SESSION 1

History of PTSD and Moral Injury

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Agenda

01 Brief Introduction to PTSD and Moral Injury

02 The Power of Lament

03 The Power of Presence

04 The Power of Acceptance

05 The Power of Perspective

Current landscape

"Trauma informed care"

"TRAUMA"

"I have PTSD from…"

Agenda

01	Definition of Trauma
02	Origins of Trauma
03	History of Trauma Understanding / Labeling
04	Contemporary Concepts for Modern Trauma Recovery
05	Proposed Biblical Model

Trauma – Definition

"Trauma is the response to any event that shatters your safe world so that it's no longer a place of refuge. Trauma is more than a state of crisis. It is a normal reaction to abnormal events that overwhelm a person's ability to adapt to life—where you feel powerless."

- H. Norman Wright – *The Complete Guide to Crisis and Trauma Counseling*

Origins of Trauma

- Genesis 3

3 The serpent was the shrewdest of all the wild animals
the LORD God had made. One day he asked the woman,
"Did God really say you must not eat the fruit from any of
the trees in the garden?"

2 "Of course we may eat fruit from the trees in the
garden," the woman replied. **3** "It's only the fruit from the
tree in the middle of the garden that we are not allowed
to eat. God said, 'You must not eat it or even touch it; if
you do, you will die.'"

4 "You won't die!" the serpent replied to the
woman. **5** "God knows that your eyes will be opened as
soon as you eat it, and you will be like God, knowing both
good and evil."

6 The woman was convinced. She saw that the tree was
beautiful and its fruit looked delicious, and she wanted the
wisdom it would give her. So she took some of the fruit and
ate it. Then she gave some to her husband, who was with
her, and he ate it, too.

Brief History of PTSD and Moral Injury

- Historical understanding of the impact of trauma:
  - Civil War – "Soldier's Heart"
  - World War I – "Shell Shock"
  - World War II – "Battle Fatigue"
  - Vietnam War – "Vietnam Vet Syndrome"

In 1980:

The American Psychiatric Association Published the 3rd edition of the Diagnostic and Statistic Manual (DSM 3)

Which finally named and categorized what they had seen in Vietnam Vets as:

"Post-Traumatic Stress Disorder (PTSD)"

Post Traumatic Stress Disorder (PTSD) Diagnostic and Statistic Manual – 5 (DSM-5)

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event (s).

2. Witnessing, in person, the event(s) as it occurred to others.

3. Learning that the traumatic event(s) occurred to a close family member or friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to adverse details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to the details of child abuse).

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

2. Recurrent distressing dream in which the content and/or affect of the dream are related to the traumatic event(s).

PTSD (cont).

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme being a complete loss of awareness of present surroundings.)

4. Intense or prolonged psychological distress at exposure to internal or external curse that symbolize or resemble an aspect of the traumatic event(s).

5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

PTSD (cont).

PTSD (cont).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

PTSD (cont).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").

3. Persistent distorted cognitions about the cause or consequence of the traumatic event(s) that lead the individual to blame himself/herself or others.

PTSD (cont.)

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest or participation in significant activities.

6. Feelings of detachment or estrangement from others.

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

PTSD (cont.)

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggressions toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

PTSD (cont.)

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

PTSD as Spiritual Disorder

"PTSD is a spiritual disorder not because the 'person is not right with God' or that 'God is not right with the person.' It is a spiritual disorder because the person who experiences the full impact of PTSD has been impoverished by the loss of a series of vital spiritual attributes that are essential to living a full life."

- Duncan Sinclair, *Horrific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder*

Sinclair's Spiritual Losses

- Loss of Hope
- Loss of Intimacy
- Loss of Future
- Loss of Peacefulness
- Loss of Healing Memory
- Loss of Spontaneity
- Loss of Wholeness
- Loss of Innocence
- Loss of Trust
- Loss of Awe

Moral Injury – Jonathan Shay

"Moral Injury is:

