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People with Post Traumatic Stress Disorder Heal with Story

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CERTIFICATE OF APPROVAL

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This is to certify that the DMin Dissertation of

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ABSTRACT

This dissertation claims there is a growing inability within American culture, due to continuous technological connectedness and lack of physical community, to move beyond treating the symptoms of Post-Traumatic Stress Disorder (PTSD) to actually healing it. I assert that by reestablishing community through storytelling, sufferers can experience deeper healing. Section One defines the nature of PTSD and its symptoms, while incorporating various academic and ministry-related viewpoints. Section Two delineates what has been done to treat PTSD and why simply treating symptoms is not enough. Section Three is the heart of this dissertation and discusses how our current communities and technology cause a disadvantage for the PTSD sufferer, and why I believe storytelling is vital for healing. Section Four is a description of my Track 02 Artifact, a non-fiction book telling my own PTSD story and how telling my story has brought deeper healing to my family and me. Section Five is my Track 02 Artifact specification, a book proposal, and Section Six is a postscript regarding further areas of exploration in the work of storytelling as healing.

SECTION ONE: THE PROBLEM

Introduction

As I sat in the reception room in the early morning, waiting for my scheduled appointment to see the Base Psychiatrist, all I felt was tired and numb from the events of the past twenty-four hours. It was only yesterday that I had been onboard a U.S. Navy destroyer as an officer of its crew. Something, as yet undefinable, had happened to me out on the water that forced me to leave the ship and take the first flight from San Diego back to the Pacific Northwest, where now I waited for my turn to see the doctor.

Confused as I was, I wondered what this would mean for my family and me. I felt like a dog in a corner, ready to fight and even die for those he loves, but I didn't know why I felt that way or what was happening.

As I sat there I tried to piece together what had happened. I know that when I was on the destroyer, in my rack trying to sleep, I kept seeing water coming onto the ship. I was drowning. I could not only see the water, but also hear it as it went over my head. Although I knew I was not actually in this situation, every time I closed my eyes my body kept thinking it was drowning, with water all around me. I couldn't breathe and certainly couldn't sleep in my panicked state. In my military job as a Navy Chaplain I had worked with enough injured people to know I was no longer fit for duty. I needed to let someone in authority know that I should be relieved from service. I ended up waking my already sleep-deprived Executive Officer (XO) to tell him of my current condition, and he in turn notified the Commanding Officer (CO) of the ship. Most importantly, the CO's boss, the Commodore, was made aware of my condition. All I could do was await further instruction from my superior officers. As an officer in the USN, a gentleman, and a man

of God, I needed to be honest about my current state. I didn't know what the repercussions of my extreme panic attack would be, but I wasn't any use to anyone as I was. I also knew that if my condition worsened, I could become a detriment to the ship's mission and its crew.

Post-Traumatic Stress Disorder

There is nothing new about the presence of PTSD. As long as war, crisis, or trauma have existed, people have lived with the full brunt of the effects of experiencing horrific events.[1] In Deuteronomy 20:1-9 there is evidence of military leaders understanding that soldiers need to occasionally be removed from battle due to complaints of nervousness, lest it become contagious: "When thou goest out to battle against thine enemies, and seest horses and chariots, and a people more than thou. . .the officers shall say, what man is there that is fearful and fainthearted? Let him go and return unto his house, lest his brethren's heart faint as well as his heart."[2]

Classic literature also alludes to what we now correlate with PTSD. In the eighth century BCE, for example, Homer's *Odyssey* described a veteran of the Trojan Wars, who had flashbacks of battles won and lost and survivor's guilt in the wake of losing so many warrior friends. In the Gilgamesh epic, the eponymous hero loses his friend Enkidu and, as expected, he grieves. What is unexpected, however, is that Gilgamesh races from place to place when he realizes he, too, must die. His close dealing with death changes Gilgamesh's personality and behavior. Throughout literature one also finds the theme of

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[1] Glenn R. Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth*, 2nd ed. (New York, NY: McGraw-Hill, 2009), 375.

[2] Holy Bible: King James Version (Camden, NJ: Thomas Nelson, 1972).

soldiers awakening from frightening dreams; one famous example is in Shakespeare's *Romeo and Juliet,* when Mercutio offers his account of Queen Mab, queen of the fairies:

> Sometimes she driveth o'er a soldier's neck.
> And then dreams he of cutting foreign throats;
> Of breaches, ambuscadoes, Spanish blades,
> Of healths five fathom deep; and then anon
> Drums in his ear, at which he starts and wakes;
> And, being thus frighted, swears a prayer or two
> And sleeps again.[3]

Each new war brought with it new levels of understanding as well as new terms relating to what we now call PTSD. During the French Revolution it was "soldier's heart." World War I invented the terms "shell shock" and" war neurosis" for the trauma experience. In the aftermath of World War II, new terms for this condition were "battle fatigue," "combat exhaustion," and "traumatic neurosis." Then in 1980 the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) introduced the current phrase, "Post-Traumatic Stress Disorder," with the following definition:

> Post-traumatic stress disorder (PTSD) results from exposure to an overwhelmingly stressful event or series of events, such as war, rape, or abuse. It is a normal response by normal people to an abnormal situation. The traumatic events that lead to PTSD are typically so extraordinary or severe that they would distress almost anyone. These events are usually sudden. They are perceived as dangerous to self or others, and they overwhelm our ability to respond adequately. We say that PTSD is a normal response to an abnormal event because the condition is completely understandable and predictable. The symptoms make perfect sense because what happened has overwhelmed normal coping responses. In another sense, however, the mental and physical suffering in PTSD is beyond the range of normalcy and indicates a need for assistance.[4]

People who have experienced trauma in their lives often have difficulty sharing this experience with another due to the incredible pain of reliving the event; surviving the

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[3] William Shakespeare, *Romeo and Juliet*, act I, scene IV, in *The Complete Works of William Shakespeare* (Avenel, NJ: Random House Value Publishing, 1975), 1017.

[4] Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 3.

initial trauma is more than enough work. Also, in today's fast-paced culture it is difficult even to find places where people have opportunities to share about their experiences, if desired. That is not to say there is a lack of available counseling centers for people seeking help; there are many, but factors that work against seeking help can include personal reluctance to speak of the trauma, lack of funds for counseling, or inadequate support from either friends or family.

Nature and Causes of PTSD

Post-Traumatic Stress Disorder (PTSD) occurs after someone has been through a trauma. A trauma can be any experience—either directly involving the individual or an experience he or she witnessed—that the person finds horrible and scary. During the actual event, the person views the experience as dangerous enough that someone's life is in jeopardy. The emotional result is being afraid and not having any control over what is happening. To restate the DSM-III's concise explanation, PTSD is the body's normal stress response to an abnormal situation.

