issue. The committee understood that our country is in a period of ongoing military action and the need for identification of the ministry need was an important issue to be examined.

Dr. Christine Chapman served as my committee chair and evaluated my work throughout the process of conducting the project as well as providing oversight during the writing of the research.

Chaplain (Lieutenant Colonel) José Rodriguez, as a military chaplain with over 25 years of service, provided guidance and oversight pertaining to the military personal and content of this research project.

Dr. Willie Goodman, Jr., professor of Pastoral Counseling at The ITC, reviewed and provided theological papers related to creation of this document. Additionally, Dr. Goodman, offered guidance for pastoral counseling theories, reading material, and other resources related to pastoral care and counseling.
Conclusion

The researcher is well-acquainted with this ministry issue, as he is currently serving a tour of duty at Schofield Barracks, Hawaii. Moreover, the researcher has provided pastoral care and counseling to more than 100 soldiers and family members. On April 1, 2012, an article surfaced in the local newspaper, which speaks at greater lengths to the need for pastoral care and counseling for spiritually and emotionally-wounded warriors. Sergeant (SGT) Daniel McCarley, Schofield Barracks soldier who has post-traumatic stress disorder is absent without leave (AWOL). He is “seeking peace after war.”

As stated in Honolulu’s Star Advertiser:

Sgt. Daniel McCarley is sick of war. After three combat tours in Iraq as a medic and one as a cavalry scout, the Schofield Barracks soldier describes anxiety so severe he sometimes throws up when on base. Months of frustrations with a military bureaucracy unable to help him cope with his severe post-traumatic stress disorder left him with no other option, he says, than to go absent without leave.78

McCarley was treated for anxiety three years ago, after his third deployment, but he was redeployed for a fourth tour. On his return last summer, he was diagnosed with severe PTSD and anxiety.

Furthermore, SGT McCarley was rejected for acceptance into the Warrior Transition Unit (WTU), where he could receive medical care and attend any medical appointment, as his place of duty. When he inquired about the reason for his denial into the WTU, he was told that “the only
way you are going to get in there is you have to go tell them you are going to kill yourself.”

As a result of his debilitating PTSD symptoms and the months of delays and setbacks in receiving treatment, SGT McCarley told his leadership that he was going AWOL because they were doing nothing for his post-traumatic stress disorder. He also stated, “I’m not going to continue to be forced to be sick.”

McCarley is one among a skyrocketing number of PTSD cases that the U.S. military is struggling to address after more than a decade of war. A recent Army report, “Generating Health and Discipline in the Force Ahead of the Strategic Reset,” looks to a post-Iraq and -Afghanistan era and describes a PTSD “epidemic” as a result of the longest wars ever fought by the Army.79

SGT McCarley’s story reflects the military’s struggle to deal with the real-life demands behind those statistics disclosed in this research. In fact, SGT McCarley’s story echoes the testimony among the many soldiers who have found themselves seeking pastoral care and counseling from the researcher. With that said, SGT McCarley is becoming more the norm versus an anomaly.

As mentioned throughout this research, the aforementioned report indicates, “The numbers are alarming.” Subsequent research estimated that approximately 472,000 soldiers will develop PTSD during and following deployments in combat zones.

Combat-related mental illnesses and combat operational stress can lead to suicide, homelessness and physical health problems. Some of these disorders have proven to have long-term social consequences. “These conditions can impair relationships, disrupt marriages, aggravate the difficulties
of parenting, and cause problems in children that may extend the consequences of combat trauma across generations. Consequently, the researcher argues that it is a critical need for the church to stand ready to meet these soldiers and families with compassion and provide adequate pastoral care and counseling.

It is believed that the researcher's project will aid pastors and church leaders by offering them tools for helping soldiers and their families—particularly soldiers returning from combat zones. Churches will benefit from having a better understanding of the mental and psychological effects on soldiers returning from combat zones and their special needs. Finally, the researcher believes that soldiers and their families will benefit from having churches, which are aware of their needs and sensitive to their experiences and the effects thereof.

The researcher will simply share personal testimony regarding his experience as he transitioned from a combat zone and the effects of it. Thereafter, the researcher will offer others an opportunity to share their experiences and challenges using surveys. Lastly, the researcher will gather and compile information obtained from the surveys. Upon such findings, the researcher will utilize these measurements to implement seminars and provide online resources for pastors and church leaders.

Being a combat veteran, himself, the researcher believes the significance of this work will be far-reaching and have a deep impact. Should the proposed project be implemented by local churches, there will be fewer disparities in the religious experiences of combat veterans and their families. Above all, it is the
researcher's opinion that veterans will perceive this effort as a positive move in the right direction.

**Suggestions for Future Research**

It is recommended that further research be undertaken in the following areas: 1) war and theology; 2) mental health, combat operational stress, and post-traumatic stress disorder; 3) military life among soldiers and their families. Additionally, considerably more work will need to be done to determine how churches will provide effective pastoral care and counseling within the limitation of their perspective ministries. It would prove beneficial to poll the congregation to determine the number of combat veterans, and use a more intimate setting to establish whether they have or are currently suffering from any mental issues. It would be interesting to compare experiences of individuals within the same ethnic and geographical background.