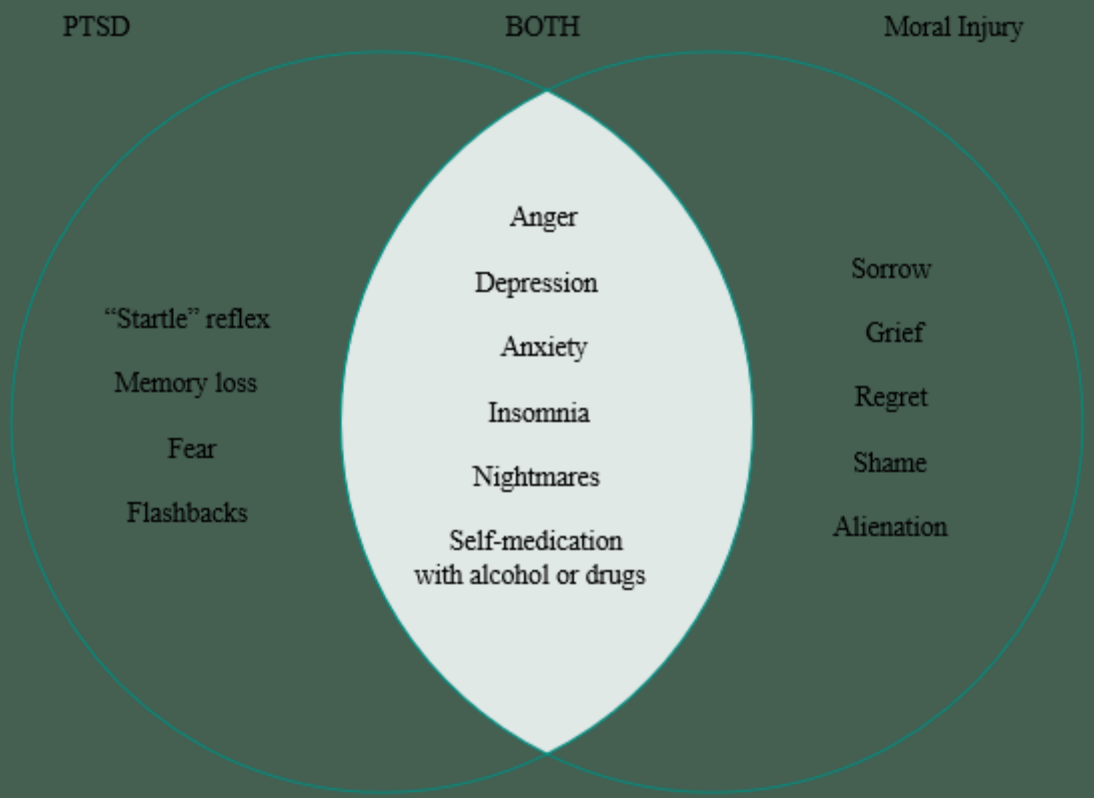
- *A betrayal of what's right*
- *By someone who holds legitimate authority (e.g., in the military—a leader)*
- *In a high stakes situation*

All three."

Moral Injury - Litz

"…perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs or expectations."

Symptoms – PTSD & Moral Injury



DEALING WITH MORAL INJURY

Modalities

A few questions for thought:

What should be the goal of trauma ministry?

Can you repair a person's soul after trauma?

What is the role of grief ministry?

What does homeostasis mean in the context of trauma ministry?

What is the role of lament?

"Soul Repair?"

- Concept popularized by the book:

  Soul Repair: Recovering from Moral Injury after War. By Rita Brock and Gabriella Lettini

- Focus is on repair
- Methods of "repair" problematic

Homeostasis

"Recovery, as understood by some grievers and caregivers alike, is erroneously seen as an absolute, a perfect state of re-establishment…

"Our clinical understanding of grief for some is based on the model of crisis theory that purports that a person's life is in a state of homeostatic balance, then something "bad" comes along and knocks the person out of balance.

"Caregivers are taught intervention goals to reestablish the prior state of homeostasis and return to "normal" functioning. There is only one major problem with this theory: it doesn't work. Why?

