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National guard and reserve soldiers with PTSD: families, churches, and communities returning them to wholeness

Anthony J. Cook
Interdenominational Theological Center

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NATIONAL GUARD AND RESERVE SOLDIERS WITH PTSD: FAMILIES, CHURCHES, AND COMMUNITIES RETURNING THEM TO WHOLESNESS

By

ANTHONY J. COOK

A DOCTORAL MINISTRY PROJECT
SUBMITTED TO FACULTIES OF
THE SCHOOLS OF THE
ATLANTA THEOLOGICAL ASSOCIATION
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
OF THE DEGREE OF DOCTOR OF MINISTRY AT
THE INTERDENOMINATIONAL THEOLOGICAL CENTER

2011
ABSTRACT

NATIONAL GUARD AND RESERVE SOLDIERS WITH PTSD: FAMILIES, CHURCHES, AND COMMUNITIES RETURNING THEM TO WHOLENESS

by

Anthony J. Cook
April 2011
125 pages

The National Guard and Reserve components of the United States Armed forces are not fully able to receive access to treatment for post traumatic stress disorder (PSTD) to the same degree as their Active component counter partners. One of the main reasons for this occurrence is that Active Duty military soldiers return from the war zone to their Army Post communities. The Active Component have available to them all of the Army’s resources and personnel at their disposal. But National Guard and Reserve components return back to their local communities without access to the resources and personnel to assist them with their PTSD related problems. If the resources are available they often fail to take advantage of them, because of their lack of knowledge of the available resources. Additionally, the shame and stigma associated with receiving mental health assistance often causes soldiers to refuse to accept the available help.

Families, churches, and communities often don’t have the knowledge base for accessing resources for the soldiers’ treatment. This Doctor of Ministry project developed a training program to train families, churches, and communities to recognize the signs and symptoms of PTSD. This program will provide them with avenues to access and receive the available resources. The researcher believe that if families, churches and communities receive awareness training about PTSD, service members will have people they trust assisting them with their war related problems upon their return.
DEDICATION

This dissertation is primarily dedicated to the many men and women in uniform who give so much of themselves in order to protect this great Country of ours. I dedicate this dissertation to my lovely wife Captain Regina Cook an Afghanistan Veteran. Thank you for your unwavering support and patience throughout this long and difficult process. For your understanding of the many overnight trips to Atlanta and long hours I spent reading and writing to complete this work.

I dedicate this project to my late parents as well. My mother Bobbie Jean Cook who always told me to learn all I could because “knowledge was the one thing people could not take from me”. My father Charles Cook who advised me that education was one of most important things I could get as a man. Thank both of you for letting me know that I was someone special to you.
ACKNOWLEDGEMENTS

I could have never completed this project without the assistance of so many great people who lent themselves to me in some way during this journey. Dr. Steve Rasor, my Program Director who shared his more than twenty years of knowledge and experience with me during this academic exercise. Many thanks to Dr. Christine Chapman, my committee chair who provided great leadership and direction through the Dissertation process. I will forever be indebted to Ms. Jennifer Swartz for her outstanding editing of this Dissertation.
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CHAPTER ONE

Introduction

The National Guard and Reserve components of the United States Armed forces are often not fully able to receive access to treatment for post traumatic stress disorder (PSTD) to the same degree as their active military partners. The researcher believes that the reason for this occurrence is because active duty military soldiers return from the war zone to their Army post communities. The active military personnel have all of the Army’s resources and community of practice at their disposal. On the other hand, National Guard and Reserve components Soldiers often return to their local communities without access to the resources and personnel to assist them with their PTSD related problems. If resources are available, they often fail to take advantage of them. The researcher sought to develop a program that would assist National Guard and Reserve forces with PTSD and their families. Often, because they lack knowledge about the availability of resources, and experience shame and stigma associated with receiving mental health assistance, Soldiers refuse any available help.

The researcher believes that families, churches, and support communities of National Guard and Reserve Soldiers do not have a sufficient knowledge base to access
resources on behalf of those National Guard and Reserve Soldiers who seek treatment of PTSD. But, more importantly, people don’t always know how to identify PTSD, so they don’t always know that the Soldier needs help. Therefore, it becomes necessary to train families, support communities, and churches to recognize the signs and symptoms of PTSD. It is critical that we provide those living with PTSD ways to access and receive the available resources to combat this disorder. The researcher feels that if families, communities, and churches receive PTSD awareness training, then service members may have a resource in the people that they can trust to assist them with their war related issues upon their return from deployment. The symptoms of PTSD can manifest immediately upon redeployment or begin anywhere from six to twelve months after Soldiers have redeployed. In either case, an increasing number of Soldiers are suffering from PTSD, or will suffer from PTSD in the future, and will need access to reliable resources within their local communities.

The researcher believes that addressing the issue of PTSD and its effect on families, communities, and local churches will make a tremendous difference in the lives of our service members. When families, communities and local churches become aware of and educated about PTSD, they learn of the roles they can fill to support someone suffering from PTSD, all who are affected by this disorder will benefit from it.

PTSD can occur following a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often endure nightmares, flashbacks, difficulty sleeping, and emotional numbness. These symptoms can significantly impair a person's ability to cope with daily life.
PTSD is classified by clear physical and psychological symptoms. People often exhibit symptoms like depression, substance abuse, memory and cognition problems, and a variety of other physical and mental health problems. The disorder is also associated with difficulties in social or family life, including occupational instability, marital problems, family discord, and difficulties in parenting. Simply put, PTSD is an illness and like all illnesses it will require treatment. The researcher provides a more comprehensive definition of PTSD:

*What is Posttraumatic Stress Disorder (PTSD)?*

According to the National Center for PTSD, Post Traumatic Stress Disorder is an anxiety disorder that can occur after a person has been through a traumatic event. A traumatic event is something horrible and scary that a person sees or that happens to that person. During this type of event, one thinks that his life or others' lives are in danger. The person may feel afraid or feel that he has no control over what is happening.

Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.

After the event, victims may feel scared, confused, or angry. If these feelings don't diffuse and resolve themselves or if the feelings escalate, then this may be an indication that the person may suffer from PTSD. These symptoms may disrupt their life, making it hard to continue with their daily activities.
How does PTSD develop?

All people with PTSD have lived through a traumatic event that forced them to fear for their lives, witness horrible things, and feel helpless to stop these events. Strong emotions caused by the event create changes in the brain, which may result in PTSD. Some people who live through a traumatic event have some symptoms of PTSD immediately following the event. Yet, only some will develop PTSD. It isn't clear why some people develop PTSD and others don't. But the tendency toward developing PTSD depends on many factors. These include:

- The intensity and duration of the trauma
- The loss or injury of someone close to the victim
- The proximity of the victim to the event
- The intensity of the victim’s reaction
- The sense of control over events the victim experienced
- The accessibility of help/support to the victim post event

Many people who develop PTSD heal over time; however, about 1 out of 3 people with PTSD continue to manifest symptoms. As these patients continue to live with symptoms, treatment provides them with ways to cope with the disorder. Their symptoms don’t have to interfere with their everyday activities, work, and relationships.

What are the symptoms of PTSD?

Symptoms of post traumatic stress disorder can be terrifying. They may cause disruption to a person’s life – make it difficult to maintain daily activities, or to simply function through a day. In most cases, the onset of PTSD symptoms comes soon after the triggering traumatic event; but in other cases, they may not occur until months or years after the event. Also, the symptoms may surface and dissipate sporadically over
many years. If symptoms last longer than four weeks, cause a person great distress, or interfere with a person's work or home life, then that person most likely has PTSD.

Symptoms have been studied and categorized into four types: reliving the event, avoidance, numbing, and feeling keyed up.

Reliving the event (also called re-experiencing symptoms):

Acute memories of the traumatic event can surface at any time. A person may re-experience the same fear and horror he did when the event actually took place, have nightmares, or feel as if he is reliving the event. This is called a flashback. Sometimes there is a trigger — a sound or sight that causes the person to relive the event. Examples of these triggers might include:

- Hearing a car backfire, which can bring back memories of gunfire and war for a combat veteran
- Seeing a car accident which can remind a crash survivor of his or her own accident
- Seeing a news report of a sexual assault which may bring back memories of assault for a woman who was raped

Avoiding situations that remind them of the event:

Those with PTSD may try to avoid situations or people that trigger memories of the traumatic event. They may even avoid talking or thinking about the event. For example,

- A person who was in an earthquake may avoid watching television shows or movies in which there are earthquakes
- A person who was robbed at gunpoint while ordering at a hamburger drive-in may avoid fast-food restaurants
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.
Feeling numb:

Victims of PTSD may find it hard to express their feelings and subsequently choose not to address them. This is another symptom referred to as feeling numb or avoiding memories. For example,

- They may not have positive or loving feelings toward other people and may stay away from relationships
- They may not be interested in activities they used to enjoy
- They may forget about parts of the traumatic event or not be able to talk about them.

Feeling keyed up (also called hyper arousal):

PTSD victims may be jittery, always alert, or on the lookout for danger. This is known as hyper arousal. It can cause them to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for their safety and always feel on guard
- Be very startled when someone surprises them

What are other common problems? People with PTSD may also manifest other problems, which include:

- Drinking or drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationships problems including divorce and violence
- Physical symptom

**Purpose of the Project**

The purpose of this Doctor of Ministry project was to develop a program to train families, churches, and support communities about PTSD and its effect on returning service members. It further served as a means to disseminate information about how and
where to access assistance programs and resources that would help Soldiers suffering from PTSD. The objective of this program was to educate families, communities, and churches about PTSD in an effort to transition service members back to a state of wholeness as soon as possible upon their return from the war zone. The program developed for this Doctor of Ministry project will contribute to the successful reintegration of PTSD victims into their families and home communities.

Research and Analysis

The researcher utilized secondary analyses and participant observation research methods to complete this Doctor of Ministry project. Analyses of books and articles were conducted to gather empirical data addressing the issues of soldiers and PTSD. The researcher also developed a training curriculum for trainers and participant observers.

The researcher implemented this training as an Army National Guard Chaplain assigned as Support Chaplain of 4,000 plus Heavy Brigade Combat Team (HBCT) recently redeployed from Iraqi. Currently the researcher has the pastoral responsibility for over 4,000 National Guard families in the State of North Carolina. As a result, he has access to the National Guard service members’ families and support communities, Family Readiness Groups (FRG), Family Readiness Centers (FRC), local churches, and pastors.

The Army National Guard plays a major role in the defense and security of the United States. Traditionally, the National Guard has been both a domestic state-level security force and a major federal component of U.S. combat power for overseas operations. Since 2001, it has become an integral force in what the Bush Administration terms the Global War on Terrorism (GWOT) and Operation Iraqi Freedom (OIF).
The researcher has personal motive for addressing this specific issue. He has a nephew, an Army National Guard Soldier, who was deployed to Iraq (OIF) 2003-2004. Upon his return, the nephew displayed classic symptoms of PTSD – sleeplessness, increased or excessive consumption of alcohol, the carrying a firearm at all times, fast and erratic driving, and multiple Driving while Intoxicated (DUI) and carrying a firearm arrests. However, the nephew refused to seek assistance from the Veteran Administration (VA) and his family did not know how to access the help he needed. He was scheduled to return for his second deployment to Iraq early 2008, however, because of a diagnoses of PTSD he did not deploy.

The researcher desired to pursue this project after returning to North Carolina and meeting soldiers who were suffering with PTSD from their previous deployment with the 30th HBCT. Interacting with soldiers who are currently assigned to Wounded Warrior Transition Units (WTU) gave the researcher personal insight into Soldiers who struggle with PTSD. The WTU provide critical support to wounded Soldiers – who are expected to require six months of rehabilitative care and the need for complex medical management – and their Families. The units have physicians, nurses, squad leaders, platoon sergeants, and mental health professionals. These leaders are responsible for making sure that needs and care of wounded Soldiers and their families is coordinated.

Summary

Often, the National Guard and Reserve components of the United States Armed forces are unable to access treatment for post traumatic stress disorder (PSTD) to the same degree as their active military partners. The researcher believes that this is
because active duty military Soldiers return from the war zone directly to their fully-equipped Army post communities – with all of the Army’s resources and personnel at their disposal. The commander and staff are aware of the effects of conflict on the Soldier and are trained to recognize and monitor their units for symptomatic behavior. National Guard and Reserve components soldiers on the other hand return back to their local communities, often without access to the resources and personnel to assist them with their PTSD related problems. Further, the community is unaware of PTSD, and National Guard Soldiers who exhibit symptoms of the disorder go undetected.
CHAPTER TWO

Ministry Context

The researcher’s current ministry context is the North Carolina Army Guard where he serves as the fulltime support Chaplain for the 30th Heavy Brigade Combat Team (HBCT), whose headquarters is located in Clinton, North Carolina. Appendix A outlines organization structure of the 30th HBCT.

The 30th Brigade Combat Team (HBCT) has a long and distinguished history that dates back to the First World War. It is one of the six Major Support Commands (MSC) in the North Carolina Army National Guard, and is a heavy brigade combat team in the Army’s new modular formation.

Designed to primarily be self-sufficient on the battlefield, the Brigade has two combined arms battalions with both tanks and mechanized infantry companies, an armored reconnaissance squadron which is part of the West Virginia Army National Guard, one special troops battalion, one brigade support battalion, and a fires battalion. With over 4,000 soldiers headquartered in armories across North Carolina and West Virginia, its equipment includes the M1-A1 Abrams Main Battle Tank, the M2 Bradley Fighting Vehicle, and the 155-millimeter self-propelled Paladin howitzer.
The Brigade began its service on July 18, 1917 as the 30th Infantry Division. Known as the “Old Hickory” Division, named after President Andrew Jackson, the unit was created with state militia and Guard units from North Carolina, South Carolina, and Tennessee. Many of these troops had seen recent action during the campaign against Poncho Villa’s bandits who had raided U.S. territory along the Mexican border. Though the Division itself was new, many of the units in it could trace their lineage back to the Civil War and some even to the American Revolution.

In August 1917, the unit was called to active federal service for duty in Europe as the U.S. entered the First World War. Division troops arrived in France on May 28, 1918. The Division saw action in Belgium around Ypres. Placed under command of the Fourth British Army, the Division was transferred to the Somme area and spearheaded an assault on the Hindenburg line beginning September 29, 1918. Breaking through the Hindenburg defenses, it advanced as far as the La Selle River before being sent to the rear for rest and reorganization. Medals of Honor were awarded during World War I, and of those 78 medals, 12 were awarded to Soldiers of the 30th Division.

As World War II approached, the 30th Division was activated again in September of 1940 as part of a general expansion of the U.S. military. For two years, the Division was based at Fort Jackson, South Columbia for training. During those next two years, the 30th Division participated in training in Florida and Tennessee, and finally moved to Indiana where the unit prepared to ship out for Europe. On February 12, 1944, the Division boarded ships in Boston and shipped out, disembarking at Clyde, Scotland and Bristol and Liverpool, England. In March 1944, the Division received orders to prepare for the upcoming invasion of France.
The leading elements of the Division went ashore in France on June 10th, 1944. In late July and early August, the unit helped lead the VIIth Corps attack called “Operation Cobra” which was designed to drive the Germans out of Northwest France.

After the success of Cobra, the Germans mounted a massive counterattack designed to split U.S. and British forces and isolate the American Third Army. In their way, in the little town of Mortain, was the 30th Infantry Division. Despite attacks from four German panzer divisions, the Division held firm when the battle began at midnight on August 6. By August 8, the attack was broken, and a week later the enemy was in full retreat. By September 19, the Division had closed up on the Seigfried line, Hitler’s fortifications along the western border of Germany. In October the 30th Division spearheaded the drive through that line.