Nonetheless, the findings of this study have a number of important implications for future practice. Future studies may prove that soldiers from certain ethnicities are more or less susceptible to post-traumatic stress disorder. Further research may also discover that combat veterans, by virtue of their occupation, have the predisposition for high-risk stress factors and exposure to traumatic incidents. Furthermore, their occupation may inevitably experience or be exposed to significant psychological distress simply because of their job.

Additionally, the combat veterans identified in this paper may be predisposed to experiencing trauma, but because of the presumptive “toughness”
of their job, they typically have chosen to decline counseling and/or therapy or seek help within the military. Unfortunately, without positive support, these wounded warriors may not only have difficulty seeking therapy, but may turn to other coping mechanisms such as drugs or alcohol.

There is, therefore, a definite need for pastoral care and counseling for the men and women serving in the military – especially those suffering from hidden wounds. These soul wounds require a deeper understanding that often the military may dismiss and churches are not aware of. Notwithstanding the lack of knowledge of some caregivers, many returning veterans, experiencing symptoms of post-traumatic stress, other related disorders or mental health illnesses, need care which may be found within the scope of the church. This need may be compounded by the fact that a significant number of these wounded warriors will be leaving the military in the very near future (some as early as 2013). In fact, according to some reports, the Army plans to cut nearly 50,000 soldiers from its ranks, and others suggest that the number is as high as 80,000. Whatever the case, communities across America will be filled with wounded combat veterans.

Based on the findings of this research as well as evidence that this work revealed, the researcher is confident that churches will faithfully engage in providing pastoral care and counseling to soldiers who have returned from combat zones and their families. Additionally, pastors and church leaders will come to a better understanding of the issues that these warriors face. As a result to an adherence to this research, combat military veterans will begin to receive the care they much need for their “soul” wounds.

79 Ibid.

APPENDICES

MINISTRY SUPPORT PROGRAMS

In today’s military environment, service members and their families are experiencing an unprecedented number of extended deployments. The average deployment for an active duty soldier is approximately 12 to 15 months and 18 months for members of the U.S. Army Reserve and Army National Guard. Soldiers are experiencing multiple deployments with little time in between which can be a particularly stressful time for soldiers and their families, as they prepare for deployments, cope with the separation, and deal with unexpected challenges upon return. The men and women in the Armed Forces and their families need and deserve our support. The local community is particularly important for members of the reserve component and veterans who are often miles away from the traditional military resources offered on a military installation.
APPENDIX A

HOW CONGREGATIONS CAN PROVIDE PASTORAL CARE BEFORE/PRE-DEPLOYMENT:

- Welcome military families by providing a safe environment and making your congregation "military-friendly."
- Pray, regularly and intentionally, for those at home and those deployed.
- Appreciate and affirm their service.
- Honor those who serve on a regular basis; conduct a service in their honor.
- Encourage congregation members to reach out to their military neighbors.
- Display pictures of those serving and/or list their names in the weekly bulletin.
- Acknowledge publicly, in publications or from the lectern, the military members of your community.
- Assure the service member that the congregation will support their family during their absence.
- Initiate a proactive Singles ministry; stay in contact with them during deployment and reach out to their parents and siblings.
- Offer premarital guidance, marital counseling and enrichment retreats.
- Develop a strategy and cadre of people committed to minister to military members and their families.
- Offer premarital guidance, marital counseling, and enrichment retreats.
- Offer parenting skills and seminars or classes.
- Offer financial management seminars or classes.
- Offer stress management seminars or classes.
- Develop bible study groups taught by military members (active, retired, spouses)
- Involve military families in existing ministry.
- Help military members new to the area get settled.
- Provide time for mediation and reflection.
- Preach relevant sermons that address contemporary issues.
- Become familiar with the language and vocabulary of the military.
APPENDIX B

HOW CONGREGATIONS CAN PROVIDE PASTORAL CARE DURING DEPLOYMENT:

- Pray for them!
- Maintain contact with deployed members by sending letters and cards, hometown newspapers, church bulletins and care packages.
- Reach out to the children of the service member through youth groups, outings, etc.
- Display pictures of those deployed or list their names in the weekly bulletin.
- Offer to bring a meal for the family.
- Maintain regular contact with families through phone calls and personal visits.
- Begin a family fellowship group and meet regularly to provide a system of mutual support for the spouse.
- Provide a meeting space for family support group activities.
- Offer help with small repair jobs around the house, with yard work, general maintenance, car repair and housekeeping.
- Offer child care to allow remaining spouse some personal time or to run errands.
- Help out with transportation for after school events.
- Provide pastoral counseling for spouse and children.
- Learn about issues and concerns of military families and provide support groups to discuss them.
- Teach on issues/topics of concern to military families.
- Help military families prepare for the reunion with their loved one.
APPENDIX C

HOW CONGREGATIONS CAN PROVIDE PASTORAL CARE AFTER/POST-DEPLOYMENT OR DURING REINTEGRATION:

- Acknowledge and celebrate their return.
- With the service member’s permission, conduct a welcome home celebration.
- Listen, support, absolve and don’t condemn.
- Provide a place where they can safely share their experiences of war and listen without judgment.
- Help them find forgiveness and peace.
- Keep political opinions to yourself.
- Treat the military family of a deployed service member as you would any other family in crisis.
- Don’t overwhelm the service member with attention but don’t ignore them; give them the space they need to reintegrate back into their normal routines.
- Offer child care so couples can have time alone to reconnect.
- Pay for them to attend a marriage enrichment retreat.
- Check in regularly with the service member and their family and be alert for signs of distress.
- Become knowledgeable of resources available to soldiers and their families.
- Don’t forget about them after they come home.
WHAT IS POST-TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that can trigger PTSD include violent personal assaults such as rape or mugging, natural or human-caused disasters, accidents, or military combat. PTSD can be extremely disabling.

PTSD can be complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition and other physical and mental health disorders. The condition is also associated with impairment of a person's ability to function in social or family life, including occupational instability, marital problems and divorce, family discord and difficulties in parenting.

An estimated 7.8 percent of Americans will experience PTSD at some point in their lives, with women (10.4 percent) twice as likely as men (5 percent) to develop PTSD. About 3.6 percent of U.S. adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year. This represents a small portion of those who have experienced at least one traumatic event; 60.7 percent of men and 51.2 percent of women reported at least one traumatic event in their life.

The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon and childhood physical abuse.

About 30 percent of the men and women who have spent time in war zones experience PTSD. An additional 20 to 25 percent have had partial PTSD at some point in their lives.

PTSD can develop at any age, including in childhood. Symptoms typically begin within three months of a traumatic event, although occasionally they do not begin until years later. Once PTSD occurs, the severity and duration of the illness varies. Some people recover within six months, while others suffer much longer.

Source: National Center for PTSD [http://www.ncptsd.va.gov]
## Visible PTSD Symptoms

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Behavioral</th>
</tr>
</thead>
</table>
| • Vacant stare  
• Flashbacks  
• Excessive sweating  
• Rapid heart rate/breathing  
• Nightmares  
• Violent outbursts  
• Chills  
• Frequent hyper-arousal  
• Unexplained fatigue  
• Vomiting | • Confusion in thinking  
• Struggle with trouble making decisions  
• Memory dysfunction  
• Alertness (high/low)  
• Re-experience trauma | • Eating changes  
• Withdrawal  
• Poor hygiene  
• Diminished interests  
• Sleeping (too much/little)  
• Various addictions |
| Emotional | | |
| • Detached shock  
• Anger  
• Depression  
• Panic  
• Helplessness  
• Despair/Hopelessness | | |

Table 5.
APPENDIX F

SYMPTOMS TO WATCH FOR:

- Recurring thoughts or nightmares about the event.
- Having trouble sleeping or changes in appetite.
- Experiencing anxiety and fear, especially when exposed to events or situations reminiscent of the trauma.
- Being on edge, being easily startled or becoming overly alert.
- Feeling depressed, sad and having low energy.
- Experiencing memory problems including difficulty in remembering aspects of the trauma.
- Feeling “scattered” and unable to focus on work or daily activities.
- Having difficulty making decisions.
- Feeling irritable, easily agitated, or angry and resentful.
- Feeling emotionally “numb,” withdrawn, disconnected or different from others.
- Spontaneously crying, feeling a sense of despair and hopelessness.
- Feeling extremely protective of, or fearful for, the safety of loved ones.
- Not being able to face certain aspects of the trauma, and avoiding activities, places or even people that remind you of the event.

Source: National Center for PTSD [http://www.ncptsd.va.gov]
Enlisted Recruits Are More Likely to Come from Middle- and Upper-Class Neighborhoods

One-quarter of enlisted recruits come from the wealthiest fifth of U.S. neighborhoods. Less than 11 percent come from the poorest quintile.

Percentage of Total Recruits

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quintile 1 ($0 - $33,267)</td>
<td>10.6</td>
<td>10.7</td>
<td>24.3</td>
<td>24.4</td>
</tr>
<tr>
<td>Quintile 2 ($33,268 - $42,039)</td>
<td>18.3</td>
<td>18.3</td>
<td>21.7</td>
<td>21.7</td>
</tr>
<tr>
<td>Quintile 3 ($42,040 - $51,127)</td>
<td>21.7</td>
<td>21.7</td>
<td>25.0</td>
<td>24.9</td>
</tr>
<tr>
<td>Quintile 4 ($51,128 - $65,031)</td>
<td>24.3</td>
<td>24.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quintile 5 ($65,032 - $246,333)</td>
<td>25.0</td>
<td>24.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Figure 2.
APPENDIX G

Neighborhood Incomes of Enlisted Recruits

More than three-quarters (75.5%) of enlisted recruits came from neighborhoods where the median family income is more than $40,000 per year. Recruits from neighborhoods where the median family income is less than $40,000 are underrepresented compared to the total population, while those from higher-earning areas are overrepresented.