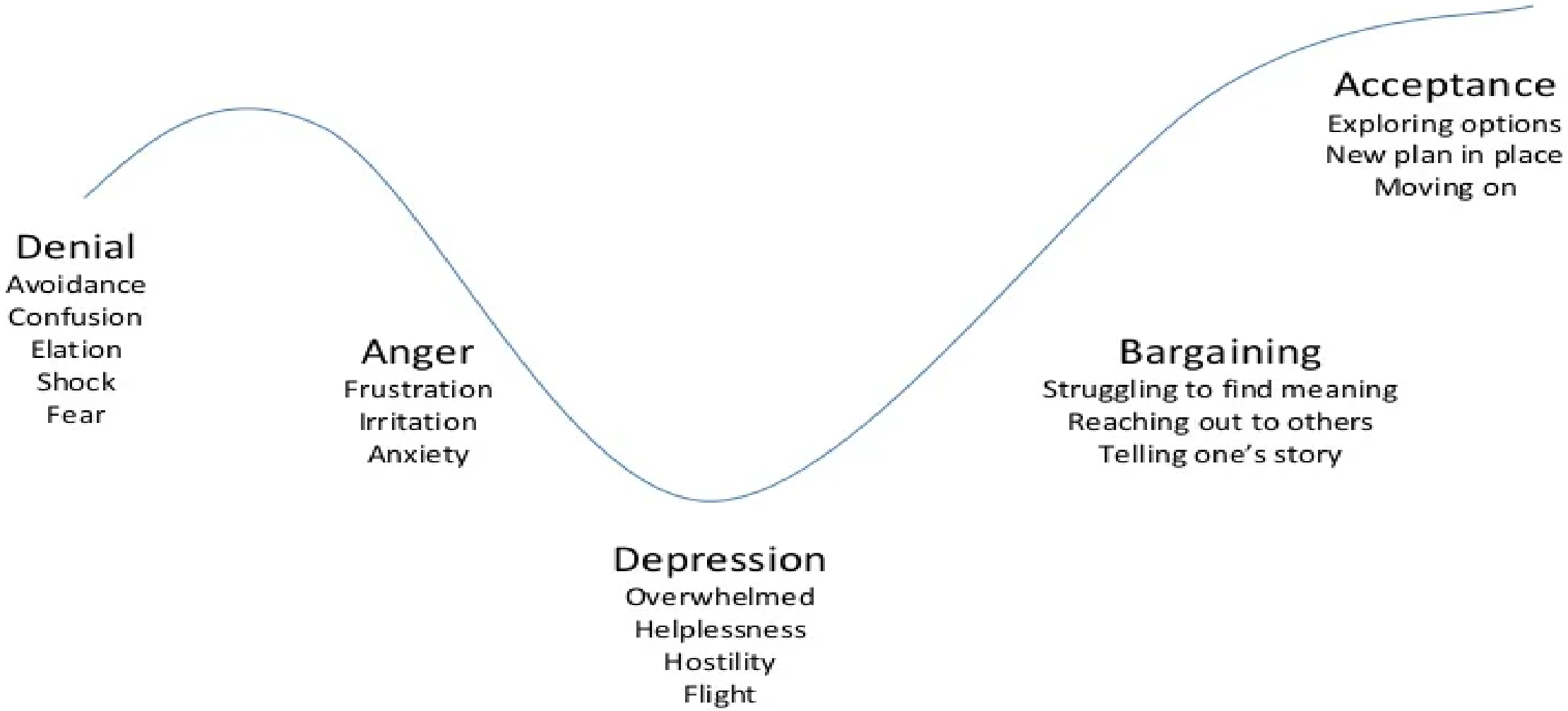
Homeostasis (Continued)

"Because a person's life is changed forever by significant loss. We are transformed by grief and do not return to prior states of "normal" based on intervention by outside forces."

"I dream of a day when the term PTSD will be abandoned and all traumatized grievers will, without judgement or delay, receive the emotional and spiritual intensive care they need. I dream of a day when our culture will regard dark emotions as healthy and necessary, and grief as the bittersweet byproduct—the good fortune, even—of love and connection…"

- Alan Wolfelt - *Reframing PTSD as Traumatic Grief: How Caregivers can Companion Traumatized Grievers Through*