By the end of its service in World War II, the Division had captured more than 65,000 German prisoners and earned praise from the official historian of the European Theater of Operations, S.L.A. Marshall, as the most outstanding infantry division in Europe. The Division had received six Medals of Honor, 20,000 Purple Hearts and some 8,000 other awards for heroism. The Division was home shortly after the war in Europe ended and was deactivated on November 25, 1945.

Reactivated in 1947, the Division settled in North Carolina, and became a North Carolina unit in 1954. After several other reorganizations, the 30th retired its colors in a deactivation ceremony held in Raleigh, North Carolina, January 5, 1974. Today, the 30th Division lives on in the form of its descendant, the 30th Heavy Brigade Combat Team (HBCT), headquartered in Clinton, North Carolina. A modular brigade, it has the latest in high-tech equipment.
Prior to the end of the Cold War, the Brigade was the only U.S. unit assigned to a NATO ally. Assigned to Italy, the 30th Brigade trained regularly in Southern Europe in preparation for possible conflicts with the Soviet Union.

On June 5, 1999, the Brigade became part of the 24th Infantry Division, which was headquartered at Fort Riley, Kansas. The 24th Infantry Division (Mechanized) was composed of three enhanced separate brigades, the 30th, the 218th Heavy Separate Brigade at Columbia, South Carolina, and the 48th Separate Infantry Brigade in Macon, Georgia. Upon activation, the 24th was deemed the Integrated Division (IDIV) and was composed of an active division headquarters at Fort Riley, an active forward headquarters at Fort Jackson, South Carolina, and the three National Guard brigades.

In 2000 to 2001, Company A of the 1st Battalion of the 120th Infantry from Jacksonville and Morehead City, North Carolina, and Company B of the 1st Battalion of the 252nd Armor from Sanford, North Carolina, both part of the Brigade, participated in a six-month rotation for peacekeeping duty in Bosnia-Herzegovina. It marked the first time National Guard combat units were used for patrol duty. They served under the command of the Third Infantry Division from Fort Stewart, Georgia, which oversaw the rotation.

In the summer of 2002, the Brigade deployed 4100 soldiers to Fort Riley, Kansas, where it took part in “Operation Hickory Sting,” a large mechanized warfare exercise designed to train soldiers in conditions as close to actual combat as possible. The exercise was designed to prepare the Brigade for its training rotation to the National Training Center at Fort Irwin, California, dubbed “Operation Tarheel Thunder” in 2003. The 30th successfully completed “Operation Tarheel Thunder” at the Army’s premier large-scale
combat training center. Soldiers from the 30th came away with many lessons to prepare them for any possible future operations. On July 27, 2003 the 30th BCT was placed on alert for possible mobilization then on October 1, 2003 the 30th was again federalized onto active duty for deployment on “Operation Iraqi Freedom.”

On October 3rd the 30th BCT and its’ subordinate units began reporting to mobilization stations at Fort Bragg, North Carolina and Fort Stewart, Georgia. They continued to train through January of 2004 culminating in a Mission Rehearsal Exercise (MRE) at the Joint Readiness Training Center, Fort Polk, Louisiana. In early February, the main body of the 30th flew from Pope Air Force Base, North Carolina to Camp Wolverine, Kuwait.

On March 9th, the first combat patrol from Old Hickory crossed the border into Iraq en route to forward operating bases in eastern Diyala Province along the Iranian border. Over the following twelve months, the 30th HBCT teamed up with the 1st Infantry Division, (The Big Red One), for the third time in history. During those 12 months, the 30th Soldiers conducted combat, logistical, and reconstruction operations throughout Area of Operations Hickory. The 30th HBCT became the first National Guard Combat Brigade to have its own Area of Operations in the history of Operation Iraqi Freedom. The 30th suffered five Soldiers Killed in Action (KIA) and over 120 Wounded in Action (WIA). For his heroism, one Soldier was awarded the Silver Star, the nation’s third highest award for bravery.

Upon redeployment in early 2005, the 30th HBCT began transformation to a modular configuration preparing it for future full spectrum operations. Since redeployment, the combat veterans of the 30th HBCT have continued to support Civil
Authorities in response to natural disasters and prepare for future deployments in the Global War on Terror.

On October 19, 2008 the 30th HBCT received its alert for mobilization order, once again placing the Old Hickory Brigade in preparation for service to the nation. On December 1, 2008 the 30th HBCT began training at Fort Bragg, North Carolina, Fort Pickett, Virginia and Fort Stewart, Georgia in preparation for follow on training at Camp Shelby, Mississippi in preparation to return to Iraq. On February 10th the 30th HBCT once again entered on to federal active duty. After completing an intensive collective training exercise at Fort Irwin, California at the National Training Center at the end of March, the 30th HBCT returned to North Carolina in preparation for movement to Iraq in April.

As established, the combat time to dwell time ration for this unit is accelerated. The impact of losses and injuries on Soldiers of the 30th HBCT could have an adverse effect on them as the pace of preparation and combat leave little time to process the impact of combat and its losses. There is a high probability that a number of these Soldiers will suffer from some form of Post Traumatic Stress Disorder (PTSD). Therefore, there is a potential for close to 4,000 Soldiers to emerge with the need for assistance with PTSD. Further, attached to those soldiers are some 4,000 plus families.

The researcher’s former ministry context location was Fort Dix, New Jersey, which consists of 31,065 acres of land, of which 13,765 acres are range and impact areas and 14,000 acres are classified as contiguous maneuver areas. Fort Dix training areas are bordered by the Lebanon State Forest (26,000 acres), Lakehurst Naval Air Engineering Center (2,100 acres), and a selected wildlife Management Area (34,900 acres) which
enables the installation to simultaneously support combat, combat support, and combat service support training.

The mission of Fort Dix is to train and mobilize America’s Armed Forces, primarily the Reserve and National Guard Components. Since September 11, 2001, Fort Dix has trained and mobilized more than 170,000 service members. Located on Fort Dix are the New Jersey National Guard Headquarters, a United States Army Reserve, Naval Reserve, and Air Force National Guard Centers.

In a previous Chaplain position, the researcher encountered a number of Soldiers suffering from PTSD. Many of the Soldiers in the Training Brigade had been deployed to either Iraq (OIF) or Afghanistan (OEF) within the last two years. Most of them were National Guard or Reserve Component Soldiers who volunteered for a program called Operation Warrior Trainer (OWT). OWT is a program in which National Guard and Reserve Component Soldiers returning from Iraq or Afghanistan may volunteer for up to two additional years of Active Duty service. The intent of this program is to allow the Soldiers to use their recent combat experience to train other Soldiers preparing to deploy into combat.

The symptoms of PTSD can start immediately upon redeployment or they can start anywhere from six to twelve months after Soldiers have redeployed. Either way a number of the Soldiers in the researcher’s previous unit were suffering from PTSD or will suffer from PTSD in the future.

This Doctor of Ministry project included the perspective of the researcher who is an Army National Guard Chaplain and was deployed to Kuwait for 12 months in support of Operation Iraqi Freedom (OIF). In this capacity, the researcher served as Chaplain of
an Army Camp that redeployed more than 100,000 United States and Coalition Forces from the Theater of War. The researcher also served as a chaplain on Active Duty in a Training Brigade that trained Reserve and National Guard units preparing for deployment to Iraq in support of Operation Iraqi Freedom (OIF) or Afghanistan in support of Operation Enduring Freedom (OEF).

Since the terrorist attack on September 11, 2001 the United States of America has been at war. Operation Enduring Freedom (OEF) in Afghanistan commenced on October 07, 2001. Operation Iraqi Freedom (OIF) in Iraq commenced March 19, 2003. Each of our country’s service members must take an Oath prior to joining the Armed Forces.

Enlisted service members must recite the following:

“I, (name), do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice (so help me God).”

Commissioned Officers must recite the following:

“I, (name), do solemnly swear, (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter (so help me God).”

The fact that each member of the Armed Forces take a solemn oath to serve their country, defend the constitution against all enemies foreign and domestic and obey the orders of their superiors obligates them to participate in war.

The Bible teaches us that one should submit oneself to their leaders.
“Therefore submit yourselves to every ordinance of man for the Lord’s sake, whether to the king as supreme, or to governors, as those who are sent by him for the punishment of evildoers and for the praise of those who do well. Honor all people. Love the brotherhood. Fear God. Honor the King.”\(^1\)

Although the United States military is not a religious organization, it does have a religious component in its Chaplaincy Corps. The Army Chaplaincy Corps is a religiously diverse population, reflecting the diversity of the Army; however, each Chaplain must minister in accordance to the guidelines of their distinct faith group. Army Chaplains oversee the spiritual care of their assigned units wherever they may train or deploy. They also assist with congregational care of their assigned Posts performing religious ceremonies, rituals, and rites in accordance to their respective faiths.

Chaplains also have other roles and responsibilities such as the overseeing a full program of religious ministries to include workshops, counseling sessions, religious education, and special events; officiating ceremonies such as military functions, funerals, and memorials; and providing religious ministry to a variety of armed service personnel and civilians from the U.S., foreign nations, and agencies.

**Military Culture**

The military has a culture that is unique to those who serve and to their families to an extent. The military has its own dress code, justice system, code of conduct, and language that consist of acronym for a number of things. The military operates by a core set of values call Army Values, which is displayed in Table 1.

\(^1\) 1 Peter 2:13,14,17 NKJV
Table 1: Army Values

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<tr>
<th>Army Value</th>
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<tr>
<td>Duty</td>
<td>Fulfill your obligations.</td>
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<tr>
<td>Respect</td>
<td>Treat people as they should be treated.</td>
</tr>
<tr>
<td>Selfless-Service</td>
<td>Put the welfare of the nation, the Army, and your subordinates before your own.</td>
</tr>
<tr>
<td>Honor</td>
<td>Live up to all the Army values.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Do what's right, legally and morally.</td>
</tr>
<tr>
<td>Personal Courage</td>
<td>Face fear, danger, or adversity (Physical or Moral).</td>
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Because of its demand for duty to country, the Army culture makes it very difficult for some Soldiers to admit they have a PTSD related problem. And if they do admit that they have a problem, the fear of appearing weak within this Army culture deters them from seeking help. For instance, a Soldier might believe that seeking help undermines the Army Value of personal courage because to display courage is to face fear, danger, or adversity (physical or moral).
CHAPTER THREE

Ministry Issues

Many National Guard and Reserve Component members deployed to areas of conflict return to our support communities with Post Traumatic Stress Disorder (PTSD). The researcher believes that there is a lack of awareness of this issue among family members, support communities, and local churches. The researcher also feel that families and service members do not understand how to access the assistance they need when faced with many symptoms of PTSD.

The National Guard plays a major role in the defense and security of the United States. Traditionally, the Guard has been both a domestic state-level security force and a major federal component of U.S. combat power for overseas operations. Since 2001, it has become an integral force in what the Bush Administration terms the Global War on Terrorism (GWOT) and Operation Iraqi Freedom (OIF).

According to data from the Department of Defense, Office of the Joint Chiefs of Staff, and Legislative Affairs, as of January 2, 2008, the current number of National Guard and Reserve component forces deployed in Iraq (OIF) and Afghanistan (OEF) are:
The total number of National Guard and Reserve Component forces deployed to Iraq and Afghanistan between September 2001 and November 30, 2007 were 254,894 and 202,113 respectfully. As these numbers indicate, the National Guard and Reserve Components forces are playing significant roles in our current war operations. Therefore the need for families, communities, and local churches to raise their awareness and understanding of PTSD is vitally important.

The researcher believes addressing the issue of PTSD and its effects on families, communities, and the local church will make a tremendous difference in the lives of our service members. Once families, support communities, and local churches have an awareness of PTSD and the role they can play to help those suffering from it the possibility for prevention and impact on all involved is increased.

**Ministry Problem**

The members of the Reserve Components of the United States Army need help accessing assistance for Post Traumatic Stress Disorder (PTSD) after returning home to
their communities. Their families, communities, and local churches are not aware of all of the many resources available.

The researcher proposed to find ways for members of Army National Guard and Reserve components of the Armed Forces to access help for PTSD related problems once they return to their communities. A training program about the effects of PTSD and information dissemination program was developed for service members, families, communities, and local churches. This program informed them of additional resources that were available to them so that they could support and assist their Soldiers in returning to wholeness and health.

The researcher’s intention was to have a full understanding of PTSD and its effects on service members. From that insight the researcher taught service members, families, communities and local churches about PTSD and its effects. Once all parties were informed about what PTSD is, they were given information on how to access assistance for this disorder.

The researcher’s efforts focused on working with other Military Chaplains, Local Clergy, Military Leaders, and members of the National Guard and Reserves who have been deployed, family members of Soldiers, church and community members, and members of the mental health profession. All members of the researcher’s team were stake holders, individuals, families, military personnel, local congregations and support communities. All had a stake in addressing this problem.

The targeted study group was National Guard and Reserve Soldiers returning from Operation Iraqi Freedom based in Iraq and Operation Enduring Freedom based in Afghanistan. These soldiers had been diagnosed with PTSD and were struggling with the
onset of PTSD based on their participation in these conflicts. Included in these groups were family and community members who are an intricate part of the Soldiers’ lives.

An expectation of the researcher was that National Guard and Reserve Soldiers returning to their communities from our current conflicts in Iraq and Afghanistan would seek assistance for PTSD related problems, which would improve their lives and the lives of the people affected by their problem. Instead, the researcher found that returning National Guard and Reserve veterans and their families do not have understanding of PTSD or full access to resources to address it in their communities.

For those Soldiers who sought help and found it, there was significant impact because lives returned to normal. Those families damaged from the effect of PTSD experienced minimal damage because of their access to resources. These families started the healing process more quickly and returned to a normal level of life. The churches and communities who became aware of the presence of Soldiers who suffer from PTSD within their sphere of influence, joined the effort to support Soldiers and families with the healing process.

Summary

It has been documented that a large number of National Guard and Reserve Soldiers are engaged in conflicts in Iraq and Afghanistan – many of them return home suffering from PTSD related issues. The Army cultures in which Soldiers are indoctrinated create an environment that makes it difficult for some soldiers to admit they have PTSD related problems. Therefore, the need for families, communities, and local churches to be aware of this critical issue is vital to restoring Soldiers to health. But
even more important is receiving training and information in ways conducive to assisting
the Soldiers with their holistic return to their families, support communities, and
churches. The training and information dissemination program designed and delivered
by the researcher equipped families, support communities, and churches within the
ministry context with resources to fight PTSD in returning Soldiers.
CHAPTER FOUR

Theological Literature

The researcher’s theological reflection is centered on the compassionate nature of God. Specifically, how God’s ability to heal and touch the hearts of mankind, enables man to have faith and compassion. In this light, faith and compassion are the focal point of God’s work with those who suffer from PTSD.

Faith and compassion is twofold. Those who suffer from PTSD must have the faith that God can make them whole again, despite the brokenness they feel from their PTSD experience. It is important for them to be passionate about the process of their healing. Further, those called to assist those suffering with PTSD must have faith to believe their work is not in vain. Although their work is challenging, they must believe their efforts can impact the lives of those suffering from PTSD.

Those in support positions must have compassion for the sufferer as well. It can be difficult to extend compassion to an apparent physically strong individual whose behavior is characteristically weak, both emotionally and psychologically. However, it is paramount in these situations to have faith in God and display His compassion toward those who are in need of healing from the battle with PTSD.
The theological literature reveals the need to meet those suffering from PTSD within their place of suffering – in other words we should meet and treat them within their culture context. Therefore Soldiers must be informed that God’s Grace covers them **in spite of** their military culture context. For example, in Luke Chapter 8, Jesus meets a man suffering from a mental illness and ministers him in his cultural context in order to heal him. Not only did He heal him, but He insisted that the man remain within his community to serve as a living testimony of God’s Grace.