### Percentage of Total Recruits by Neighborhood Median Household Income

<table>
<thead>
<tr>
<th>Median Household Income</th>
<th>Percentage of Total Recruits</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$5,000</td>
<td>0.01</td>
</tr>
<tr>
<td>$5,001-$10,000</td>
<td>0.02</td>
</tr>
<tr>
<td>$10,01-$15,000</td>
<td>0.23</td>
</tr>
<tr>
<td>$15,01-$20,000</td>
<td>1.61</td>
</tr>
<tr>
<td>$20,01-$25,000</td>
<td>3.82</td>
</tr>
<tr>
<td>$25,01-$30,000</td>
<td>7.04</td>
</tr>
<tr>
<td>$30,01-$35,000</td>
<td>11.09</td>
</tr>
<tr>
<td>$35,01-$40,000</td>
<td>11.89</td>
</tr>
<tr>
<td>$40,01-$45,000</td>
<td>11.65</td>
</tr>
<tr>
<td>$45,01-$50,000</td>
<td>10.6</td>
</tr>
<tr>
<td>$50,01-$55,000</td>
<td>8.77</td>
</tr>
<tr>
<td>$55,01-$60,000</td>
<td>7.64</td>
</tr>
<tr>
<td>$60,01-$65,000</td>
<td>5.18</td>
</tr>
<tr>
<td>$65,01-$70,000</td>
<td>4.66</td>
</tr>
<tr>
<td>$70,01-$75,000</td>
<td>3.73</td>
</tr>
<tr>
<td>$75,01-$80,000</td>
<td>2.87</td>
</tr>
<tr>
<td>$80,01-$85,000</td>
<td>2.38</td>
</tr>
<tr>
<td>$85,01-$90,000</td>
<td>1.47</td>
</tr>
<tr>
<td>$90,01-$95,000</td>
<td>1.22</td>
</tr>
<tr>
<td>$95,01-$100,000</td>
<td>3.46</td>
</tr>
</tbody>
</table>

### Difference Between Percentage of Total Recruits and Percentage of Total Population, in Percentage Points

- Underrepresented: -0.29, -0.31, -1.09, -1.38, -2.26, -2.43, -2.22, -1.14, 0.42, 1.09, 1.66, 1.67, 1.34, 1.07, 1.08, 0.93, 0.69, 0.62, 0.28, 0.18, 0.1
- Overrepresented: 0


Figure 3.
APPENDIX H

Racial Composition of New Enlisted Recruits in 2006 and 2007

Groups with recruit-to-population ratios greater than 1.0 are overrepresented among enlisted recruits, and groups with ratios less than 1.0 are underrepresented.

<table>
<thead>
<tr>
<th></th>
<th>2006 Percentage of Total U.S. Male Population, 18–24 Years Old</th>
<th>2006 Percentage of Total Recruits</th>
<th>2006 Recruit/Population Ratio</th>
<th>2007 Percentage of Total Recruits</th>
<th>2007 Recruit/Population Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>61.99%</td>
<td>65.32%</td>
<td>1.05</td>
<td>65.50%</td>
<td>1.06</td>
</tr>
<tr>
<td>Black or African American</td>
<td>11.87</td>
<td>12.34</td>
<td>1.04</td>
<td>12.82</td>
<td>1.08</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3.49</td>
<td>3.31</td>
<td>0.95</td>
<td>3.25</td>
<td>0.93</td>
</tr>
<tr>
<td>Combination of two or more races</td>
<td>1.56</td>
<td>0.57</td>
<td>0.37</td>
<td>0.66</td>
<td>0.42</td>
</tr>
<tr>
<td>American Indian/Alaska</td>
<td>0.73</td>
<td>2.16</td>
<td>2.96</td>
<td>1.96</td>
<td>2.68</td>
</tr>
<tr>
<td>Declined to specify race/ethnicity</td>
<td>3.49</td>
<td></td>
<td></td>
<td>2.76</td>
<td></td>
</tr>
</tbody>
</table>

* Calculated using 2006 population estimates.


Figure 4.
# APPENDIX I

## ONLINE RESOURCES

### Church and Para-Church Practices in Ministry to the Military

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.militaryministry.org">www.militaryministry.org</a></td>
<td>Military Ministry, A Division of Campus Crusade for Christ, provides resources to support the military marriage, family, and chaplains.</td>
</tr>
<tr>
<td><a href="http://www.militarymissionsnetwork.com">www.militarymissionsnetwork.com</a></td>
<td>This site offers helpful information for churches that want to start a ministry to the military.</td>
</tr>
<tr>
<td><a href="http://www.gatewaybaptist.com">www.gatewaybaptist.com</a></td>
<td>Military Ministry and Missions of Gateway. We encourage a church-wide mindset of warmth and welcome to military families.</td>
</tr>
<tr>
<td><a href="http://www.olivebaptist.org/ministry/military.html">www.olivebaptist.org/ministry/military.html</a></td>
<td>Our Military Ministry caters to the needs of the men and women serving in the armed forces.</td>
</tr>
<tr>
<td><a href="http://www.ministrytomilitary.org">www.ministrytomilitary.org</a></td>
<td>Ministry to Military is a ministry reaching out to young people joining the military, Hebron Baptist Church.</td>
</tr>
<tr>
<td><a href="http://www.mttm.org">www.mttm.org</a></td>
<td>The Ministry to the Military is an outreach program of the Church of God of Cleveland, TN. Our Mission is to enable armed forces personnel and their family members to effectively live a Christian life.</td>
</tr>
</tbody>
</table>