Going through a traumatic experience is not a rare occurrence at all. The National Center for PTSD, U.S. Department of Veteran Affairs, is the leading center for conducting research and education on trauma and PTSD.[5] Veteran Affairs states that 60% of men and 50% of women will experience at least one trauma in their lifetime. Women are more likely to experience sexual assault compared with men, who are more likely to experience accidental trauma, physical assault, combat, disaster, or simply witnessing

[5] The National Center for PTSD, U.S. Department of Veteran Affairs, accessed September 1, 2013, http://www.ptsd.va.gov/.

death or injury.[6] However, going through a traumatic experience does not necessarily mean a person will develop PTSD. Simply put, PTSD is a normal response to an abnormal stressor and the strength of individual response varies.

Some statistics based on the U. S. alone are as follows:

- About 7-8% of the population will have PTSD at some point in their lives.
- About 5.2 million adults have PTSD during a given year. This is only a small portion of those who have gone through a trauma.
- Women are more likely than men to develop PTSD. About 10% of women develop PTSD sometime in their lives compared with 5% of men.[7]

People are more likely to develop PTSD if they:

- Were directly exposed to the trauma as a victim or a witness.
- Were seriously hurt during the event.
- Went through a trauma that was long-lasting or very severe.
- Believed that they were in danger.
- Believed that a family member was in danger.
- Had a severe reaction during the event, such as crying, shaking, vomiting, or feeling apart from surroundings.
- Felt helpless during the trauma and were not able to help themselves or a loved one.[8]

People are also more likely to develop PTSD if they:

- Faced an earlier life-threatening event or trauma, such as being abused as a child.
- Have another mental health problem.
- Have family members who have had mental health problems.
- Have little support from family and friends.
- Have recently lost a loved one, especially if the loss was unexpected.
- Have had a recent stressful life change or changes.
- Drink excessive amounts of alcohol.
- Are female.
- Are poorly educated.[9]

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[6] Ibid.
[7] Ibid.

[8] Ibid.

[9] Ibid.

One's culture and ethnicity may also affect the willingness of a trauma sufferer to discuss trauma and to seek help. People from ethnic backgrounds or cultures that are less open and less willing to talk about problems may be reluctant to seek help when trauma occurs. A higher willingness to discuss trauma may lead to a higher recognition of PTSD in a society. As described in a July 2013 article in *The New Yorker,* PTSD may be a "culturally determined phenomenon as well as a medical one: American veterans are 2.5 to four times more likely to be diagnosed with [PTSD] than British veterans."[10] Furthermore, a large study on combat-related PTSD during the Iraq War found that American veterans have a range of PTSD diagnoses between 10 and 17%, whereas only 4% of British veterans from the same war have a PTSD diagnosis. One possible reason for this difference is the cultural norm of the British "stiff upper lip," the idea that "quietly dealing with one's trauma has always carried a certain poetic nobility—something to be encouraged in the culture generally, and to be venerated when it can be located in an individual, as in Ernest Shackleton and T. E. Lawrence," in contrast to the American norm of not only talking openly about stressful situations, but seeking therapy in order to cope.[11] Because of the British societal value of the "stiff upper lip," British veterans may be less likely than their American counterparts to recognize and report trauma, leading to lower percentages of PTSD diagnoses. This disparity in percentages doesn't necessarily indicate lower PTSD among British soldiers, rather it may simply indicate a lower percentage of British soldiers who have reported and received help.

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[10] David J. Morris, "How Much Does Culture Matter for P.T.S.D.?" *New Yorker*, July 16, 2011, accessed October 21, 2013, http://www.newyorker.com/online/blogs/elements/2013/07/ptsd-and-its-critics.html.

[11] Ibid.

Regardless of culture and ethnicity, serving in the military and experiencing combat can put people in situations that can lead to PTSD. Experts believe PTSD occurs:

- In about 11-20% of veterans of the Iraq and Afghanistan wars (Operation Iraqi and Enduring Freedom).
- In as many as 10% of Gulf War (Desert Storm) veterans.
- In about 30% of Vietnam veterans.[12]

Even more importantly, the "dose response curve" indicates that the more times a person is exposed to traumatic situations, the more likely that person is to develop PTSD. A study conducted at Walter Reed Army Institute of Research comparing British and American incidences of PTSD during the height of the Iraq War found that "only 17% of UK service members reported discharging their weapon, compared with 77-87% of US service members; 32% of UK service members reported coming under small arms fire, compared with more than 90% of US service members."[13] British soldiers fire and are fired upon less than American soldiers, making British soldiers less likely to develop PTSD simply based on fewer repeated experiences. This difference between British and American veterans may be another possible explanation for the differences in PTSD diagnosis rates.

Military sexual trauma (MST) is another cause of PTSD among soldiers and veterans. This includes any sexual assault or even harassment a person experiences while in the military. MST happens to both men and women during peacetime, training, and war.[14] Surveys of veterans using their VA health care reveal the following:

- 23 out of 100 women reported sexual assault when in the military.

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[12] The National Center for PTSD.

[13] Morris, "How Much Does Culture Matter for P.T.S.D.?" http://www.newyorker.com/online/blogs/elements/2013/07/ptsd-and-its-critics.html.

[14] The National Center for PTSD.

- 55 out of 100 women and 38 out of 100 men have experienced sexual harassment when in the military.[15]

Symptoms of PTSD

Post-Traumatic Stress Disorder has four types of symptoms. The first is reliving the event, also called "re-experiencing," and consists of memories from the trauma experience coming back at any time.[16] The fear and horror a person experiences while reliving the event can be of the same intensity as when the actual trauma took place. A person experiencing this symptom can have nightmares or flashbacks, an experience in which the person is conscious but feels as if he or she is going through the event all over again. Sometimes there will be a sight or sound, known as a "trigger," that causes a person to relive the event. Examples of triggers include: seeing someone who reminds the person of the trauma; hearing a noise associated with or similar to the trauma event; or experiencing another event related to the trauma, such as a combat event. Any of these triggers may also deepen the PTSD symptoms.

A second symptom is avoiding people or situations that remind a person of the event.[17] He or she may avoid crowds, because they may feel too dangerous to be in; avoid driving, because the traumatic event may have had to do with an automobile accident; or keep busy and/or avoid seeking help, so as not to think or talk about the event. A person may even avoid talking about the event to avoid thinking about it.

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[15] Ibid.

[16] Ibid.

[17] Ibid.