Kübler-Ross Grief Cycle



Information and Communication	Emotional Support	Guidance and Direction

Normal Crisis Pattern—Dr. H. Norman Wright

	PHASE I: Impact	Phase II: Withdrawal/ Confusion	PHASE III: Adjustment	PHASE IV: Reconstruction/ Reconciliation
	Hours to Days	**Days to Weeks**	**Weeks to Months**	**Months**
Response	Should you stay and face it or withdraw	Do you feel intense emotion or feel drained Are you angry sad, fearful, anxious, depressed raging or guilty?	Your positive thoughts begin returning along with intense emotions.	Hope has returned. Your are more self-confident.
Thoughts	You are numb and disoriented. Your insight ability is limited, and your feelings overwhelm.	Your thinking ability is limited. It is uncertain and ambiguous.	Your now able to problem solve.	Thinking is clearer.
Directions You Take to Regain Control	You search for what you lost.	You are bargaining—wishful thinking. Detachment is involved.	You begin looking for something new to invest in.	Progress is evident and new attachments are made to something significant.
Searching Behavior	You often reminisce.	You are puzzled; things are unclear.	You can now stay focused and begin to learn from our experience.	You may want to stop and evaluate where you've been and where you're going.

Jennifer Cisney & Kevin Ellers in ***The First 48 Hours: Spiritual Caregivers as First Responders*** discuss the importance of helping survivors answer questions. The questions they suggest are:

- Who?
- What?
- Where?
- When?
- How?

What is missing?

WHY?

- ***Why*** is the central question to the human experience.
  - It is the question with which Job wrestled.
  - It is the question which prolongs / intensifies grief and suffering.
  - It is the question that is often unanswerable…

Walter Brueggemann & The Psalms

"The human organism struggles to maintain some kind of equilibrium in his or her life. That sense of holistic orientation, of being 'at home,' is a gift that is given not forced, yet we struggle for it, fight for it, resist losing it, and regularly deny its loss when it is gone. Two movements in life are important:

deep reluctance to let loose of a world that has passed away, and	*capacity to embrace a new world being given"*

"Human persons are not meant for situations of disorientation. They struggle against such situations with all of their energies. Insofar as persons are hopeful and healthy, they may grow and work through to a new orientation. But as Freud has seen, human persons are mostly inclined to look back, to grasp for old equilibria, to wish for them, and to deny that they are gone."

Orientation

"The mind-set and worldview of those who enjoy a serene location of their lives are characterized by a sense of orderliness, goodness, and reliability of life."

Psalms of Orientation:

"…teach clear, reliable retribution in which evil is punished and good is rewarded (e.g. Psalm 1 and 119)…"

"Psalm 145 … may be regarded as a not very interesting collection of clichés… But … it affirms God's providential care."

Similarly, in the evangelical world we often inadvertently say something like, “come to Jesus and all of your problems will go away.”

- Dr. Clint Ashley, former Director of the PNWC of Gateway Seminary once identified the same concept:
  - He said that we expect our obedience to be similar to a mathematical formula:
    - Law + Obedience = Blessing

Disorientation

"The psalms of lament, both individual and corporate, are ways of entering linguistically into a new distressful situation in which the old orientation has collapsed.