### Articles on PTSD

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.ncptsd.va.gov">http://www.ncptsd.va.gov</a></td>
<td>The National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs, addresses the needs of veterans with military-related PTSD.</td>
</tr>
<tr>
<td><a href="http://www.onmission.com/site">www.onmission.com/site</a></td>
<td>Post-Traumatic Stress Disorder (PTSD) can be debilitating, and churches can help. This church focuses on military for missions and ministry as an intentional strategy in its vision.</td>
</tr>
<tr>
<td><a href="http://www.PTSDSupport.net">http://www.PTSDSupport.net</a></td>
<td>A grassroots website with great background resources from someone who's been there.</td>
</tr>
</tbody>
</table>
## Resources for Helping Wounded Warriors and Their Families

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.1.va.gov/volunteer/">www.1.va.gov/volunteer/</a></td>
<td>The Department of Veterans Affairs Volunteer Service (VAS), volunteers assist patients by augmenting staff with end of life care programs, foster care, community-based volunteer programs, hospital wards, nursing homes, and outreach centers.</td>
</tr>
<tr>
<td><a href="http://www.anychd.com">www.anychd.com</a></td>
<td>Those wanting to send support to a soldier in harm's way, this website provides information on what to send, who to send it to and how to send it.</td>
</tr>
<tr>
<td><a href="http://www.sentinelsoffreedom.org">www.sentinelsoffreedom.org</a></td>
<td>Sentinels of Freedom gives injured veterans the gift of time, helping them readjust to civilian life and their new physical challenges while finding life paths that best suit their abilities, interests / needs.</td>
</tr>
<tr>
<td><a href="http://www.woundedwarriorproject.gov">www.woundedwarriorproject.gov</a></td>
<td>The Wounded Warrior Project serves wounded, active duty serviceman and their families as the soldiers are rehabilitated and adjust to civilian life.</td>
</tr>
</tbody>
</table>

## Combat Trauma

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.PTSDHealing.org">www.PTSDHealing.org</a></td>
<td>Highlights spiritual solutions to combat trauma.</td>
</tr>
<tr>
<td><a href="http://www.CombatFaith.com">www.CombatFaith.com</a></td>
<td>A website and ministry dedicated to educate, train, arm and equip individuals to utilize principles from the teachings of Jesus to be healed from PTSD.</td>
</tr>
<tr>
<td><a href="http://www.iraqwarveterans.org/ptsd.htm">http://www.iraqwarveterans.org/ptsd.htm</a></td>
<td>Lists support groups for veterans and families for PTSD.</td>
</tr>
</tbody>
</table>
APPENDIX J

The foundation of Combat / Operational Stress Control is the Stress Continuum Model (Figure 5.) which provides service members, leaders, and family members a visual tool for assessing stress responses ranging from ready to ill and practical steps to take to mitigate stress injuries.

<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Mild and transient distress or impairment</td>
<td>More severe and persistent distress or impairment</td>
<td>Clinical mental disorder</td>
</tr>
<tr>
<td>• Optimal functioning</td>
<td>• Always goes away</td>
<td>• Leaves a “scar”</td>
<td>• Unhealed stress injury causing life impairment</td>
</tr>
<tr>
<td>• Adaptive growth</td>
<td>• Low risk</td>
<td>• Higher risk</td>
<td>Types</td>
</tr>
<tr>
<td>• Wellness</td>
<td>Causes</td>
<td>Causes</td>
<td>• PTSD</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td>• Any stressor</td>
<td>• Life threat</td>
<td>• Depression</td>
</tr>
<tr>
<td>• At one’s best</td>
<td>• Feeling irritable, anxious, or down</td>
<td>• Loss</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>• Well trained and prepared</td>
<td>• Loss of motivation</td>
<td>• Moral injury</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• In control</td>
<td>• Loss of focus</td>
<td>• Wear and tear</td>
<td><strong>Features</strong></td>
</tr>
<tr>
<td>• Physically, mentally, and spiritually fit</td>
<td>• Difficulty sleeping</td>
<td>Causes</td>
<td>• Symptoms persist and worsen over time</td>
</tr>
<tr>
<td>• Mission focused</td>
<td>• Muscle tension or other physical changes</td>
<td>• No longer feeling like normal self</td>
<td>• Severe distress or social or occupational impairment</td>
</tr>
<tr>
<td>• Motivated</td>
<td>• Not having fun</td>
<td>• Excessive guilt, shame, or blame</td>
<td></td>
</tr>
<tr>
<td>• Calm and steady</td>
<td><strong>Features</strong></td>
<td><strong>Features</strong></td>
<td></td>
</tr>
<tr>
<td>• Having fun</td>
<td>• Loss of control</td>
<td>• Panic, rage, or depression</td>
<td></td>
</tr>
<tr>
<td>• Behaving ethically</td>
<td>• Difficulty sleeping</td>
<td>• No longer feeling like normal self</td>
<td></td>
</tr>
</tbody>
</table>