The third symptom of PTSD is feeling numb.[18] A person may find it hard to express how he or she feels. This includes difficulty remembering or talking about parts of the trauma. The person may find it difficult to experience his or her own emotions, or may lack positive or loving feelings toward others, avoiding relationships with others altogether. He or she may have a decreased desire for activities he or she used to enjoy, such as spending quality time with family and/or friends.

The final symptom of PTSD is hyperarousal, or feeling too tightly wound.[19] This can consist of being jittery, or always feeling like one has to remain on high alert—as if one's life depends on it. A hyperaroused person can be prone to anger as a form of self-protection. This person may want to have his or her back to a wall in a restaurant or in a waiting room. Additionally, loud noises can cause a greater-than-normal startle reaction, and an unexpected touch can cause rage.

In addition to these symptoms, people with PTSD can experience hopelessness, shame, and/or despair. Gaining and/or keeping employment and having relationships with others are common challenges. Depression, anxiety, alcohol use, drug use, suicide attempts, or even suicidal ideation are common responses associated with PTSD.[20]

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[18] Ibid.

[19] Ibid.

[20] Ibid.

Academic Viewpoint

The American Psychological Association defines PTSD an "anxiety problem that develops in some people after extremely traumatic events."[21] These events could be anything from war, to crime, to a natural disaster. People with PTSD may "relive the event via intrusive memories, flashbacks and nightmares; avoid anything that reminds them of the trauma; and have anxious feelings they didn't have before that are so intense their lives are disrupted."[22]

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the DSM-5. The diagnostic criteria for PTSD include a history of exposure to a traumatic event (or stressor) that meets specific stipulations, and the display of symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. Further criteria concern evaluating the duration of symptoms, assessing functioning, and clarifying symptoms not attributable to a substance or co-occurring medical condition.[23]

Criterion A: The Stressor:

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.[24]

Criterion B: Intrusion Symptoms:

The traumatic event is persistently re-experienced through recurrent, involuntary

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[21] American Psychological Association, "Post-traumatic Stress Disorder," accessed October 21, 2013, http://www.apa.org/topics/ptsd/.

[22] Ibid.

[23] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders,* 5th ed. (Washington, D.C.: American Psychiatric Association, 2013), 271-272.

[24] Ibid, 271.

memories, traumatic nightmares, and/or intense prolonged distress after exposure to traumatic reminders.[25]

Criterion C: Avoidance:

The person exhibits persistent, effortful avoidance of distressing trauma-related stimuli after the event.[26]

Criterion D: Negative Alterations in Cognitions and Mood:

The person displays negative alterations in cognitions and mood that began or worsened after the traumatic event. This may include inability to recall features of the event, persistent negative beliefs about oneself, feelings of alienation, inability to experience positive emotions.[27]

Criterion E: Alterations in Arousal and Reactivity:

The person experiences trauma-related alterations in arousal and reactivity that began or worsened after the trauma. This may include irritable, aggressive, self-destructive, or reckless behaviors; sleep disturbances; and problems with concentration.[28]

Criterion F: Duration:

The person shows persistence of symptoms (in Criteria B, C, D, and E) for more than one month.[29]

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[25] Ibid.

[26] Ibid.

[27] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 271-272.

[28] Ibid, 272.

[29] Ibid.

Criterion G: Functional Significance:

The person exhibits significant symptom-related distress or functional impairment, either social or occupational.[30]

Criterion H: Exclusion:

The person's disturbance is not due to medication, substance use, or other illness.

In addition to meeting the above criteria for diagnosis, an individual diagnosed with PTSD experiences high levels of either of the following in reaction to trauma-related stimuli:

- Depersonalization: Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or as if in a dream).
- Derealization: Experience of unreality, distance, or distortion (e.g., "things are not real").

Full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.[31]

This critical standard gives detailed information concerning what PTSD is and its specifics. Across the board, both private and public settings use this standard to recognize PTSD for what it is, and to diagnose individuals as having this specific disorder.[32]

Because the disorder can affect so many areas of life, it can also cause other health-related issues such as stroke, high blood pressure, and cardiovascular disease, not

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[30] Ibid.

[31] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 272.

[32] See Appendix.

to mention alcohol and drug abuse. If the disorder is severe enough and lasts long enough, it can lead to suicidal tendencies. PTSD is also a serious *public* health concern because the disorder leads to impairment of functioning in social settings and family life, often leading to "occupational instability, marital problems and divorces, family discord and difficulties in parenting."[33]

A University of Utah study published in March 2013, and funded in part by a grant from the National Institute of Mental Health, is the first to explore the "emotional and cardiovascular effects of relationship discord in military personnel," as well as the potential physical health risks for partners of veterans with PTSD, known as secondary PTSD.[34]

The study was conducted with sixty-five male veterans and their female partners, and the criterion for inclusion in the study was deployment to Iraq or Afghanistan an average of 1.5 times since 2001. There were thirty-two couples in which the veteran had PTSD and thirty-three couples in a control group in which PTSD was not a factor. Participants completed standard questionnaires to measure "PTSD, depression, anger and anxiety, marital satisfaction and areas of disagreement."[35] Researchers gave couples a conflict task in a controlled laboratory, and before the couples began the task, researchers

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[33] Javier Iribarren, Paolo Prolo, Negoita Neagos, and Francesco Chiappelli, "Post-Traumatic Stress Disorder: Evidence-Based Research for the Third Millennium," *Evidence-Based Complementary and Alternative Medicine* 2, no. 4 (December 2005): 503–512, accessed October 21, 2013, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1297500/.

[34] The University of Utah, "Vets' PTSD Affects Mental and Physical Health of Partners," March 7, 2013, accessed October 21, 2013, http://unews.utah.edu/news_releases/vets-ptsd-affects-mental-and-physical-health-of-partners/.

[35] The University of Utah, "Vets' PTSD Affects Mental and Physical Health of Partners."

measured the participants' blood pressure and heart rate while they looked at pastoral landscape scenes.

> To measure couples' emotional and cardiovascular functioning during conflict, each discussed together a current issue for them in a structured and timed fashion. The conversations on their selected topic were divided into three segments: an unstructured conversation, a structured segment where the partners took turns speaking and listening and a final unstructured discussion. Physiological measurements were taken throughout the segments, and following the task, each participant completed additional questionnaires and was interviewed separately.[36]

Researchers found that partners of the veterans with PTSD showed "even greater increases in blood pressure during conflict" than did the veterans with PTSD. Further important findings in the partner without PTSD were "general psychological distress, negative emotional and physical effects from relationship conflict, including significant increases in measurements of blood pressure and anger."[37] This suggests that partners of those with PTSD are possibly at high risk for the same cardiovascular health problems as the partner with PTSD symptoms.[38]

There are two million veterans returning from the wars in the Middle East, and nearly 25% of them have signs of PTSD. In addition to the serious impact to health, the economic consequences of the disorder are significant. Researchers note that the "annual healthcare costs for military veterans are estimated at $4 billion to $6 billion, much of which is related to physical health problems other than trauma-related physical injury."[39] If the healthcare cost for veterans alone is such a staggering number, how immense will

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[36] Ibid.