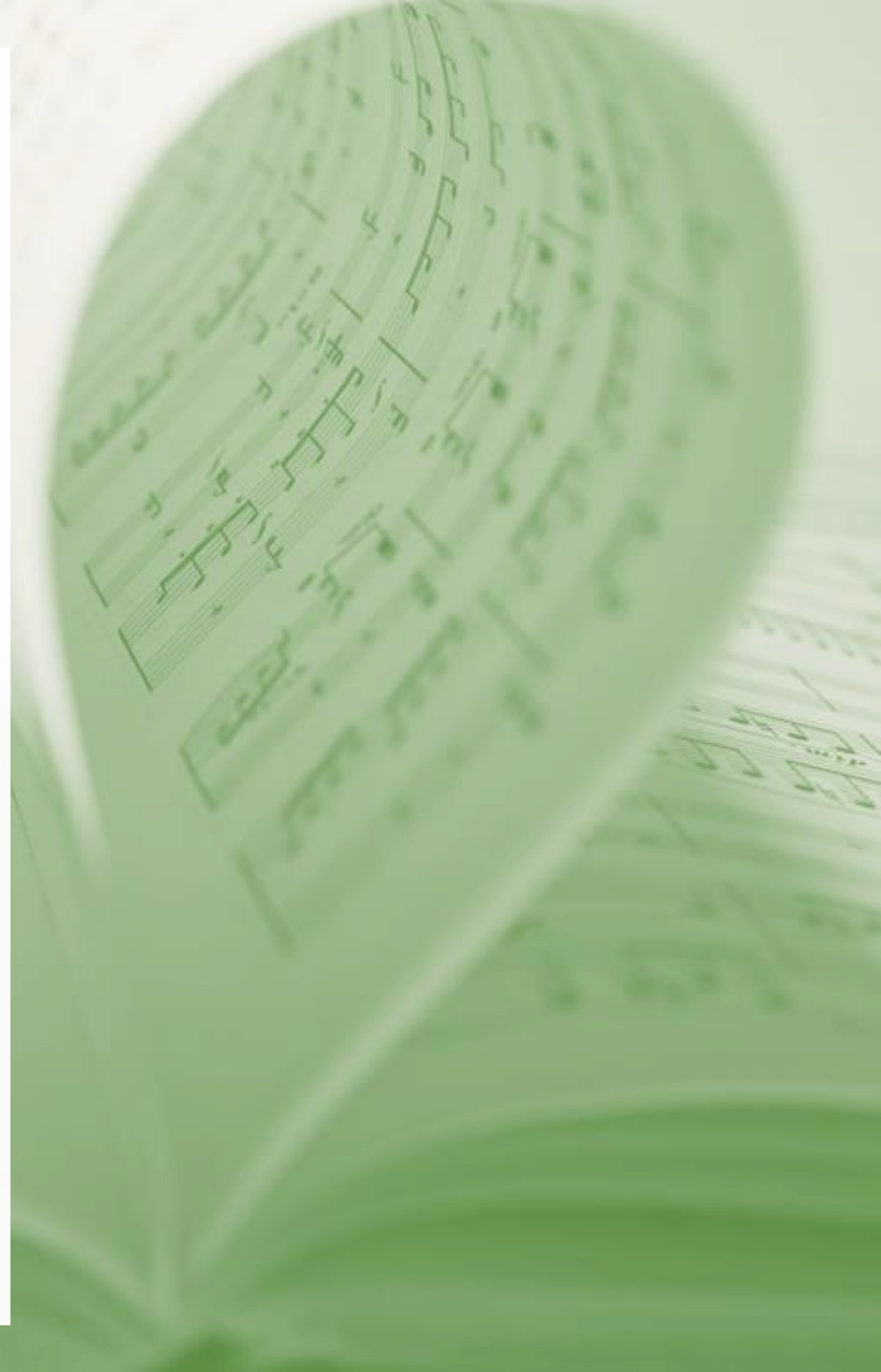
This rich array of language in which the words tumble out becomes, then, not an exegetical problem to be solved but a pastoral opportunity to let the impressionistic speech touch the particular circumstance of dislocation.

For the truth of the matter is that the listener to such a psalm in a time of actual dislocation will have NO DOUBT as to the meaning of the references…"

"The lament psalm of dislocation becomes necessary usually quite unexpectedly. It is necessary in a situation in which the old worldview, old faith presuppositions, and old language ***ARE NO LONGER ADEQUATE****."*

Examples of Psalms of lament:

- Psalm 7:2
- Psalm 22
- Psalm 56
- Psalm 57
- Psalm 60
- Psalm 71
- Psalm 73
- Psalm 89
- Book of Lamentations



Far too many “Christian” therapies attempt to bring a person out of the place of disorientation too soon.