In his book, *Models of Contextual Theology*, Stephen B. Bevans puts forth the idea of the contextualization of theology. He described contextual theology as an attempt to understand the Christian faith in terms of a particular context. According to Bevans, theology that is contextual realizes that culture, history, contemporary thought forms, and so forth are to be considered, along with scripture and tradition, as valid sources for theological expression.

Context influences the understanding of God and the expression of faith. When the importance of context for theology is recognized, then the absolute importance of context for the development of both scripture and tradition is acknowledged. Context includes the experiences of a person or group personal life: the experiences of success, failure, births, deaths, relationships, and so forth that allow persons to, or prevent persons from, experiencing God in their lives.²

Bevans believes that classical theology is something objective, while contextual theology understands theology as something deeply subjective. To explain this point, he used a quote from Charles Kraft:

There is always a difference between reality and human culturally conditioned understandings (models) of that reality. We assume that there is reality “out there” but is the mental constructs (models) of that reality inside our heads that are real to us. God, the author of reality, exists outside any culture. Human beings, on the other hand, are always bound by cultural, sub cultural, (including disciplinary), and psychological conditioning to perceive and interpret what they see of reality.

in ways appropriate to these conditionings. Neither the absolute God nor the reality {God} created is perceived absolutely by culture-bound human beings.³

From the perspective of Soldiers, their reality is shaped by their military culture. Therefore, in order to address their issues associated with PTSD theologically, one must address it within their cultural context.

Bevans described several models of contextual theologies. However, the researcher believes that Bevans' anthropological model, which centers on the value and goodness of anthropos (the human person), is befitting for the military culture. This model asserts that it is

"within every person, and every society and social location and every culture, that God manifests the divine presence, and so theology is not just a matter of relating an external message, however super cultural or super contextual –to a particular situation; rather, theology chiefly involves attending and listening to that situation so that God's hidden presence can manifested in the ordinary structures of the situation, often in surprising ways."⁴

This model also makes use of the insights of the social science of anthropology. It tries to clearly describe the web of human relationships and meaning that make up human culture, in which God is present, offering life, healing, and wholeness. The main emphasis of this approach to contextual theology is on culture. It is through a study of, and sympathetic identity with, a people’s culture that one finds the symbols and concepts with which to construct an adequate articulation of that people’s faith.

In his article titled Military Culture, James Burks of Texas A&M University wrote about military culture from an institutional and cultural perspective when he said, "modern military institutions are organized and supported by States to wage war and enforce domestic order. At any one time armies are usually engaged in one task or the

³ Ibid.
⁴ Ibid., 55.
other...military culture is no more homogeneous than war itself." Military culture is composed of six distinct elements: discipline, professional ethos, ceremonies and etiquette, and esprit de corps and cohesion. Burke believes that within each element can be found an attempt to overcome the uncertainty of war, to impose some pattern on war, to control war’s outcome, or to invest war with meaning or significance.

Burk described military discipline as the orderly conduct of military personnel whether individually or in formation, in battle, or in garrison most often as prescribed by the officer in command. A high level of discipline is necessary to minimize the confusion and disintegrative consequences of battle. The application of discipline on battle imposes an order on it. Discipline provides military personnel with a repertoire of patterned action that they can use on their own initiative or in coordination with others quickly. This allows the military to adapt and potentially prevail in battle. Following the discipline reassures soldiers, defining when and how they are “authorized” to violate the usual taboo against killing and destruction.

The researcher believes that this culture of discipline can have an adverse effect on Soldiers who are suffering from PTSD. The fact that this same discipline allowed Soldiers to successfully complete basic combat training and their military occupation skill training is evidence that they are confident in their ability to achieve anything. They used that same discipline to train for and succeed in war. Therefore they believe that they can implement the same self discipline to their battle with PTSD and everything will be fine.

6 Ibid.
7 Ibid.
Burk describes professional ethos as the corporate identity of a professional officer corps. This identity is based on expert knowledge of and control over the means of violence, with that knowledge and control deployed in the service of the state and rendered in accordance with relatively explicit normative code of conduct. Over time, specific theoretical and technical knowledge is required which could not be obtained without formal study. The remaining elements were defined briefly.

- Ceremonies – The rituals of collective action that mark (and often celebrate) certain events or passages to new rank or status within the life of the military.
- Cohesion- The emotional bond shared identity and camaraderie among soldiers within their local military unit.
- Esprit de corps- The commitment and pride soldiers take in their military establishment and its effectiveness.
- Etiquette – Normative prescriptions that guide or control interpersonal behavior especially between those of different rank or military status.

In the researcher’s view, military culture actually produces attributes within Soldiers that have the potential of assisting Soldiers in their healing process. For example, if Soldiers applied the same discipline to their spiritual life as they do their professional military life, they could develop a repertoire of spiritual disciplines to assist them with their struggle with PTSD. They could use the ceremonial aspect of their culture to participate in faith-based rituals to find peace and harmony in the midst of their illness. The cohesive and etiquette elements of their culture are also transferable into the broader culture, which allows Soldiers to work alongside their families, communities, and churches to discover hope and healing. Esprit de corps can serve as a conduit for the Soldiers’ healing. Moreover, if Soldiers take the same pride in their families, communities, and churches as they do their military establishment they might strive to return those areas of their lives back to normal.
In his lecture titled *Culture and the Bible*, Reverend John Stott said this about culture:

There is an urgent need today for creative Christian thinkers who will be utterly loyal to the essentials of the biblical gospel, but who will express it in fresh ways appropriate to every culture. To this task the Incarnation commits us. In order to communicate with us, the Eternal Word became flesh. He entered our world and lived our life. We, too, if we are to reach others who are alienated from God and from the gospel, will have to enter their cultural worlds, in particular their thought worlds. Only so can we hope to share the good news with them in terms which they can grasp.⁸

Stott is, the researcher believes, urging us to enter other peoples’ culture with an open mind. In order to reach those who are suffering from PTSD, one must approach them with a gospel that fits into their worldview – just as God enters into our worlds with the gospel we understand. Stott calls us “special messengers,” which the researcher believes obligates us to enter the lives of Soldiers speaking the gospel to them in the language of their culture. Stott explain how we should do this:

The progress of the Word is from God to special messengers, from them to us and from us to the world. At each stage there is a cultural factor. God's own Word was spoken in specific cultural contexts. We who read it are the children of our cultures. And as we seek to share it with others in their cultures, we must struggle to do so in categories which neither impose ours nor despise theirs. In this way we shall be imitators of God, seeking to do what he has done. We shall be speaking to people in terms of their own situation, in order that they may understand, believe and obey. This is what is meant by the "contextualization" of the gospel.⁹

We must not enter into soldiers’ military culture with our own embedded theology. Howard Stone and James Duke said in their book, *How to Think Theologically*, that Christians learn what faith is all about from countless daily encounters with their Christianity- formal and informal, planned and unplanned. This understanding of faith, disseminated by the church and assimilated by its members in their daily lives is called embedded theology... embedded theology is the stuff that makes for a great deal of real world skepticism and indifference. And that people more probably give up on faith because of what they gathered about it from the

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⁹ Ibid.
embedded theological testimonies or actions of other people and their churches. They made the point that “most mental health professionals and pastoral counselors have spent time tending counselees who were scarred by what passed for Christianity in their homes or their home churches.10

Therefore, those who find themselves in the position of providing spiritual support for Soldiers suffering from PTSD must do so from a deliberate theological approach rather than an embedded one. Deliberative theology, according to Stone and Duke, is the understanding of faith that emerges from a process of carefully reflecting upon embedded theological convictions. They explained it this way;

The theologian wants to take all of the testimony and evidence under advisement, press beneath the surface to the heart of the matter, and develop an understanding of the issue that seems capable at least for the present of withstanding any further appeal.11

When people become aware of their embedded theology in the midst of a crisis, they often go through a process of evaluating their beliefs and constructing new ones. For example, Soldiers who entered into the war with their faith in God intact found that after their combat experience, they were disillusioned and questioned their faith altogether. Stone and Duke believe when pastors and care seekers engage in deliberative theology, they are seeking God in the midst of the care seeker’s experience of loss and violence, and in the struggle to cope with life. It is possible that the care seeker may see God in wholly new ways to participate in life.

11 Ibid., 17.
Summary

Soldiers who are suffering from PTSD should be informed that God’s grace is sufficient for them and that His power is made perfect in their weakness.\(^{12}\) Although their culture context tells them that they are strong, the reality is they are weak from the effect of war on their psychological, physical, and spiritual states.

In his sermon titled *The Shaking of the Foundations*, Paul Tillich uses Roman 5:20 as a text and had this to say about grace;

> In grace something is overcome; grace occurs in spite of something; grace occurs in spite of separation and estrangement. Grace is the reunion of life with life, the reconciliation of the self with itself. Grace is the acceptance of that which is rejected. Grace transforms fate into a meaningful destiny; it changes guilt into confidence and courage. There is something triumphant in the word grace: in spite of the abounding of sin grace abounds much more.\(^{13}\)

Paul Tillich’s type of grace is what is needed for Soldiers battling with PTSD. They need to overcome something and are in need of that achievement or triumph in spite of grace. From their human perspectives, the spiritual capacity of grace is not enough to fulfill them – they need to have a physical manifestation of the achievement. Grace in itself is not enough for them as they move through their battle with PTSD; however, they need grace in order to reconcile with themselves, their families, and communities. They need their guilt and shame transformed to confidence and courage to battle the PTSD.

The soldiers need to understand the message Apostle Paul declared to the Romans. “For I am convinced that neither death, nor life, nor angels, nor rulers, nor

\(^{12}\) 2 Corinthians 12:9

things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation will be able to separate us from the love of God in Christ our Lord.”

14 Romans 8:38-39.
CHAPTER FIVE

Biblical Literature

The biblical text for the exegetical portion of the project is Luke 8:26-39. Soldiers who serve in the Reserve Components of the Armed Services are often not receiving adequate assistance for Post Traumatic Stress Disorder. After returning from fighting wars in Iraqi and Afghanistan soldiers find themselves mentally, physically, and spiritually wounded. These wounds place them in positions of isolation and hopelessness. Like the man in Luke 8:27-39 these soldiers are homeless within their communities, mentally wounded, physically bound by the shackles of war, living in obscurity, and are tormented by the demons of war. Nevertheless, like this man, soldiers who approach God by faith and believe in God's power can be delivered.

Looking through the hermeneutical lens of analogy one can clearly see the similarities between the man in the text and Soldiers suffering with PTSD. The man in the text is living in the tombs being tormented by legions of demons. The Soldiers returning from the wars are living in isolation within their communities, many of which formerly provided safety and connection, and are being tormented by legions of war memories.
Historical and Social Context

The Third Gospel was written during the periods dating A.D. 59-63. The author of Luke was known as the Beloved Physician. His authorship is supported by the uniform testimony of early Christian writings such as the Muratorian Canon, A.D. 170 and the works Irenaeus, c 180.

Luke was believed to have been a Gentile at birth. He was well educated in Greek culture, a physician by profession, a companion of Paul at various times, during Paul’s missionary journey to his first imprisonment in Rome, and a loyal friend who remained with Paul after others had deserted him.

The Gospel was specifically directed to Theophilius, whose name means “one who loves God” and this more than likely refers to a particular person rather than to lovers of God in general. Luke used the phrase “most excellent” with Theophilius’s name further indicating that he was referring to an individual and that person was a Roman official, or at least a person with high position and wealth. However, the fact that the Gospel was initially written to Theophilius does not narrow or limit its purpose. It was written to strengthen the faith of all believers and answer the attacks of unbelievers. Luke intended to establish the place of the Gentile Christian in God’s kingdom based on the teachings of Jesus.

A new Christian questioning his or her faith would benefit from reading Luke’s Gospel. Jews and Christians would also benefit from considering the idea that, despite numerous invitations by God to participate in the New Covenant, Israel rejected God’s invitations and their Messiah, Gentiles who were feeling disconnected in what was
originally a Jewish movement, gained a lot from this Gospel. Luke offers them reassurance that they were accepted as Christ’s followers and God’s people.

Luke presented the works and teaching of Jesus that are especially important for understanding the way to salvation. Luke’s gospel spans the life of Jesus from His birth to His ascension, and is arranged in a manner that appeals to both Jews and Gentiles. The book is written in literary excellence, historical detail, and warm, sensitive understanding of Jesus and the people around Him.

Luke wrote his account to provide us with a history of Jesus that could hold up to historical investigation. He examined the evidence, the eyewitness accounts, and the writings that described Jesus’ life, to ensure that the stories did not contradict each other. Retelling the life of Jesus, Luke presented Jesus as a real man, a remarkable Jewish teacher. In recounting the miracles and prophecies connected to Jesus’ life, Luke portrayed him as a divine being, the Messiah sent by God. Tracing the growth of the Christian church throughout the world at that time, Luke presented the great news of salvation, pertinent to every person to the lowliest slave to the most respected aristocratic, from Orthodox Jews to pagan Greeks and Romans. (Bruce B. Barton 1997, xx)

Luke’s story of Jesus and the church is dominated by a historical perspective. This history is first of all salvation history. God’s divine plan for human salvation was accomplished during the period of Jesus, who through the events of His life,\(^\text{15}\) fulfilled the Old Testament prophecies,\(^\text{16}\) and this salvation is now extended to all humanity in the period of the church.\(^\text{17}\) This salvation history is a part of human history. Luke relates the

\(^{17}\) Acts 4:12.
story of Jesus and the church to events in contemporary Palestinian and Roman society. Finally, Luke relates the story of Jesus and the church to contemporaneous church history. Luke is concerned with presenting Christianity as a legitimate form of worship in the Roman world, a religion that is capable of meeting the spiritual needs of a world empire like that of Rome.

Throughout the gospel, Luke calls upon the Christian disciple to identify with the master Jesus, who is caring and tender toward the poor and lowly, the outcast, the sinner, and the afflicted, toward all those who recognize their dependence on God, but who is severe toward the proud and self-righteous, and particularly toward those who place their material wealth before the service of God and his people. No gospel writer is more concerned than Luke with the mercy and compassion of Jesus. No gospel writer is more concerned with the role of the Spirit in the life of Jesus and the Christian disciple, with the importance of prayer, or with Jesus' concern for women.

Luke's emphasis on Jesus' concern for the poor and lowly, the outcast, the sinner, and the afflicted speaks directly to this researcher's pericope. And His concern with the mercy and compassion of Jesus inform it as well. The text, Luke 8:26-39, describes a man who was afflicted, lowly, and poor. The man was demon possessed; an indication of his affliction. He was naked and had not worn clothes for a long time, which

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speaks to his lowness. And he was homeless which demonstrated his poverty. He lived in a tomb which identified him as an outcast.25

When he recognized Jesus, the man acknowledged that Jesus was powerful and that he himself was a sinner. He bowed down to Jesus; the text said that he “fell down before him” – an acknowledgement of Jesus’ power. He asked Jesus what they have in common. He continues by calling Jesus “the Son of the Most High God.” This indicates his acknowledgement of his unworthiness to be in Jesus’ present26.