[37] Ibid.

[38] Ibid.

[39] The University of Utah, "Vets' PTSD Affects Mental and Physical Health of Partners."

the cost be when factoring in related healthcare for veterans' spouses and other family members?

Academic research, likely since the very first war, recognizes PTSD as a real, and, if left untreated, destructive disorder. Our country alone is spending billions of dollars on myriad professional treatments, both orthodox and alternative (all discussed at great length in Section Two). Academics and healthcare professionals see the great need to help people with PTSD, but what are American churches doing to support and minister to those within their walls?

Ministry Viewpoint

In order to determine a ministry viewpoint on PTSD, I located the twenty-five largest churches in America, as listed in the September 2008 issue of *Outreach Magazine*.[40] With attendance ranging from 12,000 to 43,000, I believe these mega churches are large enough to have the resources for an effective ministry to people within (and without) their communities who have PTSD.

I carefully viewed each church website, and finding no online indication of a PTSD-related ministry at any of the churches, I contacted the churches directly. Based on my experience, someone with PTSD who was looking for help would find no indication of such a ministry on the churches' websites. Upon reaching the receptionist from each mega church, I informed him or her who I was and what degree I was working toward through George Fox University. I then asked each receptionist the same question: "Do

[40] "Largest & Fastest Growing Churches in America," *Outreach Magazine* (September 2008), accessed August 29, 2013, http://www.sermoncentral.com/article.asp?article=Top-100-Largest-Churches.

you have a ministry geared specifically toward people who suffer from Post-Traumatic Stress Disorder?"

I found that some were straightforward with me and said no. Several others were not even sure what PTSD is, and were uncertain where I should be transferred. When a receptionist did transfer me, it was typically to a counselor at the church counseling center, or to a recovery group. When I spoke with the counselors, they informed me there is no ministry specifically designed for this group of people in their church, though the church does offer counseling. I did not receive any positive answers regarding whether the counselors were specifically trained to deal with PTSD.

I was somewhat discouraged until I contacted the fifteenth church on the list, Northridge Church in Plymouth, Michigan. The receptionist, without missing a beat, assured me they have a ministry specifically addressing PTSD. I admit I was rather shocked and thought maybe she did not understand what I was asking, since all my other queries had been answered in the negative. The receptionist then put me in touch with the minister who is in charge of the group that meets weekly, called "The PTSD Support Group."

Northridge Church's support group is a Christ-centered support group for individuals dealing with the military, for first responders, and for those who have experienced personal trauma. This may specifically include, but is not limited to, those dealing with military service in active war zones; individuals with disabilities from military service; veterans; first responders such as police officers, firefighters, and paramedics; and individuals dealing with personal traumas. The group coordinator believes the key to recovery is the power and love of Jesus Christ.

I asked the coordinator why Northridge Church is the only mega church in the top twenty-five in the country doing anything about filling this need. The coordinator told me this had to do with Northridge Church recognizing the need for such a support group and then finding a person both experienced and willing to lead the group. I learned that not only is this group always full, but it has a lengthy waiting list. The people of this church are pioneers in a desperately needed church ministry.

If only one church among the top twenty-five mega-churches has a specific ministry for PTSD, and statistics reveal the number suffering from PTSD is in the millions, what does this say about how ministries view PTSD?

Churches today seem vaguely aware of this growing crisis, but are less than prepared to handle it. General recovery groups are beneficial only in that they may treat some of the external symptoms of PTSD, such as alcoholism, physical and verbal abuse, divorce, and anger management. They likely will not, however, get to the heart of the issue, which is PTSD itself. This is because layer upon layer of symptoms and behaviors must be peeled away before the underlying cause can be found. Churches with counseling centers are making a step in the right direction if counselors are qualified to recognize and treat PTSD, which often requires psychiatry or, at the very least, specialized training. Yet even under the best circumstances, a counseling center can only be effective if a sufferer recognizes and acts on his or her need for help and actually attends a scheduled appointment.

PTSD is rather like the proverbial elephant in the room. Some folks are aware there is something wrong, but have no idea what to do. Others living with the PTSD elephant may not even recognize it *as* the elephant it is, and therefore do not know where

to seek help. Still others see the elephant but would rather live in cramped quarters than ask for elephant removal, to the likely demise of the wellbeing of other family members. If the largest churches in America are vaguely aware of the elephant and unsure how to handle it, where does that leave the small churches?

In my own nearly seven-year journey with PTSD, I have been part of three small churches located in Washington, Virginia, and Oregon, and have also had the prayer support of my home church in Montana, and my wife's church in Wyoming. Not one of them has any idea what a person with PTSD needs, other than some type of counseling services. My own rector in Oregon knows of three parishioners, besides me, with PTSD. He cares deeply, often checking in and asking how things are going. By his own admission, however, he can do nothing but offer pastoral support and advice to seek therapy. I believe that large or small, churches want to help but are unprepared at worst, and at best, ill equipped.

Summary

With recognition and awareness on the rise, the number of people seeking diagnosis and treatment is likewise moving upward. The next section discusses various acceptable treatments for those with PTSD, and Section Three proposes a solution toward more complete healing: coming to a place in one's PTSD journey where one can tell his or her own story for personal benefit as well as the benefit of the listener.

My story continues:

I apologized to the XO for my current state and made my way to the ship's doctor to await further instructions. After I explained to the doctor what happened to me, she

mentioned it sounded like a panic attack and that I would need to see a professional as soon as possible to be evaluated. She gave me medicine to try, to help me sleep, but to no avail. I was held in the doctor's office until I was taken off the ship and placed on the first plane back to Seattle to see the Base Psychiatrist.

After my name was called, I wound up sitting in the psychiatrist's office for a very long time. I had to describe all that had taken place prior to this morning. I told him everything I knew or could remember. He asked if I had any idea why that panic attack would happen to me on the ship. I told him about a recent situation in which I had to go through a military training called the Helo Dunker.