**Leader Responsibility**

**Individual, Shipmate, Family Responsibility**

**Caregiver Responsibility**
APPENDIX K

THE STRESS CONTINUUM MODEL

<table>
<thead>
<tr>
<th>READY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Green)</td>
<td>(Yellow)</td>
<td>(Orange)</td>
<td>(Red)</td>
</tr>
</tbody>
</table>
| • Good to go  
• Well trained  
• Prepared  
• Fit and focused  
• Cohesive units and ready families | • Distress or impairment  
• Mild and transient  
• Anxious, irritable, or sad  
• Behavior change | • More severe or persistent distress or impairment  
• Leaves lasting memories, reactions and expectations | • Stress injuries that don’t heal without help  
• Symptoms and impairment persist over many weeks or get worse over time |

Unit Leader Responsibility  
Individual, Shipmate, Family Responsibility  
Caregiver Responsibility

The Stress Continuum v. 2 (Figure 6.) is a model that identifies how service members react under stressful situations.

The continuum is a color-coded map to identify behaviors that might arise from serving in combat, in dangerous peacekeeping missions and in the highly charged day-to-day work that is required of today’s military.

While its primary use is for individual service members, the continuum also is a valuable tool to track behaviors of military families and commands.
APPENDIX L

Soldiers Under Stress

Green Zone (Ready):
- Good to Go. Continue to monitor for signs of distress or loss of function in the future if concerned.

Yellow Zone (Reacting):
- Ensure adequate sleep and rest
- Manage home front stressors
- Discussions in small units
- Refer to chaplain or medical if problems worsen

Orange Zone (Injured):
- Keep safe and calm
- Rest and recuperation 24-72 hrs.
- Refer to medical or chaplain
- Mentor back to full duty and function

Red Zone (Ill):
- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Reintegrate with unit

Are there signs of DISTRESS or LOSS OF FUNCTION?

NO

Is the distress or loss of function SEVERE?

NO

Has the distress or loss of function PERSISTED?

NO

YES

YES

Figure 7.

Distress or Loss of Function:
- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Hyperactive startle responses to noises
- Difficulty performing normal duties
- Any change from normal personality

SEVERE Distress or Loss of Function:
- Inability to fall asleep or stay asleep
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Serious suicidal or homicidal thoughts
- Loss of usual concern for moral values

PERSISTENT Distress or Loss of Function:
- Stress problems that last for several weeks post-deployment
- Stress problems that don't get better over time
- Stress problems that get worse over time

Combat Operational Stress Decision Flowchart
APPENDIX M

The Spectrum of Combat Trauma

MILD
Reintegration Issues
Combat/Operational Stress Reactions
Adjustment Disorders
Acute Stress Disorder
Post-Traumatic Stress Disorder

SEVERE

Figure 8.
APPENDIX N

The following table may help you assess whether your existing church ministries intersect with the needs of military members, their families and combat trauma/PTSD sufferers.

<table>
<thead>
<tr>
<th>Military Needs and Existing Ministries</th>
<th>Spiritual Maturity</th>
<th>Affirmation of Service</th>
<th>Marriage and Family Strengthening</th>
<th>Financial Counseling</th>
<th>Parenting Education, Respite</th>
<th>Practical Needs Assistance</th>
<th>Grief Counseling</th>
<th>Addiction Counseling</th>
<th>Combat Trauma</th>
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<tbody>
<tr>
<td>Discipleship and Teaching</td>
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<td>Prayer</td>
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<td>Pastoral / Compassion Corps Care</td>
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<td>Bible Studies (Women / Men / Children)</td>
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<td>Marriage and Family Enrichment</td>
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<td>Lay Counseling (i.e. Stephen Ministry)</td>
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<td>Child Care / MOPPs / Youth Ministries</td>
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<td>Budget Map or Crown Ministry</td>
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<tr>
<td>Mentoring (Women to Women; Military to Military; Teens to Youth)</td>
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<tr>
<td>Crew Ministry (volunteer home / auto services)</td>
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<tr>
<td>Planned Events (Military Appreciation Socials; Veterans / Memorial Day)</td>
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Table 7.
APPENDIX 0

“B.R.I.D.G.E.S.” – a Spiritual Approach to Combat Trauma; becoming a bridge to healing involves taking a series of practical steps to build sensitive and caring relationships with soldiers and their families and reaching out to them in ways relevant to their special needs. The “BRIDGES” acrostic helps describe what churches can do.81

Get the Big Picture about proper roles: God is the Healer; you are the Bridge

• Recognize the practical and spiritual needs of the military and their families.
• Realize the typical needs of combat trauma sufferers and their families.

