

## PTSD: Conversations with Soldiers

**Definition:** “a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or serious personal assaults like rape.”

1. The person experiences a traumatic event in which both of the following were present:
  - A. The person experienced or witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
  - B. The person's response involved intense fear, helplessness, or horror.
2. The traumatic event is persistently re-experienced in any of the following ways:
  - A. Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions
  - B. recurrent distressing dreams of the event
  - C. Acting or feeling as if the traumatic event were recurring (e.g. reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those on waking or when intoxicated)
  - D. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
  - E. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
3. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by at least three of:
  - A. efforts to avoid thoughts, feelings or conversations associated with the trauma

- B. efforts to avoid activities, places or people that arouse recollections of this trauma
  - C. inability to recall an important aspect of the trauma
  - D. markedly diminished interest or participation in significant activities
  - E. feeling of detachment or estrangement from others
  - F. restricted range of affect (e.g. unable to have loving feelings)
  - G. sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span)
4. Persistent symptoms of increased arousal (not present before the trauma) as indicated by at least two of the following:
- A. difficulty falling or staying asleep
  - B. irritability or outbursts of anger
  - C. difficulty concentrating
  - D. hyper-vigilance
  - E. exaggerated startle response.
5. The symptoms on Criteria B, C and D last for more than one month.
6. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning

## **Rationale for this paper. Case reports vs. empirical studies.**

### 1. Their stories.

- A. Viet Nam
- B. Iraq

### 2. Their description of PTSD

A. Viet Nam: insomnia, no dreams, hyper vigilance, reactive to loud noise, isolated, easily provoked, losing structure made things worse, loss of purpose, you cannot fix it. Trained killer.

B. Iraq: Insomnia, Studs don't break, he is broken, difficulty focusing to make decisions, no dreams, isolation, ambivalence, loss of purpose, loss of ability to fill the role, it cannot be fixed.

### 3. How did they respond to it?

A. Viet Nam: Left service, isolated at home, began drinking, no help offered from Marine Corp, and he sought none.

B. Iraq: Left the service, went home to family, church, work. Has not sought help since he left the service.

### 4. What were the issues at home?

A. Viet Nam: Easily triggered by loud noises or things that startled him, slept with a gun under his bed for 5 years, almost shot a hunter, drinking

B. Iraq: Triggers were smells of city, sewage, trash, people. Irritability.

### 5. What did not help?

A. Viet Nam: Military offered no help, drinking really did not help, isolation, no work or lack of goal/purpose.

B. Iraq: Medication, group sessions, physicians, health care professionals, isolation, "Just War" conversations, church services that dealt with it,

6. What did help?

A. Viet Nam: Dad, talking with someone who had been there! The wreck, quit trying to fix it, structure, work, school, avoid drugs/alcohol, church, listening to preaching, studying the Bible, Christian service, finding a new purpose in life.

B. Iraq: Home, friends, family, finding a new purpose, establishing a new identity of worth, church, small group, recognizing that part of him was broken and he need not fix it, moving on.

7. What are the best things we can do to help?

A. Listen. Help them find others who have shared experience and will listen.

B. Help them find purpose again in their Savior, church, Christian service, work, family, or friends. Help them avoid isolation.

C. Understand what is “broken” and allow them to accept that.

D. Help them deal with the aspects and behavior that can and must change over time through progressive sanctification.

E. Philippians 3, looking at life out the back of a C130.



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