The Helo Dunker is a simulation of a helicopter that actually crashes in a large, deep, indoor pool, and passengers have to try to make it out alive. During the night simulation, I ended up getting stuck under water. I blacked out and nearly drowned before a scuba diver pulled me out. I went on to explain that they were able to resuscitate me and I was also able to finish the training and even go home on my own. I said to the doctor, "So, what's the big deal? I walked out of there on my own. So I should be fine, right?"

When I was done talking, he seemed to pause for a very long time before he said, "Donald, have you heard of the term PTSD?" I nodded my head in a vague "yes," still not understanding what this had to do with me. He took his time before speaking again and then said, "Donald, you don't seem to understand. You suffered a very serious injury and now you're broken."

All the air seemed to go out of the room and I had difficulty breathing. I replied in a panic, "What do you mean, I'm broken? Look, Sir, you've got to help me. I am

deploying soon and I need you to get me fixed up so I can make this deployment. I'm the only one who can do the job that I'm assigned to do and I have to be out there."

"They're just going to have to find someone else," he said, "because you aren't going anywhere. You have severe Post-Traumatic Stress Disorder. You are seriously injured and you can't deploy; in fact you can't go anywhere for now. We're going to help you get better, but it's going to take a long time and deployment for you just isn't an option anymore. I'm sorry."

It was then that I believed my career in the Navy, and my life, was officially over. And, like Humpty Dumpty who had a great fall, I didn't believe I could ever be put back together again.

SECTION TWO: OTHER PROPOSED SOLUTIONS

Approaches to Treatment

For hundreds of years physicians have maintained the brain is a physiologically static organ that finishes developing in childhood.[1] The concept of the brain being hard-wired and its circuits therefore finalized at childhood has left little room for growth in thought and practice, both figuratively and literally. Hearing my own PTSD diagnosis, I felt as if I'd received a diagnosis of terminal cancer. "You have this now, you can never get rid of it, and life will end badly for you and your family because of it," was all that registered with me. But this sort of thinking is outdated. More than thirty years ago, a number of neuroscience experiments overthrew this long-held theory.[2] We will discuss these developments later in the chapter. For now, however, it is important to note that most of the approaches to treating PTSD have operated on the assumption that the brain is a static organ.

PTSD has gone through many name changes, and its treatments many incarnations. During WWII, 1,393,000 soldiers were treated for "battle fatigue" and of all ground combat troops, 37% were eventually discharged for psychiatric reasons.[3] In 1945, the United States Army settled on the term "combat exhaustion" and produced a fifty-minute training film for military doctors who were informed that *any* medical officer might be called upon to treat combat exhaustion. The film offered statistics based on campaign areas for non-fatal casualties presenting psychological symptoms: 20% from

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[1] Barbara Arrowsmith-Young, *The Woman Who Changed Her Brain: And Other Inspiring Stories of Pioneering Brain Transformation* (New York, NY: Free Press, 2012), xiii.

[2] Ibid.

[3] KCTS Television, "The Perilous Fight: America's WWII in Color," Public Broadcasting Service, 2003, accessed October 20, 2013, http://www.pbs.org/perilousfight/psychology/.

Italy, 14.9% from Sicily, and 16% from North Africa. The statistics are staggering for those in prolonged engagement areas: 30-50% or a ratio of one in three soldiers and sometimes one in two soldiers. Lest the film viewers think that American soldiers have weak constitutions, the film reassures them with parallel statistics from all Allied Armies.

The presenting medical officer then proceeds to walk a group of military doctors through various combat exhaustion cases, each case highlighting a different aspect of combat exhaustion. All cases are treated exactly the same: narcosis therapy, or deep prolonged sleep, which required nine to twelve grains of sodium amytal to induce a minimum of seven to eight hours of sleep. The patients then wake, eat, use the latrine, and then receive another dose of sodium amytal, the cycle repeating for at least twenty-four hours and for as long as seventy-two hours. In the film this is choreographed so that every soldier sits up in bed at exactly the same time, changes his pajama top at exactly the same time, and begins eating at exactly the same time—something akin to synchronized swimming. Ideally, after the prescribed rest, soldiers are to undergo a thorough physical and mental exam, including dental and lab work, and intelligence and personality tests; they are to eat a careful diet; and then they receive an assignment to a training company to prepare for an ultimate return to active duty. It does not seem to matter that each case presents a different aspect or symptom of PTSD. Every soldier is treated exactly the same.

For particular cases of combat exhaustion involving “physical depression,” such as severe shaking or bent limbs that will not straighten, doctors administer an intravenous dose of sodium pentothal. Then when the soldier reaches an extremely suggestible stage, indicated by the soldier’s inability to count backward from one hundred, the

administering medical officer is to suggest that the soldier is now normal, and upon waking, will feel good as new—in itself a highly subjective method of treatment. In cases of extreme emotional depression, electric shock therapy is deemed acceptable treatment.[4]

Of course, there were in 1945, and likely still are, plenty of high-ranking military as well as civilian individuals who dismissed combat exhaustion as mere cowardice:

> On the American side, Gen. George Patton severely tarnished his distinguished military career after slapping and yelling at two soldiers. The privates were recuperating in a military hospital in Sicily alongside others with more visible wounds.
>
> "Don't admit this yellow bastard," Patton reportedly yelled at a medical officer. "There's nothing the matter with him. I won't have the hospitals cluttered up with these sons of bitches who haven't got the guts to fight." President Franklin Roosevelt received hundreds of letters about the incident. The majority supported Patton and his actions; some even suggested a promotion was in order. Ultimately, though, Patton was reprimanded, ordered to apologize, and relieved of command of the Seventh Army.[5]

It was not until after the lengthy Vietnam War that medicine and psychology became more closely integrated, and not until the introduction of PTSD into the DSM-IV in 1980 that the National Center for PTSD began recognizing two types of treatment for PTSD to be beneficial and effective: psychotherapy and drug therapy, generally used in tandem.

Under the umbrella of psychotherapy, four recognized treatments exist. These are Cognitive Behavioral Therapy (CBT), and three treatments that fall under it: Cognitive Processing Therapy, Prolonged Exposure (PE), and Eye Movement Desensitization and

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[4] Army Pictorial Service Signal Corps, "Combat Exhaustion" (video), 1945, accessed October 20, 2013, http://www.historyofptsd.wordpress.com/.

[5] Dennis Magee, "PTSD: Only the Name has Changed," *Waterloo Cedar Falls Courier*, May 15, 2006, accessed October 20, 2013, http://wcfcourier.com/news/metro/ptsd-only-the-name-has-changed/article_394eabda-6a67-5b42-ab5b-2643c4158f11.html.