Help combat trauma sufferers strengthen their Relationships:

• With God
• With their families and friends
• With themselves (identity, self-image, self-talk)
• With you (being their friend, taking the initiative, being tenacious)

Intercession – Prayer: the foundational strategy

• Praying for/with the combat trauma sufferer and his/her family
• Teaching the combat trauma sufferer to pray for himself/herself
• Getting others to support the combat trauma sufferer and family in prayer

Dialog – Conversations with the combat trauma sufferer

• Sharing his/her traumatic experiences in a safe environment
• Encouraging dialog with a combat trauma counselor/medical Professional

God-focused – Pointing the sufferer to God for guidance and his/her healing

• Combat trauma sufferer and family receiving Christ and developing a relationship with God.
• Combat trauma sufferer and family looking to Christ for protection, deliverance, and healing

Construct an Environment where God can access wounded souls

• Unconditional love, encouragement, honor, affirmation, patience, honesty, trust
• Christian fellowship (formal, informal)
• Studying the Bible (and other resources such as Combat Trauma Healing Manual) on his/her own and/or in small groups (renewing the mind and building community)
• Quiet times/prayer

Service – Be other-focused

• Serving the combat trauma sufferer and family with practical needs
• Enlist the combat trauma sufferer to reach out to others

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81 The Bridges to Healing ministry program from Campus Crusade Military Ministry is a strategy for churches that want to become bridges between God's healing power and those who suffer from combat trauma. The program fits well with many existing ministries.
Lasting effects of trauma on the brain, showing long-term dysregulation of norepinephrine and Cortisol systems, and vulnerable areas of hippocampus, amygdala, and medial prefrontal cortex that are affected by trauma.82

The psychological experience of trauma can actually cause neurological changes. There are often scientific reasons for behaviors, such as increased, diminished and killed brain regions, functions and neurons. Consider the following:

- **Can’t find the words to express thoughts** The prefrontal lobe (responsible for language) is adversely affected by trauma, which affects its linguistic function.

- **Can’t regulate emotions** The amygdala (responsible for emotional regulation) is in such overdrive that in some PTSD survivors it actually **enlarges**.
• **Problem with short-term memory loss** Studies show that in some PTSD survivors, the hippocampus (responsible for memory and experience assimilation) actually *shrinks in volume*.

• **Always feeling frightened** The medial prefrontal cortex (responsible for regulating emotion and fear responses) doesn't regulate itself or function properly after trauma.

Trauma results from our perception of an event that then becomes coded in our neuro-pathways. Many PTSD treatments seek to reverse and/or destroy those neuro-pathways.

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APPENDIX Q

Participant Identification Number: 

CONSENT FORM

CASE STUDY: THE INTERSECTION OF WAR, PTSD, AND PASTORAL CARE AND COUNSELING
FOR SOLDIERS AND THEIR FAMILIES

Name of Researcher: Eric D. Jackson, Sr.

Please initial box

1. I confirm that I have read and understand the information sheet dated October 2011 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that any information given by me may be used in future reports, articles or presentations by the researcher.

4. I understand that my name will not appear in any reports, articles or presentations.

5. I agree to take part in the above study.

Name of Participant ___________________ Date _______________ Signature ___________________

Researcher ________________________ Date _______________ Signature ___________________

When completed, please return in the envelope provided (if applicable). One copy will be given to the participant and the original to be kept by the researcher.

BRIDGING THE GAP BETWEEN SUNDAY IN THE COMBAT ZONE AND SUNDAY AT HOME
CASE STUDY: THE INTERSECTION OF WAR, PTSD, AND PASTORAL CARE AND COUNSELING FOR SOLDIERS AND THEIR FAMILIES

Eric D. Jackson, Sr. * E-mail: pastorericj@gmail.com

Consent Sheet, Version 1 November 2011 - May 2012
A Soldier's return from deployment is a time of great excitement and joy. It may also be a time of stress, frustration, or disappointment if the reunion does not meet your hopes and expectations. All Soldiers go through an adjustment period from being a combat Soldier to being your son or daughter, parent or spouse. This adjustment period is normal.

After Operation Iraqi Freedom and Operation Enduring Freedom, your loved ones may have problems readjusting because they have memories of:

- Witnessing or being personally involved in death and destruction
- Seeing destroyed homes and dead bodies
- Seeing friends wounded or killed
- Being ambushed, receiving small arms fire or being exposed to improvised explosive devices (IEDs)

They may also have problems due to:

- Physical injury or illness
- Financial difficulties
- Relationship strains
- Feeling that they no longer fit in
- Dealing with different family routines or roles

WHERE TO GET HELP

- Active Duty Soldiers and family members can contact their unit chaplain, unit mental health team, or primary medical provider.
- Reserve/National Guard Soldiers and family members can contact VA Medical Centers and Vet Centers that provide veterans with mental health services. VA Medical Centers and Vet Centers are listed in the phone book in the blue Government pages. On the Internet, go to www.va.gov and click on the "Find a Facility" tab near the top of the page or go to www.va.gov/vrcs.
- All family members and/or returning Soldiers can contact the Military One Source at https://www.militaryonesource.com and register for a free account.
  - Free confidential counseling (up to six sessions) in the civilian community is available.
  - Call U.S. toll free 1-800-222-6847
  - International: Access code + 800-222-6847 (all 11 digits must be dialed)
  - For Spanish: 1-877-888-0727
  - Korea: DSN 550-ARMY (2769)