In a display of His mercy and compassion, Jesus commanded the unclean spirit to come out of the man. This man was in a very bad predicament. Demons had seized the man many times; the man was bound with chains and shackles, and kept under guard. He was completely out of control, and he broke his chains. The demons drove him into the desert; yet Jesus showed him mercy and compassion.27

This researcher believes Jesus showed His disdain for material wealth in the texts by allowing the demons to enter a swine. The text describes the demons entering the swine and the swine entering the lake and drowning.28 This reaction proves that people are more concerned about their material possessions than humanity. They event asked Jesus to leave.29 In the text the people appeared to be more concern about the drowned swine than the deliverance of the man who was possessed with demons. Their behavior is a typical human response to other peoples’ problems, particularly when financial aspects are involved.

The Wider Literary Context

Preceding this biblical text, Luke used the occasion of Jesus’ mother and brothers searching for him to explain the meaning of a true family. Jesus told them that his mother and brothers are those who hear God’s word and put it into practice. Another way to explain this is to say that obedience is the way to being a part of God’s family. Jesus explained that in his spiritual family, relationships are ultimately more important and longer lasting than those formed in one’s physical family.30

Following this lesson, Luke described how Jesus used his power to calm the sea in the midst of a storm. Luke tells the story of Him and the disciples traveling on a boat. Jesus fell asleep and slept while the boat was being swamped by waves and the disciples were in great danger. However, Jesus was awakened by the disciples and spoke the storm into calmness. Jesus demonstrated His relationship with nature. The passage ended with Jesus calling the disciples’ faith into question. This spoke not only to God’s power to provide for our care in all things, but the need for the disciples to have faith in His ability to control all things.31

Luke continues to focus on how faith activates God’s power. First, he writes about a man named Jairus, a leader of a local synagogue. Jairus’ twelve year old daughter was dying. Jarius demonstrated his faith when he came to Jesus and fell down at His feet, and begged Jesus to come home with him to heal his daughter. Jarius displayed great humility.

However, before Jesus could reach Jarius’ home, He was confronted by a woman of great faith. This woman who suffered from an issue of blood for 12 years was

considered ceremonially unclean. She pressed her way through a crowd, and she did so with the belief if she could just touch the hem of His garment, she would be healed. Although she was viewed as an outcast, Jesus healed her and made certain that she was recognized for her tremendous act of faith. The researcher believes that not only was she healed physically, but she was healed spiritually as well.

Before Jesus could resume His journey to Jarius’ house, a message came that Jarius’ daughter had died. However, Jesus declared that she was only sleeping. The naysayers laughed at Him, but He continued on to Jarius’ house. When Jesus’ arrived, He found the girl dead. The first thing He did was surround Himself with people of faith. Then He took her by the hand and said “My child, get up!” The spirit returned to her and at once she stood up.32

Initially, Luke expressed the importance of people of faith having relationships and considering each other as family. However, the recurring theme in these passages was faith. Each time it was the faith of those in need of Jesus’ help that activated Jesus to work on their behalf.

The disciples, although they were afraid, had the faith to go and wake Jesus up and ask for help, which allowed Him to calm the storm. Despite the fact that his faith was weakened when he heard his daughter died, Jarius sought Jesus and asked for help when he found his daughter was sick. Jesus encouraged him not to be afraid but to believe, and because of his faith, Jarius’ daughter was raised from the dead. The woman with the issue of blood pressed her way through the crowd despite all of her failed attempts to receive healing. With her faith she activated Jesus’ healing power.

Not only do these passages speak to the faith of the individuals in them, they also speak to the compassion Jesus shared with them. In the passage where Jesus’ mother and brothers came looking for him, He made it clear that those who hear God’s word and put it into practice were His mother and brothers. Therefore everyone has a chance to be a part of his family. When the disciples in the boat succumbed to their fears and lack of faith during the storm, Jesus did not allow them to perish. He spoke, the winds calmed, and their lives were saved. The woman with the issue of blood was ceremonially unclean, which meant she was considered contagious. However, instead of rejecting or ignoring the woman, Jesus acknowledged her. He recognized the fact that her faith had healed her. Again Jesus displayed his compassion for someone who was considered an outcast. In Jarius’ case, Jesus did not allow Jarius’ wavering faith to deter Him from the mission of saving his daughter. The fact that Jarius’ daughter was dead when Jesus arrived only allowed Him to share His compassion for someone in need. Ceremonial law prohibited anyone from touching a dead body, but Jesus grabbed the girl’s hand. In all of these instances, Jesus defied the cultural norms in order to overcome human struggles with faith. In these passages Luke implies that God’s people, those in his family, must take a step of faith. And their act of faith causes God to release his power on their behalf. God’s unconditional love for them allows him to show compassion toward them in spite of them.

From a biblical perspective in order for those suffering with PTSD to become whole again they must join God’s family. They must take a step of faith toward God. And allow God to greet them with His unconditional love and compassion. However, families,
communities, and churches may have to assist them on their journey to this position of faith.

Exegesis


And when He stepped out on the land, there met Him a certain man from the city who had demons for a long time. And he wore no clothes, nor did he live in a house but in the tombs.

The man possessed by demons made his move of faith immediately upon Jesus’ arrival. Although he was possessed by demons, naked, homeless, and living in the tombs he recognized his Deliverer. Those suffering from the demons of war (PTSD) must immediately move toward their healer.

Seeing Jesus, he cried out and fell before Him, and said in a loud voice, "What business do we have with each other, Jesus, Son of the Most High God? I beg You, do not torment me."

The demon possessed man acknowledged Jesus’ power by bowing before Him. He acknowledged the fact that his problem had separated him from God. And their relationship was strained.

Soldiers suffering with PTSD must acknowledge the fact that God has the power to make them whole again. They must face the fact that PTSD has put a strain on their relationship with God. They should cry out to God just like this man.

For He had commanded the unclean spirit to come out of the man. For it had seized him many times; and he was bound with chains and shackles and kept under
guard, and {yet} he would break his bonds and be driven by the demon into the
desert.

This man’s faith activated Jesus’ power. Jesus demanded the unclean spirit to
come out of the man. Although this man’s behavior was that of a person with mental
problems, Jesus had compassion toward him. Many of our soldiers with PTSD behave
like people with mental problems. Nevertheless, Jesus will have compassion toward
them.

And Jesus asked him, "What is your name?" And he said, "Legion"; for
many demons had entered him.

The man possessed by demons described them as legions. Legions were the
largest units in the Roman army. They consisted of three thousand to six thousand
soldiers. Therefore he was possessed by a large number of demons. Our Soldiers who
fight in our wars are confronted with thousands of enemies both seen and unseen, leaving
the imprint of thousands of enemies in their minds.

They were imploring Him not to command them to go away into the abyss.

Now there was a herd of many swine feeding there on the mountain; and {the
demons} implored Him to permit them to enter the swine. And He gave them
permission.

And the demons came out of the man and entered the swine; and the herd
rushed down the steep bank into the lake and was drowned.

When the herdsmen saw what had happened, they ran away and reported it
in the city and {out} in the country.
Jesus here shows His love and concern for humanity by allowing the demons to exit the man and enter the pigs. He was less concerned about the financial or material lost of the pigs. He was more concerned about the physical, mental, and spiritual healing of the man. Although our society may be concerned about the financial cost of treating soldiers with PTSD, God is concerned about their healing.

{The people} went out to see what had happened; and they came to Jesus, and found the man from whom the demons had gone out, sitting down at the feet of Jesus, clothed and in his right mind; and they became frightened.

Those who had seen it reported to them how the man who was demon-possessed had been made well.

And all the people of the country of the Gerasenes and the surrounding district asked Him to leave them, for they were gripped with great fear; and He got into a boat and returned.

Now the people could bear witness to God’s great work. The man’s faith had paid off. He sat at the feet of Jesus fully clothed and mentally sound. This could be a picture of a soldier sitting in the pews of the church properly dressed and mentally stable.

Instead of people celebrating the man’s deliverance they became fearful and angry, so much so that they asked Jesus to leave. There are people who fear those with PTSD will be delivered and lose their dependency on them. They are angered about the attention and resources that are being directed toward those Soldiers. However, the man showed gratitude for Jesus’ kindness toward him.

But the man from whom the demons had gone out was begging Him that he might accompany Him; but He sent him away, saying,
"Return to your house and describe what great things God has done for you." So he went away, proclaiming throughout the whole city what great things Jesus had done for him.

The man wanted to become a follower of Jesus. However, Jesus wanted the man to return to his family and community and spread the good news of what God had done for him. What better witnesses and advocates for those with PTSD than those who have been delivered?

**Ideology and Theology**

Luke was a Gentile; and he had the unique distinction of being the only New Testament writer who was a Jew. He was a medical man, a doctor by profession, which afforded him the wide berth of sympathy he possessed. The symbol of Luke is the calf—an animal for sacrifice. Luke saw in Jesus the sacrifice for the whole world. In Luke’s gospel, the barriers were broken down and Jesus was for the Jews and Gentiles, saints and sinners alike.


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33 Colossians 4:14.
Salvation History

Luke sees God’s action in Christ as the great, central intervention of God in human affairs whereby salvation is worked out. Luke emphasizes that salvation has become present in Christ with frequent use of the adverbs ‘now’ and ‘today’. He used ‘now’ fourteen times and ‘today’ eleven times in the gospel.

Luke’s view of salvation history does not stop at the Ascension. He sees God’s act as continuing in the proclamation of the gospel and in the life of the church.

Universality of Salvation

Luke’s view is that God’s love is for all people and His salvation reaches far and wide. Luke believes that the message of the angel concerned people in general, not just Israel. He traces the genealogy of Jesus directly back to Adam, the progenitor of mankind, and do not stop at Abraham, the father of the Jewish nation. He discusses the Samaritans; specifically when the disciples wanted to call down fire on them, or in the parable of the Good Samaritan. He refers to Gentiles in the song of Simeon and talks about Jesus speaking approvingly of non-Israelites such as the widow of Zarephath and Naaman the Syrian. He records words of people coming from all directions of the compass to sit in God’s Kingdom and the great commission that the gospel be preached to all nations. Luke clearly had a deep interest in God’s concern for all people.

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35 Acts 2:36; 4:10-12; 17:30.
Peace

Luke emphasizes peace in ways that the other Evangelists did not. He used the word peace thirteen times whereas Matthew has the word four times, Mark once, and John six times. Peace actually occurred more often in Luke than in any other book in the New Testament. He took the content of the Old Testament "Shalom," the positive blessing of God in all its many aspects.

Eschatology

Luke writes of a great salvation – one that avails through eternity as well as through time. Luke speaks of the imminent (3:9, 17; 18:7) and of the nearness of the kingdom (10:9, 11). Luke stressed the idea of joy at the closeness of salvation and he finds in this genuine eschatology.

Luke saw God’s plan in the church around him, but he saw it also in the Old Testament and in the coming of Jesus. He was not so much an institution man as a man who included the institution in the overarching purpose of God.

The Plan of God

Luke saw God as working out a great plan in human affairs. Luke was clear that people do not defeat God. He was clear also that God is not some remote Olympian, aloof from the human race and careless about its fate. The God Luke knew is interested in our salvation and constantly at work in human affairs to bring to pass His redemptive purpose.
Individuals

Luke saw God as being concerned with individual people as He worked out His great redemptive purpose. He did not see the divine purpose as appearing only in a great movement of nations and peoples: it operated in the lives of humble men and women, for even the little people matter to God. Luke had much to say about individuals, often people not mentioned elsewhere.

The Importance of Women

Luke gives a significant place to women. In the first century women were kept very much in the periphery, but Luke sees them as the objects of God’s love and writes about them. In the infancy stories, he tells of Mary, the mother of Jesus, and Elizabeth and Anna. He later writes of Martha and her sister Mary, of Mary Magdalene and Joanna and Susanna. He refers to women whom he does not name, such as the mother of Nain, the sinner who anointed Jesus’ feet, the bent woman, and the widow who gave all she had to God.

Children

The most obvious example of Luke’s concern for children is in the infancy stories. Luke’s concern was to emphasize that God’s plan was being fulfilled in the birth and early life of John and of Jesus. He reminds us of the fulfillment of the prophecy in connection with these events. He gives us the only story we have of Jesus’ boyhood, and

45 Luke 7:11.
he talked from time to time about the ‘only son’ or ‘only daughter’ of people of whom he writes.49

The Poor

Jesus came to preach the gospel to the poor,50 and Luke reports a blessing on the poor51 and woe for the rich.52 Preaching good news to the poor was characteristic of Jesus’ ministry.53 The shepherds to whom the angels came were from the poor class.54 Even Jesus’ family seems to have been poor, for the offering made at the birth of the Child was that of the poor.55 Throughout his gospel, Luke expresses great concern for the poor.

The Disreputable

Luke tells that on one occasion ‘the tax collectors and sinners were drawing near to hear’ Jesus.56 And he tells of Zaccheus, dismissed by the bystanders as “a sinner,”57 and of the feast Levi made for a crowd described by the Pharisees as “tax collectors and sinners.”58 He recounts the story of the sinful woman who wept over Jesus’ feet and anointed them and of whom Jesus said many sins were forgiven and that “she loved so much.”59

The Passion of Christ

Luke writes from the conviction that God has acted in Christ to bring salvation. Luke refers to “the days...for him to be received up,” 60 and he adds that Jesus “set His face to go up to Jerusalem.” Jesus refers to His death as a baptism and adds “how I am constrained until it is accomplished.” 61 Luke saw Jesus as our Savior and that salvation came by the way of the Cross.

The Holy Spirit

Luke’s interest in the Holy Spirit does not start at Pentecost – it went back to the early days. The Spirit was prominent in Luke’s gospel from the beginning. There was prophecy that John the Baptist would be filled with the Holy Spirit from his mother’s womb, 62 both Elizabeth and Zechariah are said to be filled with the Spirit. 63 The Holy Spirit was active in connection with the ministry of Jesus. Starting at the conception, the angel Gabriel informed Mary that “The Holy Spirit will come upon you.” 64 When Jesus was about to begin His ministry, there were several references to the Holy Spirit. John the Baptist prophesied that Jesus would baptize with the Holy Spirit and with fire. 65 When Jesus was baptized the Holy Spirit came upon Him “in bodily form like a dove” 66 and the spirit filled Him and led Him in the wilderness at the time of His temptation. 67 Jesus told the disciples that the Father would give the Holy Spirit to those who asked. 68 After the

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60 Luke 9:51
64 Luke 1:35.
resurrection, He said, “Behold, I send the promise of my Father upon you,” and went on
to assure the disciples that “they would be clothed with power from on high.”69 One of
Luke’s great emphases is the Holy Spirit. He did not think of God as leaving people to
serve Him the best they could out of their own resources. God’s love is seen in the Spirit
who enters and empowers and guides the followers of Jesus.

Prayer

Luke shows that God affects his purpose, which demands the right attitude on the
part of the people of God. It accords with this that Luke stresses the importance of prayer.
Luke recorded prayers of Jesus.70 Luke recorded some exhortations to the disciples to
pray71 and he gives warnings against the wrong kind of prayer.72

Praise

Luke is a singing Gospel. Some of the great hymns of the Christian faith are: The
Glory Song of the Angels,73 the Magnificat, the Benedictus, and Nunc Dimittis.74 The
verb ‘rejoice’ occurs more often in Luke than in any other New Testament book and the
noun ‘joy’ also occurs often. The Gospel of Luke finishes, as it began, with rejoicing.75 76

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73 Luke 2:14
Text in Context

The issue in the researcher’s context is that Army National Guard/Reserve soldiers returning back into the community from the wars in Iraq and Afghanistan are suffering from PTSD. Those who return home refuse to acknowledge their problem because of shame and stigma. Others simply don’t realize they suffer, as their exposure to war has shifted their reality. And, in some cases they do not know how or where to receive needed assistance for their problems. In any event, they must come to or be lead to the source of their healing.