Reprocessing (EMDR). Cognitive Behavioral Therapy (CBT) is a form of treatment that focuses on examining the relationships between thoughts, feelings, and behaviors. In exploring patterns of thought that lead to self-destructive actions, PTSD sufferers can learn to modify thinking in order to improve coping. The National Alliance on Mental Illness states: "People who seek CBT can expect their therapist to be problem-focused, and goal-directed in addressing the challenging symptoms of mental illnesses. Because CBT is an active intervention, one can also expect to do homework or practice outside of sessions."[6] An assignment I received early on in my own CBT was to take multiple short showers every day in order to acclimate myself to the feeling of water running over my head, something I could no longer tolerate after nearly drowning. Because I could no longer drink water without my body recalling the drowning experience, my therapist gave me a technique for learning to drink water again—I had to first blow across the surface of the water, much the same as if it were a hot cup of coffee, and then I had to quickly take a sip and swallow before traumatic memories caused me to gag and choke.

The other three therapies exist within CBT. In one such therapy, Cognitive Processing Therapy, a person learns skills to better understand how a trauma has altered and/or changed his or her thoughts and feelings. It is beneficial for identifying trauma-related thoughts and for learning techniques to make the thoughts less distressing. Prolonged Exposure (PE) is yet another CBT involving repetitive discussion of the traumatic event, in a safe manner, until the memory is no longer upsetting. It can involve physically revisiting the site of the traumatic event, or in a virtual reality setting, such as a

[6] The National Alliance on Mental Illness, "Cognitive Behavioral Therapy (CBT)?" (under "Treatment and Services"), accessed October 15, 2013, http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952.

"virtual Iraq"—a technique being used among combat veterans of the Iraq war. For me, this involved revisiting the dunk tank where I nearly drowned during the helicopter simulation. Not only did I revisit the dunk tank, I actually sat in the helicopter simulator. Although I did not repeat the simulation, I did ease myself into the water, eventually diving to the bottom. It was the first time in months that I had had water fully encasing my body, and the experience was both terrifying and empowering. Eye Movement Desensitization and Reprocessing (EMDR) is the fourth recognized psychotherapy treatment and combines exposure therapy with a series of guided eye movements or sounds to help reprocess traumatic memories. Repeated sessions, over time, can help lessen the strength of the memory as well as change reactions to the trauma memories.[7]

Drug therapy is also important for treatment of PTSD symptoms because it allows a sense of control to be regained. Drugs are often administered in combinations dependent upon symptoms. Antipsychotic medications are extremely helpful in providing temporary relief of PTSD symptoms like severe anxiety, difficulty sleeping, or emotional outbursts. Antidepressants offer relief from anxiety, depression, and sleep problems, plus improved concentration. Antianxiety medications reduce feelings of anxiety and stress. In highly specific cases, the drug Prazosin is used for insomnia and recurrent nightmares. Prazosin has been used for years in the treatment of hypertension. It blocks the brain's response to the brain chemical norepinephrine, which acts like adrenaline.[8]

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[7] The National Center for PTSD, U.S. Department of Veteran Affairs, "Treatment of PTSD," January 1, 2007, accessed October 15, 2013, http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp.

[8] Mayo Clinic staff, "Treatments and Drugs," in "Post-traumatic Stress Disorder (PTSD)," April 8, 2011, accessed October 15, 2013, http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/treatment/con-20022540.

There are many other types of therapy for PTSD. Couples therapy, for example, generally involves CBT, with the goal of improving the effects of individual PTSD and relationship functionality by improving interpersonal environments and capitalizing on partner support. This therapy process can be lengthy, stretching over months, depending upon the couple's determination, willingness to work, and the therapist's recommendations.[9]

Stress inoculation training (SIT) takes the individual through three phases: conceptualization, skills acquisition or rehearsal, and application or follow through. This process aids individuals in coping with the aftermath of exposure to stressful events and on a preventative basis, to "inoculate" individuals to future and ongoing stressors.[10]

Group therapy is widely practiced in clinical settings and provides social support, social contact, and social learning through modeling. It is useful for building trusting relationships and regaining a sense of interpersonal safety. For those with PTSD, these skills are especially helpful in dispelling the feelings of isolation and alienation that are prevalent PTSD symptoms.[11]

Because those with PTSD are unable to manage unwanted memories and feelings, Acceptance and Commitment Therapy (ACT) is designed "specifically to reduce experiential avoidance." It teaches individuals how to "accept a void in purpose and still

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[9] "Couple Therapy for PTSD," accessed October 15, 2013, http://www.couplетherapyforptsd.com/.

[10] Donald Meichenbaum, "Stress Inoculation Training for Coping with Stressors," accessed October 15, 2013, http://www.apa.org/divisions/div12/rev_est/sit_stress.html.

[11] Edna Foa, *Effective Treatments for PTSD*, 2nd ed. (New York, NY: Guilford Press, 2009), accessed October 15, 2013, http://www.istss.org/AM/Template.cfm?Section=PTSDTreatmentGuidelines&Template=/CM/ContentDisplay.cfm&ContentID=2329.

commit to change using nonjudgmental acceptance of the present moment, especially body or emotional sensations, coupled with nonconcern for the future."[12]

A new tool the VA lists on its website is an online PTSD coach with a mobile app intended to provide video coaching in managing trauma reminders and sleep, and in developing anger-management skills, and to provide tips on coping with stress reactions and dealing with disconnecting from people and reality. The app, winner of an FCC award, is free of charge and is the result of collaboration between the VA and the Department of Defense National Center for Telehealth and Technology.[13]

However useful an online coach may be, the thesis of this dissertation is that our continuous technological connectedness and lack of physical community is part of the reason for our culture's inability to complete PTSD healing. I do maintain, however, that for healing to begin, symptoms must be recognized somewhere, and if an online tool helps a person move in a healthy direction, the app is serving its purpose. People should exercise caution, though, in nurturing dependence on yet another piece of technology in place of physical, personal connection.

Those suffering from PTSD may also benefit from service dogs. Generally, trainers prepare service dogs to perform specialized tasks for someone with a disability, and now trainers are preparing these dogs specifically for those with PTSD. The dogs are trained and licensed, carrying with them at all times an American Disabilities Act card that gives them the legal right to enter public premises. Service dogs can assist in a

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[12] Susan Orsillo and Sonja Batten, "Acceptance and Commitment Therapy in the Treatment of Posttraumatic Stress Disorder," *Behavior Modification* 29, no. 1 (January 2005), accessed October 15, 2013, http://www.ncbi.nlm.nih.gov/pubmed/15557480.

