



POST-TRAUMATIC STRESS DISORDER

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*Blessed be
the Lord,
my rock,
who trains
my hands
for war, and
my fingers
for battle.*

(*Psalm 144:1*)

It is normal for individuals to have difficulty coping with unpleasant emotions after they have experienced, or been exposed to, acts of violence, disasters, severe injury, illness or accidents. This is certainly true after the death of a loved one, or after watching the unexpected or violent death of someone else, including strangers.

Although this can interfere with daily activities, including work or sleep, the emotional consequences usually start to diminish in a relatively short time. However, when those symptoms last longer than a month, it may be a sign of post-traumatic stress disorder (PTSD).

PTSD may not always be related to a single event but can occur in response to long-term exposure to danger or abuse. It can occur shortly after a trauma, or even years later. Likewise, symptoms may come and go for years.

PTSD was first recognized in combat veterans who were exposed to extreme danger and personal risk, and who witnessed the injury and death of others. Symptoms consistent with PTSD have been known since ancient times and the condition has been referred to by a variety of names. In the 20th century, during World War I it was referred to as “shell shock,” while in World War II it was commonly called “combat fatigue.”

We now recognize that victims of PTSD include not only military personnel, but those who have been injured or lost loved ones in accidents, disasters or non-combat-related violence. Furthermore, PTSD is sometimes present in first responders, law enforcement and medical personnel who see and care for those who have been abused, injured or killed.

In addition, individuals who have experienced sexual assault are at very high risk of PTSD. This is particularly significant in a military context, as almost a quarter of women serving in the military report having been sexually assaulted.

HOW CAN SOMEONE KNOW IF THEY HAVE PTSD?

To answer that question, it's important to understand the relationship between stress, trauma, and PTSD.

Stress is the brain's or body's response to demanding situations. It can come from positive experiences (such as getting a promotion) as well as negative ones (losing a job). Stress can have positive results (for example, motivating a student to study to do well on a test) or negative ones (like getting nervous and “going blank” while taking an exam). Everyone experiences stress, but not everyone experiences it the same way.

Trauma can be defined as any serious injury to the body or mind, often resulting from violence or an accident. Any event that causes great distress can result in trauma. While anyone dealing with trauma is stressed, not everyone who is stressed is traumatized.

Although most people can readily understand the connection between physical injury or life-threatening situations and traumatization, another factor that may contribute to trauma is moral injury. Incidents can result in a moral injury if they “transgress deeply held moral beliefs and expectations.”

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Such events can include taking the life of an enemy combatant, taking the life of a noncombatant (intentionally or unintentionally), mistreating a prisoner, or witnessing a gross moral violation but failing to prevent it. Moral injury may result in shame, self-condemnation, withdrawal and isolation, and even thoughts of self-harm. In addition to trauma, serious cases of moral injury can contribute to PTSD.

Traumatic situations bring about physical and psychological responses. For instance, if someone is involved in a car crash, it's normal for the body to experience a "fight-or-flight" reaction. An increase in heartrate, breathing rate, shaking, and muscle tension are just a few ways the body reacts to highly distressing or dangerous situations. This is sometimes called "post-traumatic stress," and it's a normal response to trauma.

After the initial fight-or-flight reaction wears off, people who have been through a traumatic experience may respond differently. While what they've gone through may be deeply distressing, they may not experience long-lasting symptoms, or their symptoms may not be severe enough to interfere with normal activities.

Alternately, a person may experience any of a number of trauma-related symptoms, including:

- **Involuntary recurring, intrusive, distressing memories**
- **Recurring nightmares about the incident**
- **Flashbacks related to the incident**
- **Inability to experience positive emotions**
- **Inability to remember key aspects of the event**
- **Efforts to avoid distressing memories, thoughts, or feelings associated with the event**
- **Efforts to avoid people, places, situations, etc., that may bring up memories or feelings associated with the incident**
- **Difficulty sleeping**
- **Irritability, aggressive behavior, or angry outbursts, with little or no provocation**
- **Hypervigilance**
- **Difficulty concentrating**
- **Being startled easily**

When an individual experiences nine or more of these symptoms for three days to up to a month, and the problems make it difficult to function socially, on the job, or in other important ways, the person may be dealing with what's known as acute stress disorder, or ASD.