Just like the demon possessed man in the text, the returning soldiers need physical, psychology, social, and spiritual healing. The main purpose for the healing is to return them whole, healed, and back to proper standing in their communities. Jesus instructed the demon possessed man to return to his community (Luke 8:39). The wounded soldiers are being called back to their communities by their families, friends, employers, and congregations – those who are their collective support community. Soldiers have vital roles to play within their communities, and their return is urgent. In partnership, their communities have a responsibility to guide Soldiers back to their rightful place in the community.

Summary

In the text, Luke emphasized that Jesus’ concern for the man possessed of demons. Jesus’ compassion was evident in His willingness to stop and address the man’s condition. Despite the fact that the man was naked, homeless, mentally unstable, and possessed of demon, Jesus still took the time to care for him. Jesus did not discontinue
caring for him until the man was able to return to his community whole again. The same fact must hold true for those of us who are responsible for our veterans returning home with PTSD. We must take the time to care for them. We must nurse them back into their rightful place in their communities. We must not give up until they have returned or we have done our very best to return each one of them back, healed and whole, to their community.
CHAPTER SIX

Empirical Literature Review

The empirical literature research confirmed a number of this researcher’s presupposition about the number of Soldiers returning from Afghanistan and Iraq. Additionally, the researcher believes that families and communities have a tremendous impact on the healing process and the return of Soldiers back to their families and communities holistically. The church must accompany families and communities and be the voice of God in such difficult situations. The church must become the Savior incarnate in the lives of those affected by PTSD.

In *Courage after Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families*, Keith Armstrong, Suzanne Best, and Paula Domenici write to help those returning from the wars in Iraq and Afghanistan. The intent of the book is to help service members understand common reactions that occur after they have served in a war zone. The authors also wanted to provide specific strategies that could be used to combat these reactions.

The book focuses on the unique aspects on OIF and OEF, including the possibility of redeployment, the large number of US Reservists and National Guard personnel participating in these operations, and the reality that, even with better medicine and body
armor, many military service men and women taking part in OIF and OEF sustain physical and emotional wounds. This aspect of the book lent itself to the problem of PTSD.

The authors addressed the importance of spouses, partners, children, parents, siblings, grandparents, other relatives, and close friends, and those who have maintained the normalcy of life at home while waiting anxiously for the return of the service members. This group of individuals, in the view of the researcher, is vitally important to the healing process of the service member. The authors also wrote this book as a resource for doctors, clinicians, counselors, healthcare providers, employers, colleagues, and others who may be asked to help service members with their transition.

The authors acknowledge the fact that “war affects not only the troops, but their entire circle of family, friends, employers, and community.” They further discussed the issue of shame. “We know the stigma people feel about asking for psychological help. And we know that seeking help is especially difficult for military service members. Some believe that it shows weakness, is shameful, or colors the military record.”

In their book Haunted By Combat: Understanding PTSD in War Veterans Including Women, Reservists, and Those Coming Back From Iraq, Daryl S. Paulson and Stanley Krippner had this to say;


78 Ibid.
“It is incumbent on the leaders who guide soldiers to the battlefield to bear the political, ethical, and moral responsibility of rehabilitating those who return haunted by combat.”\(^79\)

The authors discussed a screening program instituted by the U.S. Department of Defense for Troops returning from combat. The program was designed to monitor the physical and mental health of returning troops. Within two weeks after returning home, every service member must complete a three-page questionnaire that includes a half-page on mental health status. Those who screen positive for a mental health problem receive an interview with a physician. The assessment is repeated at three and six-month intervals post return.

They noted that critics of the program have cited the soldier-to-soldier warning, “don’t tell them you have symptoms or you will have to see a shrink,”\(^80\) as one of the major setbacks to the program, as well as Veterans’ concerns about the ramifications for their careers. In addition, critics are troubled by how few referrals are written for those who take the survey. According to the book fewer than 8 percent of veterans seeking help one year after their return were referred by the screening program, and fewer than 20 percent of those who did report mental health problems on the survey were referred to a mental health professional.

Citing a 2006 article from Counseling Today\(^81\), the authors wrote about an investigation report that alleged the U.S. military was sending troops to combat in Iraq and keeping them there despite established signs of mental illness. The investigation was


\(^{80}\) Ibid.

\(^{81}\) Ibid, 3.
based on interviews with some 100 families and military personnel, as well as from
records obtained under the Freedom of Information Act. The report observed, “Some
unstable troops are kept on the front lines while on potent antidepressants and anti-
anxiety drugs, with little or no counseling or monitoring.” Additionally, some troops
suffering from PTSD were sent back to the war zone, and “these practices are believed to
have helped to fuel an increase in the suicide rate among troops serving in Iraq.”

The authors spoke directly to some of the concerns of Reservists and their
families. They stated, “The mythological discontinuities associated with the Iraq war
have exacted a toll on military families.” They further state that

vast and unprecedented deployment of Reservists has compromised the stability
of intimate relationships with their partners and children, who experience
loneliness, role overloads, gender shifts, financial concerns, change in community
support and frustration with the military bureaucracy.

The Reservists’ return is often equally unsuccessful, as they frequently find
themselves referred to credit agencies by the military because of pay discrepancies or
failure to pay for lost equipment. In 2005, the Government Accountability Office found
that more than 90 percent the soldiers in some Reserve and National Guard units incurred
payroll errors during deployment.

The authors look at some of the similarity between Vietnam War Veterans, and
the veterans of Operation Iraqi Freedom. They wrote that many of the veterans of OIF,
just like those from Vietnam War, have not gained much by way of meaning from
participating in the war and the subsequent occupation. The fact is combat veterans

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82 Ibid., 12.
83 Ibid., 13.
84 Ibid.
85 Ibid.
86 Ibid., 46.
returning from Vietnam were commonly shunned by their communities and were labeled by war protestor as “warmongers” and “baby killers.” There have been fewer hostile reactions regarding the status of Iraq combat veterans. Nevertheless, returning veterans cannot help but become aware of the disjoint between their personal myths and the cultural myths awaiting them. They went to war as women and men of the professional elite, as members of a warrior class. Upon their return they were not reviled, as were many Vietnam veterans, but many are hard pressed to find jobs, a place to live, and a way to cope with PTSD. Iraq combat veterans often find themselves without personal, positive meaning from their involvement in the Iraq occupation. Like their Vietnam era elders once these veterans have left the combat theater and re-entered civilian society, they feel ashamed of themselves, battling serious existential conflicts, alienation, and even homelessness.

The authors identified problems with treatment for returning veterans and the need for families to assist the veteran with their necessary recovery. They wrote, “Traumatic wounds generally require considerable individual and/or group therapy, a task that is both very expensive and time consuming. The military and Veteran Administration view “fixing” as providing veterans with limited treatments with little mention of “healing.”

Treatment also relies heavily on pharmaceuticals because they are less expensive than psychotherapy and provide more predictable results. They further state “to a large degree, attaining effective psychotherapy falls on the combat veteran’s shoulders, with whatever support families and friends will provide.”

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87 Ibid., 51.
88 Ibid.
Many traumatized veterans require active one-on-one counseling, including cognitive, behavioral, humanistic—existential, and psychodynamic approaches (among others). They found that with the involvement of other veterans, family members, and friends, these clients can discover positive meaning in their experiences. These findings confirm that there is a great need for families and friends to be involved in their Soldier’s healing process.

In his book, *War and the Soul: Healing Our Nations Veterans from Post-Traumatic Stress Disorder*, Edward Tick stated that,

> The mortars have stopped falling. The tracers have stopped screaming. The mountains, jungles, and villages have stopped smoldering. But years later, veterans still have nightmares and flashbacks in which the old battle still rage. They still watch for threats and stand poised for danger. Their hearts respond to everyday situations as though they were vicious attacks and to ordinary relationships as though they were with long gone comrades and enemies. Though hostilities cease and life moves on, and though loved ones yearn for their healing, veterans often remain drenched in the imagery and emotions of war for decades and sometimes for their entire lives.89

Dr. Tick, who has worked as a psychotherapist with war veterans and survivors for over a quarter of a century, paints a pretty clear picture of a veteran who is suffering from PTSD. He has treated PTSD in Vietnam combat veterans, noncombatants, and resisters. He spent a number of years directing a remote program for veterans who could not re-enter urban America even for a day. His works expanded to include survivors of World War II, the Holocaust, the Korean War, the Gulf War, and the wars in Lebanon, Panama, El Salvador, and Ireland. He also treated Bosnian refugees from Serbian

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concentration camps, Iraq War veterans, and terminally ill veterans and their families from all wars.

These struggling souls helped me learn that the traumatic impact of war and violence inflicts wounds so deep we need to address them with extraordinary attention, resources, and methods. Conventional models of medical and psychological functioning and therapeutics are not adequate to explain or treat such wounds.  

In *War and the Soul*, Dr. Tick set forth some relevant questions: Does the wound we call PTSD result from violent combat in all times and places? Or is it unique to the Vietnam War and was since? Does it result from American ways of fighting or of treating veterans? Does it result from modern technological warfare? Is it caused or exacerbated by the ways societies treat veterans upon return? Did other cultures past and present, have effective ways of helping their wounded veterans heal and reintegrated? His three part book sought to answer these questions.

He established the traditional context of war in history, mythology, and religious and spiritual traditions. It examined what happened to the context of war as civilizations developed more sophisticated weaponry and as we have shifted to the practice of technological warfare. The more destructive war has become, it appears the more one of its original functions as a rite of passage has been compromised. He found this to be a major factor in the prevalence of PTSD among vets today.

He looked at the effects of war in terms of the symptoms that make up PTSD. He discovered that PTSD is not best understood or treated as a stress disorder. Rather, it is best understood as an identity disorder and soul wound, affecting the personality at the deepest of levels. His goals were to map the inner world of war survivors so that veterans

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90 Ibid.
could find their way through it and so that healers and loved ones could have an effective
guide for facilitating veterans ‘homecoming.’

He presented some of the ways he has practiced that enabled disturbed vets to
heal. Some of those practices are found in shamanic, ancient Greek, Native American,
Vietnamese, and other traditions. Some are indicated in world mythological and spiritual
records. Specific techniques included purification, storytelling, healing journeys, grieving
rituals, meetings with former enemies, soul retrieval, invitation ceremonies, and the
creation and nurturing of a warrior class. He demonstrates how the work of restoration
rebalances and heals the moral trauma at the heart of PTSD. Dr. Tick concludes his
introduction with a profound statement:

War and the Soul holds forth the possibility that we can re-grow the war-wounded
soul in both individuals and cultures to nurture and educate a positive and
affirming identity that surrounds the war experience with love, compassion,
meaning, and forgiveness. When the survivor can accomplish this work, PTSD as
a soul wound evaporates. The survivor can truly come home and serve the cause
of peace, justice, and healing.91

In the article, “The Unseen Cost of War: American minds Soldiers can Sustain
Psychological Wounds for a Lifetime,” by M. L. Lyke, Puget Sound PTSD specialists
call PTSD one of the "hidden wounds of war."92 It can't be stitched up, earns no Purple
Heart, and can fester over a lifetime. The specialists predict the trickle of effected soldiers
from Iraq now coming into clinics will turn into a flood, with serious consequences for
strained Veterans Affairs budgets and for taxpayers who foot disability bills.

"We hear about the thousands of injuries—brain injuries, leg injuries, arm injuries—but rarely do we hear about the psychological casualties in war," said PTSD expert Dr. Evan Kanter, a neuroscientist and staff psychiatrist at the Veterans Affairs Puget Sound Health Care System in Seattle. However, he believes there be tens of thousands of these, and the cost of that will be tremendous.

An Army survey published in the New England Journal of Medicine on July 1 said 15.6 percent to 17.1 percent of returning soldiers from Iraq exhibited signs of anxiety, major depression, or other mental health problems. A new study of 1,300 Fort Bragg paratroopers who took part in the Iraq invasion echoed the findings, showing 17.4 percent exhibited PTSD symptoms.

PTSD specialists say reservists and National Guard soldiers appear particularly vulnerable. War is not the full-time job of the estimated 160,000 "weekend warriors" now in Iraq--civilian Soldiers who have been called up in the largest numbers since World War II. They have off-duty lives, careers, and demands back home that increase stress.

PTSD and Spirituality

In her article, "Spirituality and Trauma: The Role of Clergy in the Treatment of Posttraumatic Stress Disorder," Judith A. Sigmund examined the spiritual aspects of health and illness. The author examined research that revealed spiritual beliefs and religious behaviors can contribute to improvement in coping with illnesses as well as improved health outcomes.

Sigmund suggested that it is generally agreed that life-threatening events and psychological trauma can prompt spiritual questioning. Trauma can inclue experiences
of combat, a natural disaster or a terrorist attack, a sexual assault or any experience where individuals fear that their lives or psychological integrity are threatened. The lack of content, combined with the violent and sometimes hostile nature of the traumatic events, invites a process of existential questioning on the part of the victim. Questions such as: “Why me?” and “How could God let this happen?” are typical questions often asked by the victim. These are spiritual questions, and victims approach their clergy for help dealing with their traumatic experiences. Some individuals will develop a mental disorder at some point after these experiences.

Sigmund’s study found, although there are considerable variations depending on gender, race, and the type of trauma, it has been estimated that 5-11 percent of trauma victims will develop PTSD. The experience of trauma often evokes spiritual issues, and so the use of clergy in the assessment and treatment of patients with PTSD should be explored. Clergy are specially trained to work with people regarding faith in God, religious teachings, and the reconciling of personal experiences with spiritual expectations. Clergy are also able to help patients connect to support systems available to them through faith communities during and after treatment Sigmund writes.93

“Changes in Religious Beliefs Following Trauma,” an article by Sherry A. Falsetti, Patricia A. Resick, and Joanne L. Davis examines information processing theorists’ views on trauma and the change in ones religious belief system. Information processing theorists propose that traumatic events can lead to disruptions in the processing of information and the changes in beliefs. The study examined the

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relationships among trauma, PTSD, and religious beliefs. Participants included 120 individuals from community and clinical samples who participated in a DSM-IV Field Trial Study on PTSD. The results indicated that the PTSD group was more likely to report changes in religious beliefs following the first/only traumatic event, generally becoming less religious. The results were discussed in terms of understanding the function of religiosity in participants' lives and future directions of research.94

In the article “The Spiritual Dynamics of Chronic Post Traumatic Stress Disorder,” J. LeBron McBride and Gloria Armstrong, the writers quoted from an article written by Joel Brende, a psychiatrist who has written about PTSD and spirituality, stated “that unresolved symptoms of PTSD occur when survivors do not resolve their spiritual and emotional responses to stressful experience.”95 They believe that the essence of psychological trauma is the loss of faith that there is order and continuity in life. In their view, trauma occurs when one loses the sense of having a safe place to retreat within or outside oneself in order to deal with frightening emotions and experiences.

In their work with trauma survivors they found that traumatized people could not handle intimate relationships, and are some of the loneliest people in the world, in their opinion. They believe individuals with chronic PTSD cannot give trust and cannot hope. Therefore they do not feel connected to their inner selves, much less to anyone else or to God. They consider those who have experienced trauma as having their worlds turned upside down. And who find themselves totally disoriented and unsure of what they


believe. This causes them to undergo a severe crisis of faith in which it becomes fearfully difficult to separate good from evil; the boundary is no longer clear. There is no sense of security, no hope of redemption. The authors believe that this profound feeling of badness or evil is one of the most powerful signals that the soul of the person has been deeply disturbed.

They concluded that persons with such trauma of the soul cannot find peace and that traditional modes of finding peace and contentment seem to remain unavailable to them. Therefore, the hyper arousal and lack of anxiety modulation make it impossible for the spiritual disciplines of reflection, meditation, prayer, and communion to provide much relief. On the other hand, certain aspects of religion may offer the very structure the traumatized person needs in order to function and find some containment for their anxiety. Whereas more expressive forms of religion may give a person access to parts of the isolated or separated affective self.