[13] The National Center for PTSD, U.S. Department of Veteran Affairs, "Mobile App: PTSD Coach," March 25, 2011, accessed October 15, 2013, http://www.ptsd.va.gov/public/pages/PTSDcoach.asp.

medical crisis. For instance, a dog can be trained successfully to open a door or cupboard, fetch a purse or canvas bag, retrieve a vial or container of medicine for someone experiencing a panic attack, and even fetch the telephone or bottles of water from the refrigerator. They can also provide treatment-related assistance by offering treatment/medication reminders and alerting their sedated partner during a fire alarm. One of the most effective and beneficial forms of support from a service dog is coping assistance during an emotional overload. In this case, dogs can be trained to provide tactile stimulation by licking or nudging, deep pressure therapy for calming, crowd control and panic prevention in public, or an excuse for leaving an emotional situation by indicating an urgent need to go outside. A fourth area of usefulness for a service dog are security-enhancement tasks such as giving an alert if an intruder is in the home, lighting up dark rooms, and assisting with escape strategies—all associated with the hyper-vigilance of PTSD.[14]

Emotional-support dogs can help owners with a mental disability by giving friendship, companionship, and love, though unlike service dogs, they cannot go into public places without express permission as they are not ADA certified. In the Artifact section of this dissertation, I provide further details on my experience with my own ADA service dog, Holly.

Another PTSD treatment is neurofeedback. Neurofeedback therapy maintains that the emotional center of our brain operates in a diamond shape. The anterior cingulate cortex is at the top of the brain and is where thoughts shift. The right and left side points

[14] Joan Froling, "Service Dog Tasks for Psychiatric Disabilities: Tasks to Mitigate Certain Disabling Illnesses Classified as Mental Impairments under The Americans with Disabilities Act," July 30, 2009, accessed October 15, 2013, http://www.iaadp.org/psd_tasks.html.

of the diamond are the basal ganglia, which register anxiety, and the bottom of the diamond is the thalamus, correlating to depression. During a traumatic experience, the emotional center gets inflamed and stays inflamed. The past becomes constantly in the present, whether an individual wants it there or not. Neurofeedback is a brainwave therapy that attempts to "decouple body memory from historical memory" by first teaching the brain to be calm and stable, which in turn allows the brain to access and resolve the trauma. Through electrodes to the scalp, a programmer adjusts electroencephalogram frequencies while the recipient sits in a relaxed state in front of a screen and watches a movie or video game. The EEG reprograms the diamond-shaped pathways of the emotional center, allowing the inflammation to calm down so the brain can then resolve the trauma. Many people report an almost immediate ability to sleep and stay asleep after just two or three neurofeedback sessions.[15]

Three hundred and fifty active duty military personnel received neurofeedback at Camp Pendleton in 2011, and psychologists reported "consistent wonder and disbelief" at the results, mainly in the area of improved sleep.[16] Camp Pendleton was one of six military installations to take part in widespread neurofeedback. Because medical professionals understand that neurofeedback cannot stand alone and must be used in the context of wider mental-health services, and because of the costs involved in implementation, neither the VA nor the Department of Defense routinely offers or supports the treatment.

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[15] Homecoming for Veterans, "Regaining Control: Neurofeedback & PTSD" (video), January 4, 2012, accessed October 15, 2013, https://www.youtube.com/watch?v=M5UE69o99lo.

[16] Siegfried Othmer, "Progress in Remediating PTSD," EEGInfo, May 27, 2011, accessed October 15, 2013, http://www.eeginfo.com/newsletter/?p=588.

An understudied but emergent area is that of art therapy. The Art Therapy Alliance defines this therapy as: "The deliberate use of art-making to address psychological and emotional needs. Art therapy uses art media and the creative process to help in areas such as, but not limited to, fostering self-expression, enhancing coping skills, managing stress, and strengthening a sense of self."[17] Art therapy shows promise with combat veterans as a valid form of treatment because it emphasizes the usefulness of art expression in reconstruction of the trauma narrative and also in management of stress and physical symptoms.[18] For example, one veteran receiving this treatment was asked to draw his answer to the question: "What's your biggest problem right now?" The veteran was able to draw, and then describe, his picture as an "exploding ball of hate."[19]

Although there is no extensive evidence yet, a lengthy paper written by Collie, Backos, Malchiodi, and Speigel suggests that art therapy is best practiced in a group setting and executed by a therapist specially trained in trauma intervention and PTSD theory.[20]

According to the National Center for Biotechnology Information, there are alternative and complementary types of therapy for PTSD symptoms, including acupuncture, yoga, meditation, spinal manipulation, massage, movement therapy, and

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[17] The Art Therapy Alliance, International Art Therapy Organization, accessed October 22, 2013, http://www.internationalarttherapy.org/militarytrauma.html.

[18] Ibid.

[19] Quoted in Lily Casura, "A Combat Veteran Asks Himself, Who Am I, On the Inside?" *Healing Combat Trauma*, accessed October 22, 2013, http://www.healingcombattrauma.com/2009/04/a-veteran-asks-himself-who-am-i-on-the-inside.html.

[20] Kate Collie, Amy Backos, Cathy Malchiodi, and David Spiegel, "Art Therapy for Combat-Related PTSD: Recommendations for Research and Practice," *Art Therapy: Journal of the American Art Therapy Association* 23, no. 4 (2006): 161, accessed October 22, 2013, http://files.eric.ed.gov/fulltext/EJ777008.pdf.

energy therapy. These are not considered standard practice in U.S. medicine.[21] However, an article from the June 9, 2012 issue of *Stripes* magazine states that while these "have not undergone the same rigorous trials as more traditional approaches, the military and the Veteran's Affairs (VA) are incorporating alternative therapies into traditional regimes." Initial research indicates a tandem working relationship at the VA, but "only acupuncture and meditation are accepted as evidence-based treatments." The VA and the Department of Defense (DOD) still maintain that drugs and psychotherapy are the first line of defense.[22]

Paula P. Schnurr, in a 2008 article published by The National Center for PTSD, states, "Although research on new treatment continues to emerge, interest has shifted to other questions: specifically how to make existing treatments more efficient and how to maximize the delivery of treatment."[23] It is reassuring to know there are multiple therapies, techniques, and tools for the millions of adults in the United States suffering from varying degrees of PTSD. But now, effectiveness deserves the attention Schnurr mentions. Are our PTSD therapies, techniques, and tools working?

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[21] National Center for Biotechnology Information, U.S. National Library of Medicine, "Methods," accessed October 15, 2013, http://www.ncbi.nlm.nih.gov/pubmedhealth/pmh0033354.