ASD is a common condition when a person is exposed to a traumatic situation, including life-threatening circumstances such as combat, sexual assault, or witnessing a traumatic event.

Sometimes a person who has undergone a traumatic experience may show additional signs, including (but not limited to):

- **Intense or prolonged psychological distress after exposure to reminders of the trauma**
- **Intense physical reactions after exposure to reminders of the trauma**
- **Persistent negative thoughts about themselves, others, or the world**
- **Taking (or assigning others) unnecessary or exaggerated blame for the incident**
- **Persistent negative emotional state**
- **Decreased interest in normally enjoyed activities**
- **Feeling detached or isolated**

When symptoms last for longer than a month and interfere with important areas of life (including social or occupational), the individual fits the diagnosis of PTSD.

It is important that a person not try to diagnose themselves. Likewise, others should avoid the temptation to try to diagnose a friend or loved one. This is best left to a qualified clinician. While a diagnosis might help guide a professional in treating PTSD, what the individual needs most from others is help and support, not labels.

HOW COMMON IS PTSD?

The American Psychiatric Association reports that about 3.5 percent of adults in the United States will experience PTSD in their lifetime. In contrast, members of the armed services experience a much higher incidence of the condition.

According the U.S. Department of Veterans Affairs, the rate of PTSD varies according to a number of factors, including the nature of the armed conflict. About 11 to 20 percent of veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom dealt with PTSD in a given year. That rate was 12 percent for those involved in Desert Storm. And for veterans who served in Vietnam, it's estimated that about 30 percent face PTSD some time in their life.

WHY DO SOME PEOPLE DEVELOP PTSD WHILE OTHERS DON'T?

The answer is unclear, but one study looking at Vietnam veterans suggests a number of factors such as severity of the combat situation and vulnerabilities prior to the event (for instance, having previous mental health issues, having experienced abuse as a child, or having had a family member arrested or involved in substance abuse during childhood). Younger age also increased risk. The VA also indicates that people with substance abuse issues are at a greater risk of developing PTSD.

One thing is clear—PTSD is not a matter of weakness. And for believers in Christ it is not a litmus test of their faith. Ultimately, some people develop PTSD and others don't. What's most important are the steps the individual is willing to take to deal with the problem, both for themselves and for their loved ones.

WHAT TREATMENT IS AVAILABLE FOR PEOPLE WITH PTSD?

While PTSD can be emotionally agonizing, the good news is that treatment is available. The most effective treatments involve psychotherapy, although medication can be a helpful tool for some.

Among the types of psychotherapy used to treat PTSD, cognitive behavioral therapy (CBT) is one of the most helpful. CBT focuses on the relationship between thoughts, feelings, and behaviors. The idea is that when you change unhelpful thought patterns, you can eventually change negative feelings and behaviors.

Cognitive processing therapy (CPT) is a specific form of CBT that is useful in treating PTSD. Through CPT, a person with PTSD learns to identify his or her thoughts about the trauma, including what caused it and how it has changed the person's thoughts and beliefs about themselves and the world. They also learn to recognize "automatic thoughts" that may cause the PTSD to persist. The individual can then learn how to process the trauma in healthier and more helpful ways that allow reestablishment of safety, trust, control, and other areas of thought and belief that were affected by the trauma.

Another form of therapy called eye movement desensitization and reprocessing (EMDR) has been shown to be useful in alleviating the distress of PTSD. In EMDR, the individual with PTSD is asked to recall aspects of the traumatic event while focusing on external stimuli such as moving their eyes from side to side, tapping their fingers, or listening to sound cues. It is believed that these actions allow the individual to process traumatic memories in ways that are more helpful and less distressing.

An additional type of psychotherapy used to treat PTSD is known as exposure therapy. As mentioned previously, those suffering from PTSD may avoid memories of the traumatic event and things that bring up those memories. In exposure therapy, the therapist creates a safe environment in which to expose the individual to thoughts or situations that might otherwise trigger distressing feelings. This is done gradually, so that the person becomes less and less anxious or distressed by the triggering circumstance. For instance, if driving a vehicle is associated with fearful thoughts and feelings related to a traumatic event, the therapist might ask the individual to sit in the passenger seat of a parked car with the ignition off. Later, the person may sit in the driver's seat with the engine off, gradually progressing to the point where the person can feel safe with the engine on, and eventually being able to drive again.