"Enhancing Patient Satisfaction and Increasing Treatment Compliance: Patient Education as a Fundamental Component of PTSD Treatment," an article by Matt J. Gray, PhD, Jon D. Elhai, PhD, and B. Christopher Frueh, PhD discusses how the authors conducted an eight-week PTSD patient education and orientation group study. The primary purpose of the study was to develop an educational intervention for patients suffering from PTSD.

They believe that formal education about the nature of the disorder, associated difficulties, and treatment options for patients suffering from PTSD is an essential yet neglected intervention. Not only are individuals suffering from PTSD unlikely to be aware of and engage in adaptive behaviors, they are especially likely to develop coping
strategies which maintain or exacerbate their difficulties. Most lack a clear understanding of the extent to which avoidance of trauma-reminiscent cues, situations, and conversations serve to perpetuate the disorder. They discovered that attempts to implement trauma-focused therapies may result in unnecessarily high attrition if patients are not educated about the etiology and maintenance of the disorder.

The educational intervention was designed to maximize the efficacy of subsequent symptom-focused interventions and to minimize attrition by clearly delineating the rationale for exposure-based therapies in light etiological models of PTSD which have shown avoidance behaviors maintain PTSD. The intervention also addresses associated difficulties, anger management problems and guilt and shame. The primary educational aims of the intervention was realized as patients uniformly agreed that they were more informed about PTSD, were more aware of treatment options available, were more hopeful, and were more likely to continue treatment as a direct result of attending the group. On the whole, patients reported a huge degree of satisfaction with the group and the PTSD clinic. This finding is important because patient satisfaction has been shown to predict clinical outcomes, which are inversely associated with patient readmission, and allow for the improvement of service delivery. 96(Gray, Elhai and Frueh 2004)

The researcher is in total agreement with the outcome of this study. The more service members are aware of their condition, the better able they are to cope with the symptoms. In addition, they are more willing to accept help for their PTSD. Once this

happens, Soldiers find themselves two steps closer to healing and wholeness. Therefore Soldiers’ education is a vital part of the process as well.

Research data have not answered all of the questions concerning the role of religion and spirituality in recovery from PTSD, but appears that, in cases where religious beliefs assist recovery, it is a medium for other factors such as community support, an examination of spiritual values, and dedication to personal goals. However, during the crisis stage and beyond, victims of trauma need spiritual care from their faith community, family, and friends, as well as their pastor. Therefore the healing takes place in community and is an important part of the process toward recovery and wholeness.

PTSD, Families, Communities, and the Churches

In their book, After the War Zone: A Practical Guide for Returning Troops and Their Families, Laurie B. Slone, PhD and Matthew J. Friedman, MD, PhD discussed special issues for reservists which of consist of both the National Guard and Military Reserve troops. The deployment of these troops has serious effects on their emotional state:

- Reservists may be assigned or inserted into units in which they know no other personnel.
- Deployment may result in the loss of their job and/ or financial penalty.
- Deployment (and therefore separation from family) is usually less anticipated.
- Reserve forces don’t live on military bases, so they and their families are not surrounded by others who share their plight.

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According to the authors, recent research shows six months after deployment, Reserve Soldiers are at a higher risk for both physical and mental health problems than their Active Duty counterparts. In their chapter titled Community Support they stated that approximately three million service members, plus families, out of a U.S. population of 303 million are directly affected by the current war in Iraq and Afghanistan.

The authors addressed the impact of returning service members families, friends, and communities. “The community is impacted by war because when service members return home from deployment, they begin to resume their roles not only with their close family and friends, but in their communities as well.”

The writers spoke directly to the National Guard and Reserve soldiers’ experiences when they return from their deployment. Their experience as it relate to returning to their previous occupation in order to work side by side with civilians who have no idea what it’s like to have been deployed. And their experience returning to school and interacting with fellow students and professors who know nothing about deployment and readjustment stress. This lack of knowledge makes things difficult for everyone involved. Therefore the returning Soldier often winds up feeling misunderstood and isolated, and his or her community doesn’t know how to be supportive and helpful during the service member’s reintegration.

The authors address the issue of soldiers returning before they have time to readjust. “Service members often return home before they have time to readjust and resettle, and are expected to go back to work, functioning normally, before they’ve had


100 Ibid., 200.
time to feel comfortable back in their communities." In their view, National Guard and Reservists varied war zone experiences have changed their sense of belonging and level of comfort about being a part of the community. These same Soldiers also remain in the military and may be redeployed at any time. The Soldiers often have little patience for peoples' usual complaints about the price of milk or other things that seem so petty after all they've been through. Troops are often changed by deployment, and it's important for the community to appreciate how war can affect them.

Looking at ways the community can affect returning troops and their families, the authors addressed the roles of employers, coworkers, law enforcement and EMTS, teachers and educators. Employers should be aware of their rights and responsibilities to which they are obligated under law. Employers are required by law to allow employees who are in the Reserves to return to their jobs without penalty if they're called to active duty. Above and beyond their responsibilities under the law, employers' support of their military employees is vital to their successful reintegration. Knowing that reintegration takes time and being familiar with the common reactions to the trauma of war can help explain the initial behavior of returning service members and can help employers be patient with the Soldier. Since social support is so important in overcoming trauma and stress and they spend so much of their time at work, the social support of employers is really a critical part of returning service member's successful reintegration.

Coworkers should remember that it will take some time for troops to readjust to life back home. They should also remember that Soldiers will never be able to completely understand what someone who has been in a war zone has been through. They should not

101 Ibid.
take it personally if the returning service member is short-tempered or edgy for a while. Instead, realize that it is a normal part of their readjustment process.

Law Enforcement and EMTs should understand that the readjustment process can be a rocky and emotional time and issues such as substance abuse and aggressive behavior sometimes results. People working in these professions, must be willing to ask if persons displaying these behaviors were recently deployed. If so try to be understanding in order to calm things down before the situation spirals out of control.

Teachers, administrators, school nurses, and guidance counselors need to be sensitive to the potential impact of both separation and reunification on children and the emotional or behavioral problems they may cause. The truth is that children with parents who are or have been deployed may need special consideration from their schools.

Derek McGinnis, U.S. Navy Veteran of the Iraq War, together with Stephen R. Braum, wrote the book Exit Wounds, A Survival Guide Pain Management for Returning Veterans and Their Families. In the book, McGinnis stated “recovery is a journey that must, therefore, include the entire family and other caring individuals.”

McGinnis was wound while serving as a Navy Corpsman with the Marine 3rd Light Armored Reconnaissance Battalion in Iraq in November 2004. He suffered a traumatic brain injury (TBI) and lost has left leg when his humvee was struck by an improvised explosive device (IED).

He outlined some ways for families to ease the coming home transition:

- Ask service members how much they want to talk about their experiences. If they don’t want to talk about it, don’t push. Just let them know you care

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about what happened, that you’re willing to listen without judging, and that you want to support them.

- Be patient with them. Time can, indeed, heal, and returning veterans typically need a period to readjust to civilian life.
- Don’t expect returning service members to be exactly as they were before they left.
- If a service member seems to be having trouble coping or if you see signs of stress or inappropriate behaviors, seek professional help.
- Encourage returnees to connect with other veterans through local meetings, support groups, or the Internet.
- Refrain from raising sensitive issues if you or loved one is tired, hungry, or intoxicated. Wait, mornings are usually better than evenings to address emotional topics, and weekends better than weekdays.

In his book, *Moving A Nation to Care, Post Traumatic Stress Disorder and America’s Returning Troops*, Iona Meagher discussed National Guard and Reserve troops and stated that they make up 40 percent of the frontline forces in Iraq and over 50 percent in Afghanistan. Some States have had 75 percent of their National Guard men activated; and they, along with the Reserve, are serving in combat roles on foreign shores at the highest rate in U.S. history.¹⁰³

However, Guard and Reserve members lack the support network to help navigate the ravel of combat deployment. As a result, Guard and Reserve members are more at risk for PTSD, as 20 percent of Army National Guard troops in transport and non-medical support show symptoms of ASD or PTSD, while figure for those serving in the Army Reserves rockets to 34 percent.

Citing a study by Charles Moskos, professor emeritus of sociological at Northwestern University, the author listed a number of stressors that are unique to

National Guard and Reserve troops which shed light on the increased PTSD risk in these groups. The following are some of these triggers:

- Soldiers’ frustration with serving longer in combat than active-duty troops, often without having an idea of when they’ll be able to come home.
- Disillusion at being used as individual augmentees” or fillers into units they haven’t trained with, breaking the “unit cohesion” buffer to stress.
- Worry over leaving loved ones behind with little support services.
- Dissatisfaction with their inferior training and equipment compared to active forces, making them feel like second-class Soldiers.
- Aggravation with the stop loss policy, which affects them more than it does active forces.
- Anger that civilian contractors get paid three times more for doing the same job and have superior battle dress uniforms.
- Financial penalty for long deployments, including fear over (or actually of) losing their civilian job or small business while in combat.

Meagher addressed the negative affect that the quickness at which our combat troops return from the battlefront to home front have on them. Up through the Korean War, the slowness of travel ensured a gradual re-entry for the soldier returning from combat. Plodding along by horse or train or ship meant that, instead of being thrown back into society without a chance to decompress and process their wartime experiences, soldiers could spend time dealing with what they had experienced in a safe and quarantined environment.

Citing Ben Shephard the book stated that, historically, troops that have come home quickly have had more problems than those that were given time to re-acclimate. “It turned out that people who had been reunited immediately with their families, their prognosis turned out to be worse than those people who’d had time to be in, as it were, decompression chamber before they were returned to the civilian world.”

Driving this point Meagher using a quote from Richard A. Gabriel:

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104 Ibid., 121.
105 Ibid., 121.
Primitive societies often required soldiers to perform purification rite before allowing them to rejoin their communities. Psychologically, these rituals provided soldiers with a way of ridding themselves of stress and the terrible guilt that always accompanies the sane after war. It was also a way of treating guilt by providing a mechanism through which fighting men could decompress and relive their terror without feeling weak or exposed. Finally, it was a way of telling the soldier that what he did was right and that the community for which he fought was grateful and that, above all, this community of sane and normal men welcomed him back.\textsuperscript{106}

The researcher concurs with the author’s assertion that bringing Soldiers immediately into their prior surrounding before some readjustment time is troublesome. Recalling my redeployment back in July 2007 from supporting OIF, I certainly need a little bit of readjusting time. I remember returning from overseas July 18 and processing out at Fort Bragg North Carolina and about six or seven days later going to Omaha, Nebraska for a Family Reunion. I must confess that I was very uncomfortable being around the crowd. These people were all family members, but I needed a little more time to unwind from the deployment experience.

Meagher addressed the tragedy of homelessness as relates to returning veterans with PTSD.

While some experts have questioned the degree to which PTSD causes homelessness, more than 70 percent of homeless veterans have some sort of mental or substance abuse problem that stems from PTSD. According to the National Coalition for Homeless Veterans, an estimated 500,000 veterans were homeless during 2004, but the VA had the resources to tend to only 100,000 of them. Veterans organizations struggle to provide assistance to as many of the other 80 percent as possible, but the need far exceed the available resources.\textsuperscript{107}

While conducting a chaplain internship at South Wilmington Street Men Shelter in Raleigh, North Carolina the researcher encounter a number of homeless veterans. In fact a number of them suffered from some type of mental illness and most were battling

\textsuperscript{106} Ibid.
\textsuperscript{107} Ibid., 125.
some type of addiction drug or alcohol. However, more often than not they were battling both alcohol and drug additions. Many of them told this researcher they were trying to get into the VA system for treatment and housing. However, the VA system was backlogged and they had no idea when they would be able to enter that system.

In his book, *War Trauma Lessons Unlearned from Vietnam to Iraq*, Raymond Monsour Scurfield expressed that there were a number of lessons that should have learned from the Vietnam War and in the post war problems facing Vietnam veterans and their families. However, he believes that these lessons have yet to be totally learned. These areas of concern are:

- Strategies that continue to be utilized by military mental health in war zones demand careful examination and re-think.
- Critical information must be provided to Armed Forces personnel and their families but is not.
- Very specific strategies are needed to deal with returning Iraq and Afghanistan veterans and the impact of their return on the family.
- Better strategies are needed to address the enduring problems of war related blame, guilt, and shame issues.
- The similarities between the Vietnam War and more recent wars in their impact on the psychiatric, psychological and social; functioning of veterans and their families must be minded for clues on what we can do to reduce the harm and increase the chances of recovery.

When discussing the effect of returning home on the family the author asked the question “What should we say and do when the deployment ends and the combat veteran return home? “Then he stated “the return from deployment never is simply a “welcome home, we missed you, and now we can pick up right where our lives were before you went to the war. He goes on the say that war has a far greater effect and the gap left in the family during deployment is much too deep.”

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impossible...to fully counteract the shock of going from a 24-hour state of generalized fear—apprehension-paranoia, sustained for a year through wartime to evening at home on the La-Z-Boy, and being asked to fulfill the requirement of love and tenderness to sustain a family.  

Scurfield’s final statement makes it very clear that families should have a reasonable understanding of what to expect from their returning service members. This understanding will assist them in not have unrealistic expectations of their soldiers. It will also encourage them to be patient and allow their soldiers time to readjust. They will understand they their soldiers are not uninterested in them they just need time and space to regroup.

PTSD, Shame, and Stigma

Aphrodite Matsakis wrote *Back from the Front, Combat Trauma, Love, and Family* in which he expressed his views about the treatment Vietnam Veterans that “maybe our country learned an important lesson from the shameful treatment of the Vietnam veterans, to separate the war from the warrior.” Matsakis believes that since the time of Vietnam numerous efforts have been made to support the troops, regardless of political positions, and educate both military personnel and the general public on the possible psychological consequences of combat duty. However, he feels that the average American remains largely ignorant of how the brutal realities of war can scar even the

109 Ibid., 78.
most courageous Soldier. Also, empathy for the Soldier’s postwar sufferings, when it exists, tends to be time limited. Soldiers generally are expected to “get over it” their war experiences relatively quickly. If they can’t then they risk being viewed as morally or psychologically deficient.

When addressing the stigma and shame experienced by combat veterans he still believes we have a distance to go. He stated that “despite the increase regard for combat veterans and increased recognition of combat trauma, the stigma of experiencing signs of combat trauma, such as depression, anxiety, fear, or post-traumatic stress, persist.”

This stigma he feels can be so strong that even when Soldiers are actively encouraged to seek help for combat stress, many are too ashamed to do so. The author feels that some veterans experience this shame and self hate on an unconscious level. They may not even be able to articulate any such feelings. He goes on to explain, if asked if they have they a self image problem, they may say no. After all, shame, self hate, and negative self image are not signs of soldierly strength. Yet veterans who are not able to acknowledge their shame or self hate and deal with it in an open, constructive manner may act out these feelings destructively.

The author believes that veterans sometimes have negative views of themselves such as murders or sadists which cause their self esteem to plummet. Therefore some vets may not wait for society, God, or the universe to punish them. They punish themselves with relentless internal self-beating, often masked as boredom or depression. Or they abuse alcohol, food, or drugs; find themselves unwittingly making mistakes on the job or at home; or find other ways to defeat themselves. Still others push away families and

\[111\] Ibid.
friends lest they inadvertently reveal their secrets to these significant others and thereby lose their love and respect.

In her article, “Healing from Shame Associated with Trauma,” Dr. Angie Panos wrote a number of soldiers who suffer from Post Traumatic Stress Disorder (PTSD) do not seek assistance for their illness because of shame or stigma.