SOLDIER RETURNING HOME

SOLDIER COMBAT STRESS REACTION:
A pocket guide for spouse and loved ones

USAPHC
U.S. ARMY PUBLIC HEALTH COMMAND
http://jphc.army.mil
1-800-222-6847

JANUARY 2012

TA-056-0412
**Appendix R (cont.)**

**COMMON REACTIONS**

Many of the reactions listed below are normal for people who experience high stress situations. It is not uncommon for most Soldiers to experience some or all of the following reactions:

- **Emotional**
  - Feeling overwhelmed
  - Depression
  - Irritability
  - Feeling numb
  - Difficulty readjusting to family routines
  - Difficulty reconnecting with family
  - Discomfort being around other people or in crowds
  - Frustration
  - Guilt
  - Crying spells

- **Cognitive**
  - Difficulty with memory
  - Loss of interest/motivation
  - Concentration problems
  - Difficulty talking about deployment experiences
  - Loss of trust

These normal reactions may be uncomfortable but in most cases are not causes for concern. Typically, the “common reactions” stop after 6 to 8 weeks.

**FLASHBACKS AS A REACTION**

- Flashbacks may occur in response to a “trigger” (for example a loud noise that sounds like a weapons discharge) or spontaneously without a trigger.

**WHEN NORMAL REACTIONS BECOME PROBLEMATIC**

- Problems that interfere with a Soldier’s ability to do the things that he or she needs to do in any important area of life (work, home, family, social, spiritual) are the clearest signs that a normal reaction after deployment may be turning into a more serious problem.
- If a Soldier’s distress persists longer than 6 to 8 weeks, it may be a sign that your loved one needs professional help.

**SOMETIMES THE PROBLEMS ARE TOO BIG TO RESOLVE BY YOURSELF.**

Get help if any of the following occurs:
- Atypical behavior, depression, prolonged sadness, suicidal or homicidal thoughts, aggressive/violent thoughts or actions, verbal abuse, reckless behavior, excessive anger, or alcohol/substance abuse.

If you are worried that your loved one is thinking about committing suicide or hurting himself or herself, remember the following tips:

- **Act Immediately!**
- **Be Direct.** Ask, “Are you thinking about hurting yourself?”
- **DO NOT LEAVE YOUR LOVED ONE ALONE.**
- Get help: Contact a chaplain, doctor, friend, family member, or call 911 or a hospital emergency room.

_A suicidal person needs immediate professional help._

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**GET HELP WHEN YOU NEED IT**

Be patient and work with each other during the readjustment period. If problems continue or get worse, seek help for yourself and your loved one.

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[http://www.militaryonesource.com](http://www.militaryonesource.com)
APPENDIX S

YouTube Videos on Combat, PTSD, and other Mental Disorders (i.e. Anxiety, Depression, Combat Operational Stress, etc.) among Soldiers

<table>
<thead>
<tr>
<th>URL</th>
<th>Title</th>
</tr>
</thead>
<tbody>
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<td><a href="http://youtu.be/ghXCrsTVXtc">http://youtu.be/ghXCrsTVXtc</a></td>
<td>&quot;Iraq PTSD&quot;</td>
</tr>
<tr>
<td><a href="http://youtu.be/ofuLWhLwWsI">http://youtu.be/ofuLWhLwWsI</a></td>
<td>&quot;(Chronic) Combat PTSD&quot;</td>
</tr>
<tr>
<td><a href="http://youtu.be/LM_nw5N3n-I">http://youtu.be/LM_nw5N3n-I</a></td>
<td>&quot;Post-Traumatic Stress Disorder (and EMDR)&quot;</td>
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<tr>
<td><a href="http://youtu.be/CnpsG7D1s84">http://youtu.be/CnpsG7D1s84</a></td>
<td>&quot;Our Veterans: Invisible Wounds&quot; - pt: 3</td>
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<td><a href="http://youtu.be/ZeESIB-Kjfl">http://youtu.be/ZeESIB-Kjfl</a></td>
<td>&quot;The War Within&quot; (1 of 4)</td>
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<td><a href="http://youtu.be/8F3_Iho_i9Y">http://youtu.be/8F3_Iho_i9Y</a></td>
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<td><a href="http://youtu.be/aJBRQ0awit4">http://youtu.be/aJBRQ0awit4</a></td>
<td>&quot;The War Within&quot; (4 of 4)</td>
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<tr>
<td><a href="http://youtu.be/P45-oOjTNYo">http://youtu.be/P45-oOjTNYo</a></td>
<td>&quot;Vets with Invisible Wounds of War Reach Staggering Numbers&quot; (from ABC World News, Thursday, April 17, 2008)</td>
</tr>
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</table>

Table 8.
Bibliography