Reorientation

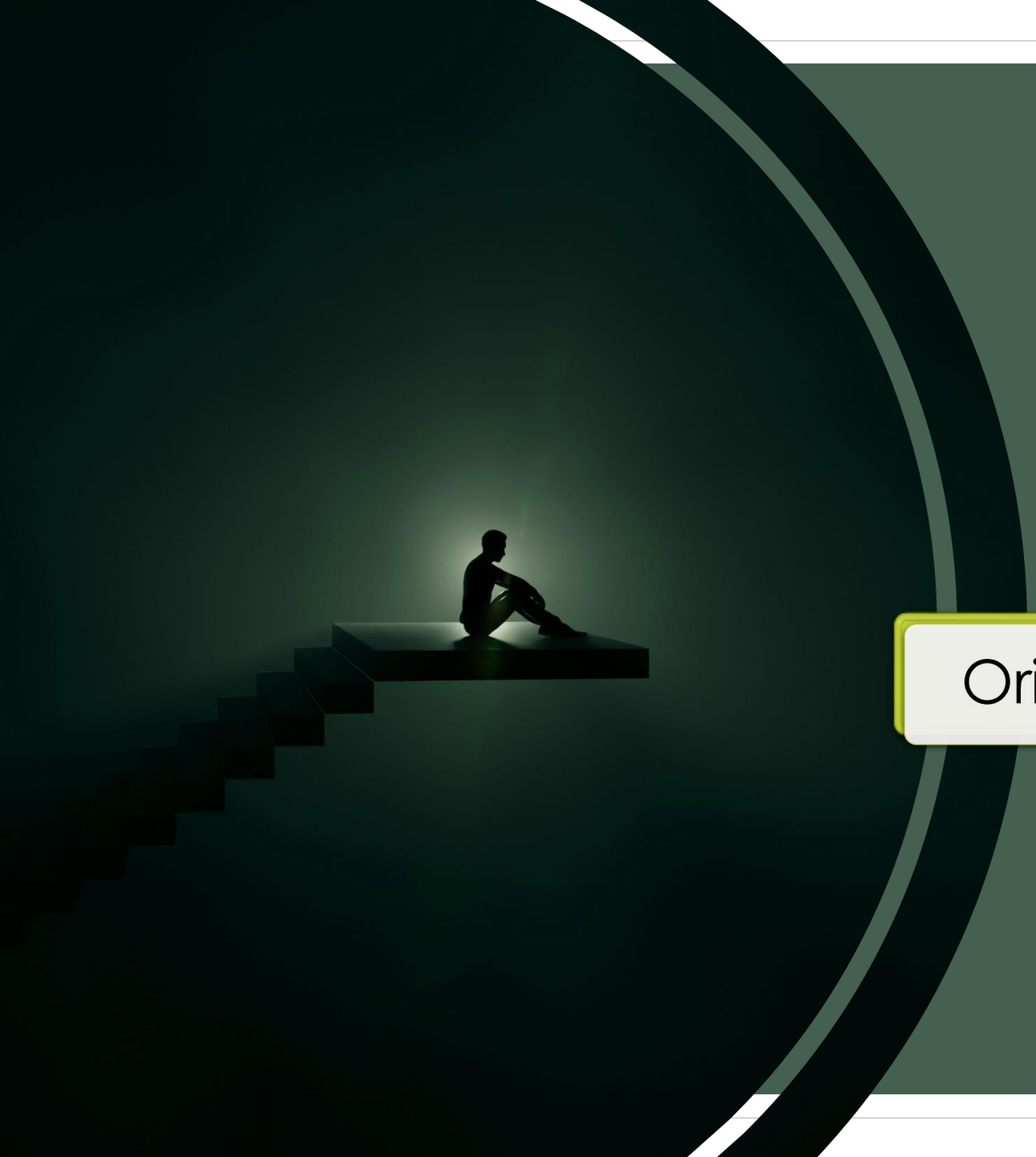
"A newness has been given that is not achieved, not automatic, and not derived from the old, but rather is a genuine newness wrought by gift. . . . The function speaks of surprise and wonder, miracle and amazement, when a new orientation has been granted to the disoriented for which there was no ground for expectation.

These psalms reflect a quite new circumstance that speaks of newness (it is not the old revived); surprise (there was not ground in the disorientation to anticipate it); and gift (it is not done by the lamenter).

…this new circumstance evokes and requires a celebration, for reversals must be celebrated…"

Psalm 40:1-5 (ESV)

"I waited patiently for the Lord; he inclined to me and heard my cry. He drew me up from the pit of destruction, out of the miry bog, and set my feet upon a rock making my steps secure. He put a new song in my mouth, a song of praise to our God. Many will see and fear and put their trust in the Lord. Blessed is the man who makes the Lord his trust, who does not turn to the proud, to those who go astray after a lie! You have multiplied, O Lord my God, your wondrous deeds and your thoughts toward us; non can compare to you! I will proclaim and tell of them yet they are more than can be told."