Shame is defined as a painful mental feeling aroused by having done something wrong or foolish; loss of respect; a cause of this; something regrettable. Stigma simply put is a mark of shame. She states “Shame is a deep, debilitating emotion, with complex roots. Its cousins are guilt, humiliation, demoralization, degradation and remorse. After experiencing a traumatic event, whether recent or in the distant past, shame can haunt victims in a powerful and often unrecognized manner. Shame impairs the healing and recovery process causing victims of trauma to become broken, unable to forgive themselves for being in the wrong place at the wrong time. Shame leaves victims with feelings of sadness and pain at the core of their being. They are unable to feel the fullness of joy in their lives.”

In a Times article dated May 2008 entitled, “Stigma Keeps Troops from PTSD Help,” Kathleen Kingsbury writes “more attention has been paid to the mental health of American troops in Iraq and Afghanistan than in any previous war. Yet shame remains a significant barrier to military personnel and their families getting the psychiatric treatment they need.”

The article further states that “nearly three-quarter of the 200 military men and women interviewed by the American Psychiatric Association (APA) said that it was very or somewhat easy for them to seek out mental health. However, 60 percent still feared that doing so could have negative consequences on their careers. More than half reported they believe others would think less of them if they sought out counseling, and most

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surveyed said they have rarely or never spoken even to family and friends about mental health issues.

An Associated Press article date May 16, 2009 entitled “Military Fights Stigma of Mental Health Care,” addressed stigma this way “A military culture that values strength and can do spirit is discouraging thousands of soldiers from seeking help to heal the emotional scars of war in Iraq and Afghanistan, despite top level efforts to overcome the stigma, commanders and veterans say.”

Up to one-fifth of the more than 1.7 million military members who have served in Iraq or Afghanistan are believed to have symptoms of anxiety, depression, and other emotional problems. Some studies showed that about half of those need help do seek it according to the article.

Major David Cabrera, who runs counseling services at a military hospital in Germany, had this to said about stigma: “It’s a reality that for some certainly not all, but some there’s a stigma to stepping forward for behavioral health...our goal is to eradicate the stigma...we are not there yet.”

An Army News Service article dated May 21, 2009 titled, “Real Warriors’ Takes Aim at Mental Health Stigma,” discussed a new Department of Defense campaign aimed at minimizing, if not eliminating, the stigma attached to seeking mental health assistance. The Real Warriors Campaign is designed to help service members to overcome the


115 Ibid.
stigma associated with seeking psychological help and encourage service members to seek out help when they need it.116

Lt. General Eric Schoolmaker, Surgeon General of the Army and Commander of U.S. Army Medical Command, explained that the Army works hard to encourage soldiers to overcome the stigma associated with seeking mental health assistance. He goes on to say, “one of our challenges is to lower the stigma of soldiers getting follow-on counseling.” He further states “The Army leadership, recognizing that stigma is a major part of that, has undertaken in the last two years very aggressive top-to-bottom sensitization and education of the force.”117

An Army News Service article dated June 18, 2007, entitled, “Reducing Stigma Provides Key to Better Mental Health” addressed issue of stigma in mental health care in the military. Ward Casscells, Assistant Secretary of Defense for Health Affairs, said that reducing stigma associated with service members and “their families seeking mental-health help is crucial to success in this effort.” He said we need all of the help we can get “We are out there talking to soldiers, line commanders, people in the corporate world, people in the university world, and Institute of Medicine, Mr. Casscells said. He further explained that, “the message he is trying to get to commanders and troops is that it is all right to seek help.”118

An Army News Service article dated July 21, 2008 by Michael Syner and Kimberly Gearheart, called “R-E-S-P-E-C-T Spells Reduced Stigma, More Choices,”

117 Ibid.
discussed a new Army’s program designed to help reduce stigma. Re-Engineering Systems for the Primary Care and Treatment (R-E-S-P-E-C-T) of depression and PTSD is designed to help providers recognize warnings signs and treat those disorders early while eliminating soldiers’ fears about the stigma of psychological illnesses and treatment.

“R-E-S-P-E-C-T – MIL tears down the walls concerning PTSD by making questions concerning PTSD and depression a routine activity any time someone visits their local primary health provider, which offers soldiers and their family members extra chances to spot a problem early on”, said Lieutenant Colonel Raymond L. Gundry, the Europe Regional Medical Command (ERMC) deputy commander of outlying clinics.\textsuperscript{119}

He further stated, “We also try to make it clear to soldiers that seeking help is not going to adversely affect their careers or make anyone think less of them. A major part of the process for tearing down the walls is screening everybody that comes through, demonstrating that it is ok if someone suffering from PTSD seeks help.\textsuperscript{120} According to an article in the Army Times entitled, “Bill Aim to Remove Stigma from PTSD Help,” written by Rick Maye, February 2, 2007, the problem of shame and stigma attached to PTSD forced the United States Legislature to introduce and pass a bill which focuses on reducing the stigmas of service members seeking treatment for PTSD. The Bill is called the Joshua Omvig Veteran Suicide Prevention Act, named for an Army Reserve combat veteran who committed suicide in 2005 after returning from a deployment to Iraq. The Bill intends to reduce the stigma that prevents many service members from seeking mental health help. The Bill calls for a campaign to show there is nothing wrong with

\textsuperscript{120} Ibid.
seeking assistance. Senator Tom Harkin, D-Iowa the Chief sponsor of the bill stated; “Although our men and women my come home safely, the war isn’t over for them.”

Often the physical wounds of combat can haunt a person for a lifetime. He further expressed that “Veterans need to hear from members of the Chain of Command, leadership within the Veteran Administration and from their peers that seeking mental health services is important for their health, their families and is no different than seeking treatment for a physical health issue, such as chronic pain or a broken leg.”

President George W. Bush signed HR327, the Joshua Omvig Suicide Prevention Act into law in November 2007. This law was a major step in helping reduce the shame and stigma associated with PTSD. 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.

Military Culture

In an article titled “Military Culture,” James Burks of Texas A&M University writes about military culture from an institutional and cultural perspective. He wrote that military culture is not more homogeneous than war itself;

Military culture is composed of six distinct elements: discipline, professional ethos,

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ceremonies and etiquette, and esprit de corps and cohesion. However, in each, one finds an attempt to reconcile the uncertainty of war, impose some pattern on war, to control war’s outcome, and invest war with meaning or significance.

The article described military discipline as the orderly conduct of military personnel whether individually or in formation, in battle, or in garrison most often as prescribed by the officer in command. A high level discipline is to minimize the confusion and disintegrative consequences of battle by imposing order on it. Discipline provides military personnel with a repertoire of patterned action that they may use on their own initiative or in coordination with others quickly to adapt to and (hopefully) to prevail in battles. Following the discipline reassures soldiers, defining when and how they are “authorized” to violate the usual taboo against killing and destruction.

Professional ethos was described as the corporate identity of a professional officer corps. This identity is based on expert knowledge of and control over the means of violence, with that knowledge and control deployed in the service of the state and rendered in accordance with relatively explicit normative code of conduct. Over time, specific theoretical and technical knowledge is required which could not be obtained without formal study.

The remaining elements were defined briefly.

- Ceremonies – The rituals of collective action that mark (and often celebrate) certain events or passages to new rank or status within the life of the military.
- Cohesion- The emotional bond shared identity and camaraderie among soldiers within their local military unit.
- Esprit de corps- The commitment and pride soldiers take in their military establishment and its effectiveness.
- Etiquette – Normative prescriptions that guide or control interpersonal behavior especially between those of different rank or military status.
Another very important aspect of the Army’s culture is their adherents to the seven core Army Values, which guides Soldiers’ behavior. These values determine the way they lead and follow as Soldiers. Below are a list and definition of these values:

- **Duty:** Fulfill your obligations.
- **Respect:** Treat people as they should be treated.
- **Selfless-Service:** Put the welfare of the nation, the Army, and your subordinates before your own.
- **Honor:** Live up to all the Army values.
- **Integrity:** Do what's right, legally and morally.
- **Personal Courage:** Face fear, danger, or adversity (Physical or Moral).

**Analysis of the Empirical Literature**

The review of the empirical data made it clear that a number of National Guard and Reserve Soldiers are involved in fighting the wars in Iraq (OIF) and Afghanistan (OEF). The fact that they are returning home to their communities and families suffering from PTSD was made abundantly clear. Much of the research stressed the need for families and communities to take active roles in assisting service members with their struggle with PTSD once they return home from their deployments.

The spiritual lives of service members were found to be affected by PTSD. The research showed that there is a spiritual dimension to the healing process for those suffering from PTSD. It showed that the validity or certainty of a Soldier’s spiritual beliefs can be questioned because of his or her traumatic experience. Those exposed to the trauma of war often cannot help but have their spirituality and faith life tested. The researcher believes that the very nature of participating in war on the battlefield test the participants’ to their core which includes their core values and beliefs. Whether their spirituality or faith is strengthen or weakened, the trauma can have a positive or negative
impact on service members. One of very important role of a military chaplain is to strengthen service members' faith in a power greater than themselves. If not, once a Soldier loses faith in his ability to deal with the effects of war, he is left with the sense that he has no others to turn to for help.

The data concurred with the concept of the researcher that educating service members, families, and communities about what PTSD is and how it affects each of them is a necessary part of the treatment process. Therefore the necessity of a training program that train and disseminates information about PTSD and resources are vital for any successful PTSD healing process. Millions of people within our communities are affected to some degree by our engagements in Afghanistan and Iraq; very few families are left untouched from America’s participation in these wars. Families and communities are affected directly or indirectly. Directly, by having one or more of their family members deployed for an extended time usually at least a year. Often those deployments are repeated a number of times, sometimes four or five times. Since these wars have been ongoing for close to ten years, it is conceivable that a soldier has spent five of the last ten years deployed and fighting in combat; therefore, leaving a void within their families and communities that can never be refilled.

Indirectly, when intact families within communities are separated for prolonged periods of time, spouses, children, and communities are burdened with trying to function without an essential element of their group. For example, schools are impacted when children of deployed service members struggle to adjust to absence of one or more of their parents who are away fighting in a war in a foreign land. Teachers, administrators, and counselors are forced to respond to the effects of the war on their students. One of
the main problems is that students don’t know exactly how to cope with the deployments of their parents. Students are especially vulnerable for these types of reactions if their parents are required to deploy multiple times.

In response, the church has a major role to play in returning our Soldiers to wholeness. The fact that churches are strategically located in the heart of most communities allows them to offer a safe haven, and a place of solace for veterans. Churches have tremendous influence within communities and peoples’ respect for the institution of the church gives it great opportunity to become a change agent for Soldiers and families who are encountering PTSD.

Shame and stigma were identified as major reasons that service members don’t seek help for their PTSD related problems. They are ashamed to admit they are struggling with this war related trauma in fear of appearing weak within their military culture. They are afraid of being stigmatized of being unable to handle the rigor of war and the military environment. Therefore, from their perspective, they are not worthy to advance in their military careers. This researcher has no doubt that shame and stigma presents service members with a significant struggle when deciding to reveal or ask for assistance with their PTSD related symptoms. Their fear of appearing weak or soft in the eyes of their peers or family members out weighs in many cases their willingness to seek help. Soldiers often believe they cannot display any signs of weakness to their military peers or family members. Furthermore, they also believe that their military career will be adversely affected if they reveal their PTSD related issues. Therefore, shame and stigma is a tremendous obstacle to their healing process.
CHAPTER SEVEN

The Ministry Project and Evaluation

The purpose of this Doctor of Ministry project was to develop a program to assist families, churches, and communities about PTSD and is affect on their returning service members. It further served as an information dissemination source on how and where to receive assistance and resources to help soldiers who are suffering from PTSD. The objective of this program was to educate families, communities, and churches about PTSD to return service members back to a state of wholeness as soon as possible upon their return from the war zone. This in turn contributed to their successful reintegration into their families and communities. The researcher worked with other Military Chaplains, Local Clergy, Military Leaders, and members of the National Guard and Reserves who have been deployed, family members of Soldiers, church and community members and members of the mental health profession. All members of the team were stake holders, individuals, families, military personnel, local congregations and communities all had something to gain from solving this problem.

The targeted group was National Guard and Reserve Soldiers returning from Operation Iraqi Freedom based in Iraq and Operation Enduring Freedom based in Afghanistan. Soldiers who were struggling with PTSD brought on from
participation in these conflicts. Included in these groups were family and community members who are an intricate part of their lives.

The main consequence expected by researcher from this project was that National Guard and Reserve Soldiers returning to their communities from our current Wars, OIF and OEF would seek assistance for PTSD related problems and that their lives and the lives of the people who were affected by their problem were improved.

The major difference expected to occur for those Soldiers who sought help found it and had their lives returned to normal or as close to normal as possible. Families damaged from the effect of PTSD would start the healing process and return to normal. And churches and communities who became aware of the present of soldiers within their sphere of influence who suffers with PTSD would join in to assist Soldiers and families with the healing process.

The researcher utilized secondary analyses and participant observation research methods to complete this Doctor of Ministry project. Analyses of a number of books and articles were conducted to gather empirical data addressing the issues of Soldiers and PTSD. The researcher conducted training section as a trainer and participant observer with those engaged in the training section.

The researcher performed this training as an Army National Guard Chaplain assigned as Support Chaplain of 4,000 plus Heavy Brigade Combat Team (HBCT) recently redeployed from Iraqi. He had the pastoral responsibility for over 4,000 National Guard families in the State of North Carolina. Therefore, he had access to these family members through their Family Readiness Groups (FRG), Family Readiness Center (FRC), local churches, and pastors.
The researcher traveled throughout the State of North Carolina presenting the PTSD information dissemination training program that was developed to a number of local churches and one non-profit community organization. In an effort to reach a broad audience, the information was presented in various geographical areas of the State. In the southeastern portion, Baldwin Branch Baptist Church in Elizabethtown. In the northeastern portion, Polar Spring Christian Church in Raleigh and Abundant Hope Christian Church in Durham. In the central portion, Management in Greensboro. In the southwestern portion, First Mount Zion Missionary Baptist Church in Charlotte. The information was also presented to several small Family Readiness Groups of military spouses. More than two hundred people participated in the training presentation and answered survey questions.

The researcher developed and presented the information dissemination briefings using a PowerPoint presentation (Appendix C). There were a number of participants who engaged in dialogue and question asking throughout the presentation. The information presented focused on three main areas. First, it identified the signs and symptoms of PTSD; second, it identified the roles of families, churches, and communities which included employers, coworkers, law enforcement and EMTs, and teachers, administrators, school nurses, and guidance counselors. Third, it provided a list of available resources for PTSD assistance.

The presentation also included live video clips from actual firefight and Improvised Explosive Device (IED) attacks on convoys from the wars in Iraq and Afghanistan. The video clips helped the audience understand the scope of issues our soldiers face when they are deployed into the war zone.
One night while presenting the training to a local congregation, the power of the video clips proved to very compelling addition to the presentation. There were some veterans in the audience who became emotionally upset from seeing and hearing the footage in the clips. There were Vietnam, Desert Storm, Iraq, and Afghanistan veterans who became emotionally upset and had to leave the presentation because of the powerful effect of the video clips. This incident clearly affirmed the researcher’s assertion that there are a number of current service members and veterans sitting in congregations suffering from PTSD.