While there is no pill that can "cure" PTSD, certain medications may be helpful in lessening symptoms. The mainstay of drug therapy seems to antidepressants. Ketamine, an anesthetic drug increasingly used to treat depression, is also being researched for use in treating PTSD symptoms.

Psychotherapy should be administered by a licensed mental health care professional certified in the procedures or methods they employ. Likewise, medications should be prescribed by a physician. Someone seeking medical help for PTSD should consult a psychiatrist, a physician specially trained in the medical treatment of various mental health concerns.

With regard to moral injuries that might have been sustained during military service, not all mental health professionals will address these, and medications are not the answer. In cases where moral injury is the result of wrongdoing, the church and Christian community are particularly valuable in communicating the availability of God's healing grace and forgiveness for everyone, no matter how serious the sin. Christ-centered groups such as Advancing Warriors give service members and veterans a place where they are unconditionally loved and accepted, where they can be with others who have faced the same struggles and are holding on to a greater purpose, and where they are not defined by sin or trauma but by God's love for them.

WHAT SHOULD I DO IF I THINK I MIGHT BE DEALING WITH PTSD?

If you think you might have PTSD, whether you are a veteran separated from the military or on active duty, the best thing you can do is talk to someone.

Sometimes active service members avoid addressing the matter because they fear the stigma attached to a PTSD diagnosis, or they have concerns about how their military career may be affected. But the best thing you can do is seek help while you are still in the military.

PTSD is being acknowledged more and more as a common problem for men and women returning from deployment, and the stigma attached to it is decreasing. Don't let concerns about how a possible PTSD diagnosis might be perceived by others keep you from getting the help you need.

With respect to your military career, when PTSD is left untreated it can lead to behavior or conduct problems. When serious enough, these may result in a dishonorable discharge. That can lead to a loss of military benefits, including VA benefits. Seeking help for PTSD, on the other hand, is less likely to harm your career than misconduct that may arise from the condition. Similarly, getting help can prevent problems that can cause performance issues.

You can ask for a medical exam to evaluate whether you have PTSD. Even though the results are not strictly confidential and become part of your record, seeking assistance for possible PTSD can be viewed by the military as a positive.

If you are not sure how to best approach the issue, you can seek information about confidential non-medical counseling from Military OneSource (800-342-9647). Reach out to faith-based groups such as Advancing Warriors. You should also consider talking with your unit chaplain. While chaplains are usually not licensed therapists and are not assigned to provide therapy for PTSD, they can offer spiritual and emotional support and steer you in the right direction for further help.

Veterans no longer in the military can also seek help through Military OneSource, or through the VA. You can get help by calling the VA at 800-273-8255.

One final thought: Some who are dealing with the aftermath of war and trauma may have the impression that it's a sign of weakness to acknowledge the pain they face—they feel it's better to keep their head down, ignore the problem, and just keep moving on. But the Bible gives us a great example in David, who wrote:

Blessed be the Lord, my rock, who trains my hands for war, and my fingers for battle. (Psalm 144:1)

The same man cried out to God when he felt alone and in agony:

Turn to me and be gracious to me, for I am alone and afflicted. The distresses of my heart increase; bring me out of my sufferings. (Psalm 25: 16-17)

David was a warrior who poured out his heart in tears. He certainly wasn't perfect, but it wasn't a sign of weakness when he reached out to God for help. And it is not a sign of weakness for you to reach out to God and others for help.

HOW DO I KNOW IF A FRIEND OR LOVED ONE HAS PTSD?

As mentioned above, certain signs and symptoms will be present. He or she will often have thoughts which feel like "reliving" the traumatic event over and over again.

These are normal reactions when a loved one has PTSD. You can help, though. Your support can come in a number of forms.

It's more important and much more helpful to deal with issues and symptoms rather than linger on a diagnosis of PTSD. For example:

- “I’d like to help us communicate better. Can we talk to someone who can help us with that?”
- “I notice you’re having trouble sleeping. How about if we talk to someone who can help you get a good night’s sleep?”