Brueggemann

Orientation

Disorientation

Reorientation

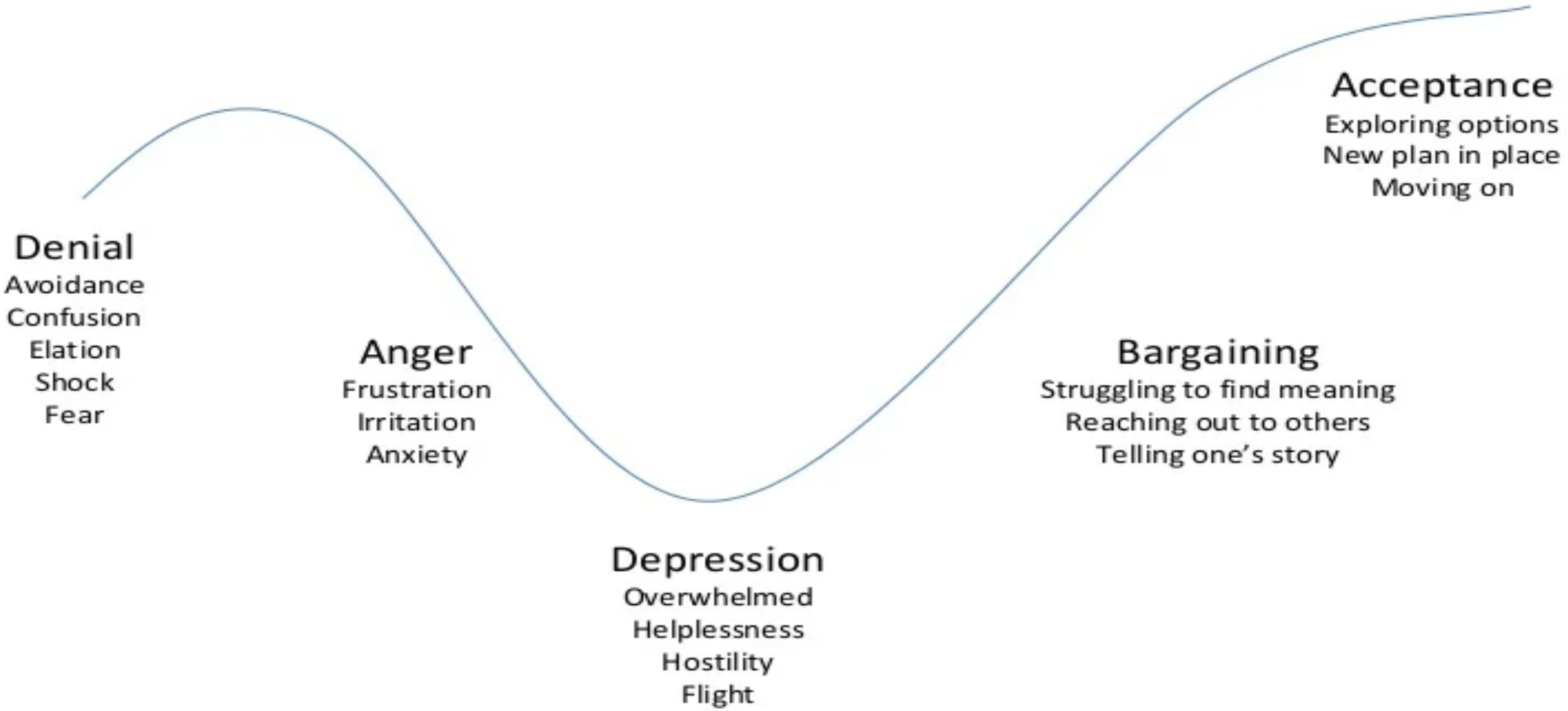
Similar Movement in Job

Ch. 1 – Job's service and faithfulness to God (Orientation)

Ch. 2-37 – Job's struggle to find meaning in his suffering (Disorientation)

Ch. 42 – Job's realization that he has a whole new understanding and appreciation of God's activity (Reorientation / New Orientation)

Kübler-Ross Grief Cycle



Information and Communication | Emotional Support | Guidance and Direction

Clinical vs. Pastoral Interventions

Clinical Interventions	• Help people process their emotions, grief, trauma, etc.
Pastoral Interventions	• Help people understand their story in terms of what God is doing in their lives.

Goal of Crisis / Trauma Ministry

To accompany people through the most challenging times of their lives, with a goal of helping them understand their suffering in the context of God's redemptive story.

QUESTIONS?

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