The researcher worked within a focus group during the developmental stages of the project and the development of the evaluation questions used for the project. The focus group members consisted of two other military chaplains. Chaplain Major Jonathan Edwards, United States Army Reserve Chaplain and Pastor of the First Baptist Church in Charlotte, North Carolina and Major Matthew Gibson, United States Army Chaplain and Licensed Professional Counselor who serves as a Family Life Chaplain at Fort Leavenworth, Kansas. The ten question evaluation was used to gauge the effectiveness of the presentation (Appendix D). The level of knowledge people had as it relates to PTSD was determined and available resources were distributed.

Answers to the following questions were compiled by the researcher and are as follows:
The results of the survey showed several very important facts about PTSD as it pertains to people within the church and community. A large percent of respondents knew someone who served in the National Guard and Reserve components of military within their family, church, or place of employment. A high percentage of them were personally familiar with someone who had deployed to Iraq or Afghanistan. However, 80% of the people surveyed were not familiar with the available resource before the presentation. Nevertheless, 100% believe that the church can play a vital role in assisting soldiers suffering from PTSD. These results confirm the researcher's belief that a number of our National Guard and Reserve soldiers are within our communities and the majority of the people who can help them seek assisting for PTSD are not aware of the resources available to them. However, very encouraging is their belief that the church should take an active role in assisting service members who are suffering from PTSD.

This project gave the researcher a deeper understanding of PTSD and the Soldiers who suffer from it. This new found knowledge enabled him to become a more effective and compassionate Army Chaplain. His ability to counsel Soldiers and families affected by PTSD has improved significantly
APPENDIX A: 30th HBCT Organization Structure

150th Armored Reconnaissance Squadron (ARS)

1-150th ARS is part of the West Virginia Army National Guard and was reorganized from the 1st Battalion, 150th Armor to become the Reconnaissance, Surveillance, and Target Acquisition Squadron for the brigade. The squadron is headquartered in Bluefield, West Virginia and consists of the following troops:

Headquarters and Headquarters Troop (HHT) located in Bluefield, West Virginia

A Troop located in Williamson, West Virginia
B Troop located in Eleanor, West Virginia
C Troop located in Glen Jean, West Virginia

113th Field Artillery Regiment (Fires Battalion)

1st Battalion, 113th Field Artillery Regiment was reorganized as a fires battalion when the brigade was modularized into a Brigade Unit of Action. The battalion is headquartered in Charlotte, North Carolina and consists of the following batteries:

Headquarters and Headquarters Battery (HHB) located in Charlotte, North Carolina

A Battery located in Lincolnton, North Carolina
B Battery located in Monroe, North Carolina

120th Infantry Regiment (Combined Arms Battalion)

The 1-120th Infantry was reorganized as a combined arms battalion when the brigade was modularized into a Brigade Unit of Action. The battalion is headquartered in Wilmington, North Carolina and consists of the following companies:

Headquarters and Headquarters Company (HHC) located in Wilmington, North Carolina

A Company (Infantry) located in Jacksonville, North Carolina
B Company (Infantry) located in Whiteville, North Carolina
C Company (Armor) located in Parkton, North Carolina
D Company (Armor) located in Elizabethtown, North Carolina
E Company (Engineer) located in Hamlet, North Carolina

230th Brigade Support Battalion

The 230th Brigade Support Battalion is headquartered in Goldsboro, North Carolina and consists of the following companies:

Headquarters and Headquarters Company (HHC) located in Goldsboro, North Carolina
A Company located in Benson, North Carolina
B Company located in Dunn, North Carolina
C Company located in Goldsboro, North Carolina
D Company located in Glen Jean, West Virginia
E Company located in Kinston, North Carolina
F Company located in Red Springs, North Carolina
G Company located in High Point, North Carolina

30th Special Troops Battalion

Headquarters and Headquarters Company (HHC) located in Durham, North Carolina

Brigade Headquarters and Headquarters Company (HHC) located in Clinton, North Carolina
A Company (Military Intelligence) located in Burlington, North Carolina
B Co. (Signal) located in Durham, North Carolina
252nd Armor Regiment (Combined Arms Battalion)

The 1-252nd Armor was reorganized as a combined arms battalion when the brigade was modularized into a Brigade Unit of Action. The battalion is headquartered in Fayetteville, North Carolina and consists of the following companies:

Headquarters and Headquarters Company (HHC) located in Fayetteville, North Carolina

A Company (Infantry) located in Williamston, North Carolina

B Company (Infantry) located in Smithfield, North Carolina

C Company (Armor) located in Southern Pines, North Carolina

D Company (Armor) located in Sanford, North Carolina

E Company (Engineer) Wadesboro, North Carolina
APPENDIX B: Training Power Point Presentation and Resources

Chaplain (MAJ)
Anthony J. Cook

North Carolina
Army National Guard

Doctoral Candidate
Interdenominational Theological
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Army National Guard and
Reserve Soldiers and PTSD:
Families, Churches, and
Communities helping return them to
Wholeness
How Does PTSD Develop

• All people with PTSD have lived through a traumatic event that caused them to fear for their lives.

• See horrible things, and feel helpless.
• Strong emotions caused by the event create changes in the brain that may result in PTSD.

PTSD Symptoms

• Symptoms of posttraumatic stress disorder (PTSD) can be terrifying.
• They may disrupt a person's life and make it hard to continue with their daily activities.
• It may be hard for them just to get through the day.
How Does PTSD Develop

- All people with PTSD have lived through a traumatic event that caused them to fear for their lives.

- See horrible things, and feel helpless.

- Strong emotions caused by the event create changes in the brain that may result in PTSD.
PTSD Symptoms

- Symptoms of posttraumatic stress disorder (PTSD) can be terrifying.
- They may disrupt a person's life and make it hard to continue with their daily activities.
- It may be hard for them just to get through the day.

PTSD Begins

- PTSD symptoms usually start soon after the traumatic event.
- May not happen until months or years later.
- Symptoms also may come and go over many years.
- If the symptoms last longer than 4 weeks
  1. causes a person great distress, or
  2. interfere with their work or home life

*** they probably have PTSD.
Four Types of Symptoms

1. Reliving the event (also called Re-Experiencing symptoms):
   - Bad memories of the traumatic event can come back.
   - A person may feel the same fear and horror they felt during the event.
   - They may have nightmares.
   - They may feel they are going through the event again.

*** This is called a Flashback.
2. Avoiding Situations that remind them of the event:

- They may try to avoid situations or people that trigger memories of the traumatic event.
- They may avoid talking or thinking about the event.
- Some people may keep very busy or avoid seeking help.

3. Feeling Numb

- They may find it hard to express their feelings.
- They may not have positive or loving feelings toward other people.
- May stay away from relationships.
- They may not be interested in activities they used to enjoy.
- They may forget about parts of the traumatic event or not be able to talk about them.
4. Feeling keyed up (also called Hyper arousal)

They may be jittery, or always alert and on the lookout for danger. It can cause them to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for their safety and always feel on guard
- Be very startled when someone surprises them

Nightmares
PTSD Common Problems

- Drinking or drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationships problems including divorce and violence
- Physical symptom

Symptom Type

- Acute- Begins within 6 months, not lasting longer than 6 months
- Chronic- Begins within 6 months, lasting longer
- Delayed- Begins or recurring after 6 months and perhaps many years later
Families’ Role

- Ask service members if they want to talk about their experiences.
- If they don’t want to talk about it, Don’t Push.
- Let them know you care about what happened.
- You’re willing to listen without judging.
- That you want to support them.
Families’ Role

- Be patient with them.
- Time can, indeed, heal, and returning veterans typically need a period to readjust to civilian life.
- Don’t expect returning service members to be exactly as they were before they left.

1. If a service member seems to be having **Trouble Coping**
2. If you see **signs of stress** or **inappropriate behaviors** seek professional help.

Families’ Role

- Encourage returnees to connect with other veterans through local meetings, support groups, or the Internet. (VA, VET Center etc.)
- Refrain from raising sensitive issues if you or your loved one is tired, hungry, or intoxicated.
- Wait, mornings are usually better than evenings to address emotional topics, and weekends better than weekdays.
Family Therapy

The Church's Role

- Help them understand their Trauma Spiritually
- Arise, O LORD, in Your anger; Lift up Yourself against the rage of my adversaries, And arouse Yourself for me; You have appointed judgment.

O let the evil of the wicked come to an end, but establish the righteous;
For the righteous God tries the hearts and minds. My shield is with God,
Who saves the upright in heart. God is a righteous judge, And a God who
has indignation every day. (Psalm 6.9-11)

**King David saw himself as a servant of God and he looked to Him to set
the agenda, issue the orders and produce the outcome of the battle.**
The Church's Role

- Help the Soldier adopt Therapeutic Disciplines to bring them closer to God
  - 1. Filling of the Holy Spirit (5 Steps)
    - A. Desire (Matthew 5:6)
    - B. Confess (1 John 1:9)
    - C. Yield (Romans 6:13, 19)
    - D. Ask (Luke 11:9-13)
    - E. Thank Him in Faith (Mark 11:24)

Disciplines Continue

- 2. The Word God
  - A. Hear
  - B. Read
  - C. Study
  - D. Memorize
  - E. Mediate
Disciplines Continues

• 4. **Attend Church** (Ecclesiastes 4:9-12, Proverb 27:17)
• 5. **Optimist Mindset** (Joshua 1:9, Roman 8:28-30)

Church’s Role

• Help them process their **Loss** and **Grief**
  (Seven Stages)

1. **Immobilization** - Shock; initial paralysis from the trauma.
2. **Denial** - Try to avoid the inevitable.
3. **Anger** - Frustrated outpouring of bottled up emotion.
4. **Bargaining** – Seeking in vain for a way out.
Stages of Grief Continue

5. Depression - Final realization of the inevitable.
6. Testing - Seeking realistic solution
7. Acceptance - Finally finding the way forward.

Church’s Role

- Help them experience giving and receiving forgiveness (Psalm 103:10-11, 2 Corinth 5:19)
- Help them rebuild their identity based on what God says about them (John 15:15, Hebrews 2:11, Ephs 1:4)
- Help them strengthen themselves against future attacks (Ephesians 1:19-23)
- Help them to fully integrate into society as a strengthened man or women of God. (Psalm 27:1, 34:4, 56:3-4)
Communities’ Role

- **Employers** should be aware of their rights and responsibilities to which they are obligated under law.

- Employers are required by law to allow employees who are in the Reserves to return to their jobs without penalty if they’re called to active duty.

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Communities’ Role

- **Teachers, administrators, school nurses, and guidance counselors:**

  - Need to be sensitive to the potential impact of both separation and reunification on children.
  - The emotional or behavioral problems they may cause.
  - Children with parents who are or have been deployed may need special consideration from their schools.
RESOURCES

Veterans Administration

- VA Medical Center
  - Asheville, NC:
    - Asheville VA Medical Center
  - Durham, NC:
    - Durham VA Medical Center
  - Fayetteville, NC:
    - Fayetteville VA Medical Center
  - Salisbury, NC:
    - Salisbury - W.G. (Bill) Hefner VA Medical Center
Outpatient Clinic Locations

- Charlotte, NC
  Charlotte Clinic
- Hamlet, NC:
  Hamlet OPC
- Hickory, NC:
  Hickory OPC
- Winston-Salem, NC:
  Winston-Salem Satellite Outpatient Clinic

Community Based Outpatient Clinics

- A CBOC is a VA operated or a VA funded or reimbursed health care facility or site separate from its parent medical facility.
- A CBOC can provide:
  1. Primary Care
  2. Primary and Subspecialty care
  3. Mental Health care
- Any combination of healthcare delivery services that can be provided in an outpatient setting.
Community Based Outpatient Clinic

- Durham, NC:
  - Durham Clinic
- Franklin, NC:
  - Franklin VA CBOC
- Greenville, NC:
  - Greenville Clinic
  - Midway Park, NC:
  - Jacksonville CBOC
- Morehead City, NC:
  - Morehead City Clinic

CBOC Locations

- Raleigh, NC:
  - Raleigh Clinic
- Rutherfordton, NC:
  - Rutherfordton
- Wilmington, NC:
  - Wilmington CBOC
Department of Veterans Affairs, Vet Centers for Readjustment Counseling Services

- **Charlotte Vet Center**
  S. Brevard St., Suite 103
  Charlotte, NC 28202
  Phone: (704) 333-6107
  Fax: (704) 344-6470

- **Fayetteville Vet Center**
  4140 Ramsey St., Suite 110
  Fayetteville, NC 28311
  Phone: (910) 488-6252
  Fax: (910) 488-5589

VET Centers Locations

- **Greensboro Vet Center**
  2009 S. Elm-Eugene St.
  Greensboro, NC 27406
  Phone: (336) 333-5366
  Fax: (336) 333-5046

- **Greenville Vet Center**
  150 Arlington Blvd., Suite B
  Greenville, NC 27858
  Phone: (252) 355-7920
  Fax: (252) 756-7045

- **Raleigh Vet Center**
  1649 Old Louisburg Rd.
  Raleigh, NC 27604
  Phone: (919) 856-4616
  Fax: (919) 856-4617
OIF/OEF VA Program

- The OIF/OEF Program offers case management and advocacy services to all veterans who have served in combat since November 11, 1998 and are transitioning to civilian life.
- Durham VA Medical Center
  508 Fulton Street
  Durham, NC 27705  (888)878-6890 ext 7645

OIF/OEF Case Management

- Provide:
  1. Individualized and coordinated care for readjustment needs.
  2. Professional short-term counseling
  3. Assistance with scheduling and accessing services
  4. Contact assistance for VA services near the home
  5. Information on VA and community services and resources
OIF/OEF Transition Advocate

- Provide:
  - 1. Information and assistance regarding health care benefits and eligibility
  - 2. Information about veterans in understanding rights and responsibilities
  - 3. Assistance to veterans, families and VA staff in coordinating VA services.
  - 4. Resolve complaints and concerns

Families At Ease

- *Families At Ease was specifically designed by VA to reach* out to family members of military Veterans who become aware of their Veteran's problems associated with combat and reintegration into civilian life.
Families At Ease offers Veterans and their families these services:

- Encouragement and information about getting an evaluation and services

- Referrals to services for veterans and their family members

- Family member coaching to motivate Veteran for evaluation/consultation

Polar Springs Hospital
350 Poplar Dr.
Petersburg, VA 23805
Phone: (804) 733-6874
Fax: (804) 861-0076

- Offers 30 day residence PTSD Program
- The sole purpose of the military unit is to treat service members and keep them safe during a time of crisis in their lives.
- The treatment program utilizes:
  1. Cognitive Behavioral Techniques in a variety of treatment modalities including:
     a. Individual
     b. Marital
     c. Family
     d. Intensive group sessions.
The SHARE Initiative at Shepherd Center provides rehabilitation and community-based care to U.S. military service members who have served in Iraq and Afghanistan.

The program utilizes Shepherd’s full rehabilitation continuum of evaluation and treatment services for those who have sustained brain injury, spinal cord injury or blast injury.

SHARE provides assistance, support, and education to service members and their families during their recovery treatment and beyond.

Accept Tricare
APPENDIX C: Evaluation/Survey Questions

1. Before this presentation did you know the meaning of PTSD?

2. Do you personally know someone who suffers from PTSD?

3. Do you personally know someone who serves or served in the National Guard or Reserves? If so how do you know them (family, co-worker, church, etc)?

4. Do you personally know someone who has deployed or is deployed to Iraq or Afghanistan?

5. Before this presentation were you aware of the many resources available to soldiers suffering with PTSD?

6. Do you believe you could guide someone suffering from PTSD to access the resources to get the help they need?

7. Do you feel this presentation raised your awareness about PTSD?

8. Do you believe that the church can play a role in helping soldiers with PTSD?

9. Did the presenter present the information in a concise and understandable manner?

10. Would you recommend this presentation to other groups?
BIBLIOGRAPHY