While a PTSD diagnosis may be useful to someone providing clinical help to your spouse, it’s better for family and friends to resist thinking about labels and try to address symptoms.

Those with PTSD may be hypervigilant and easily startled. Sensory input that might be annoying or startling to most people (the noise of a balloon popping or a firecracker exploding) may cause extreme emotional distress in someone with PTSD. One way you can help your loved one is to talk with him or her about the types of sensory input that are just “too much” and consider ways to reduce those. Giving your husband a set of noise-cancelling headphones, for instance, is not a treatment for PTSD, but it can provide support that may address symptoms in the short-term.

Helping your spouse deal with undue stresses that provoke difficult feelings can also be helpful. If the pressures of balancing the checkbook trigger anxiety in your mate, take over that particular task for the time being. The aim is not for you to take responsibility for everything forever, but to provide assistance in those areas where you can while your spouse seeks help and gets healthier to the point where he can resume more and more responsibilities.

Learn all you can about PTSD and how it affects the sufferer. Offer to go with him to medical appointments and support him throughout therapy and treatment. Be available to talk; if the time is not right, offer to talk at a better time. Promote enjoyable activities, especially physically active ones. Since isolation can be a particular problem for those with PTSD, encourage him to keep in contact with family and friends. Your support will not “fix” someone with PTSD, but it can lighten their load while they seek to recover.

Ultimately, the best support you can provide is to encourage your loved one to get the help he needs. The VA has a program called “Coaching Into Care” designed to help friend and family communicate effectively about getting treatment. You can reach them at 888-823-7458. Your spouse’s unit chaplain may be able to offer guidance as well.

While your support is valuable, you need to consider ways to care for yourself. Maintain a network of social support. The help of friends and family is vital. Consider counseling for yourself and your family as you deal with the stresses of PTSD in a loved one. Again, a chaplain may be able to provide advice and support. Take time for yourself, eat right, and exercise regularly. These are all important ways to deal with the stress you may be feeling.

On a critical note, it’s an unfortunate fact that some people suffering from PTSD deal with angry outbursts and aggressive behavior. That doesn’t apply to everyone with PTSD, of course, but if you or your children are in danger, get to a safe place and call for help. Extending love and support to your spouse should never come at the price of you and your family’s safety.

PTSD AND FAMILIES

A person dealing with PTSD may feel like they are completely alone at times, but the truth is that they never suffer in isolation. Spouses and children are impacted by PTSD in profound ways. You may be the one with PTSD, but your family will experience the consequences.

That’s why it is crucial to get the help that you need.

Think of it this way: If you are a member of the military or a veteran, you know that the mission is more important than the individual. But when you’re no longer in the field, the mission changes. Your mission now includes your family, and helping them to thrive. That’s hard when a mom or dad is dealing with PTSD and refusing to get help.

Likewise, when you’re in the field your team needs to be able to rely on you. When you’re back home things are a little different. Your team now is your family, and they need to be able to rely on you every bit as much as your unit did.

If you are dealing with PTSD, get help. If not for yourself, do it for your family.

A WORD ABOUT SUBSTANCE ABUSE AND PTSD

The emotional difficulties of PTSD lead many sufferers to “medicate” their problems with various substances (drugs, alcohol, nicotine). Substance use disorder (SUD) is a serious and common problem among those with PTSD, but it only masks the pain while creating more problems for the user and his or her family. The good news is that you can get help for SUD and PTSD at the same time. Talk with a mental health care professional and get the help you need, both for yourself and your family.

Focus on the Family has a team of licensed or pastoral counseling specialists who can provide initial consultations and guidance. They can be reached at 1-855-771-HELP (4357) weekdays from 6:00 a.m. to 8:00 p.m. (Mountain Time). A Family Help Specialist will take some information and a counselor will call back as soon as possible. A request for a call back can also be made via online form.

Whether you think you may be dealing with PTSD or you have a loved one with PTSD, you are not alone. There are many who are, or have been, right where you are now. It may not be easy, but by reaching out for help you can join the ranks of those who are overcoming this condition.

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