[22] Matthew M. Burke, "Options Expand for Wounded as More Heal PTSD with Alternative Treatments," Stars and Stripes, June 9, 2012, accessed October 15, 2013, http://www.stripes.com/options-expand-for-wounded -as-more-heal-ptsd-with-alternative-treatments-1.179932.

[23] Paula P. Schnurr, "Treatment for PTSD: Understanding the Evidence," *PTSD Research Quarterly* 19, no. 3, (2008): 3.

Effectiveness of Treatments

Social Work Today, in the May/June 2012 issue, reports: "One third to one half of treated veterans show no improvement in [PTSD symptoms] with CPT [Cognitive-Processing Therapy] or PE [Prolonged Exposure]." The article maintains that Acceptance and Commitment Therapy (ACT) is needed to teach individuals how to accept a void in purpose and still commit to change, although it offers no statistics for the success of ACT.[24]

Conversely, the February 2009 issue of the *Journal of Traumatic Stress* sees value in PE, stating:

> Prolonged exposure (PE) has proven effectiveness in the treatment of posttraumatic stress disorder (PTSD) symptoms associated with a variety of traumas including combat. Prolonged exposure significantly reduces PTSD symptoms, general anxiety, depression, guilt, and anger. Prolonged exposure is a first line treatment for PTSD symptoms including a guide-line for treatment of PTSD in returning veterans from Iraq and Afghanistan.
>
> Nevertheless, PE is often not accessible to veterans seeking PTSD treatment in the VA system. In a study examining treatment strategies in a region of the VA healthcare system, less than 10% of PTSD therapists routinely used PE. They suggested a lack of therapists capable of providing PE, as well as misconceptions about PE may drive the deficit. The simplicity of PE including just three main therapeutic components (i.e., psychoeducation, in vivo exposure, and imaginal exposure) and the research supporting its efficacy make it an excellent candidate for dissemination and modification for use in varied settings.[25]

Why the strong discrepancy between the two respected journals? It could be the study for the *Journal of Traumatic Stress* was premature in its celebration of Prolonged Exposure as a frontline therapy for combat veterans because by the time the 2012 study

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[24] Claudia J. Dewane, "Acceptance and Commitment Therapy for Veterans With PTSD," *Social Work Today* 12, no. 3 (May/June 2012): 14, accessed October 15, 2013, http://www.socialworktoday.com/archive/051412p14.shtml.

[25] Sheila A. M. Rauch, "Prolonged Exposure for PTSD in a Veterans Health Administration PTSD Clinic," *Journal of Traumatic Stress* 22, no. 1 (2009): 60.

was reported in *Social Work Today,* some of the initial relief of symptoms had worn off. Perhaps the veterans experienced further trauma in repeat tours of duty. Despite the varying views on PE's effectiveness, the VA still recognizes PE, along with CBT, as its first line of defense in treating combat veterans.

EMDR makes the most sweeping claims of change in criteria for PTSD symptoms and offers a multiplicity of reasons why it is an effective therapy. EMDR International Association (EMDRIA) states: "After twelve EMDR treatment sessions, 77.7% of the combat veterans no longer met criteria for PTSD. There were no dropouts and effects were maintained at 3- and 9-month follow-up. In addition, analysis of an inpatient veterans' PTSD program found EMDR to be superior to biofeedback and relaxation training on seven of eight measures."[26] EMDR seeks to reprocess the way the brain views traumatic events, and accomplishes the reprocessing by actually moving the memories to another location in the brain, rather than simply dealing with the memories by asking the patient to discuss the event or by drugging away the symptoms. There are several reasons given as to its high success rate.

> In EMDR traumatic material need not be verbalized; instead, patients are directed to think about their traumatic experiences without having to discuss them. Given the reluctance of many combat veterans to divulge the details of their experience, this factor is relevant to willingness to initiate treatment, retention and therapeutic gains. It may be one of the factors responsible for the lower remission and higher dropout rate noted in this population when CBT techniques are used.
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> As stated in the American Psychiatric Practice Guidelines (2004, p. 36), if viewed as an exposure therapy, "EMDR employs techniques that may give the patient more control over the exposure experience (since EMDR is less reliant on a verbal account) and provides techniques to regulate anxiety in the apprehensive circumstance of exposure treatment. Consequently, it may prove advantageous for patients who cannot tolerate prolonged exposure as well as for patients who have

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[26] EMDR International Association, "Combat Trauma," accessed March 14, 2015, http://www.emdria.org/?page=CombatTrauma.

> difficulty verbalizing their traumatic experiences. Comparisons of EMDR with other treatments in larger samples are needed to clarify such differences."[27]

In a randomized controlled trial over fifteen sessions for couples therapy—involving forty couples, both heterosexual and same-sex couples, in which one partner met the DSM criteria for PTSD—the couples indicated a reduction in PTSD symptom severity and an increase in satisfaction with the relationship. There were no long-term indications of continued maintenance, however. If PTSD symptoms worsen or other life stressors enter the picture, the increase in satisfaction may decline.[28]

In group therapy, according to the International Society for Traumatic Studies, "Research evidence suggests positive change from pre to post treatment with effect sizes ranging from small to large." This, in itself, seems somewhat subjective because what constitutes positive change for one person may not register for another person. Also, if one partner is suffering from the PTSD criteria listed in the DSM-5, answers may be subjective according to the sufferer's potentially skewed view of reality. The ISTS admits there are "relatively few well-designed randomized studies" of group therapy for PTSD.[29]

Service dogs are gaining great popularity and there are numerous personal success stories giving glowing accounts of the ways trained dogs can offer someone with PTSD a new outlook on life. Veteran Affairs is sponsoring a three-year study, as yet unfinished, to evaluate use of service dogs for individuals who have been diagnosed with Post-Traumatic Stress Disorder (PTSD).

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[27] EMDR Institute, Inc., "PTSD Research," accessed October 15, 2013, www.emdr.com/general-information/ptsd-research.html.

[28] Candice M. Monson, "Effects of Cognitive-Behavioral Couple Therapy for PTSD," *Journal of American Medicine Association* 308, no. 7 (2012).

[29] Foa, *Effective Treatments for PTSD*.

> Objectives include: (1) to assess the impact service dogs have on the mental health and quality of life of Veterans; (2) to provide recommendations to the VA to serve as guidance in providing service dogs to veterans; and (3) to determine cost associated with total health care utilization and mental health care utilization among veterans with PTSD.[30]

Three hundred and fifty people are involved in the study, meeting the criteria of being 18 or older, having a medical referral, having a PTSD diagnosis, having been in active therapy for at least three months at the time of the study, having plans to remain in active therapy, and having the ability to care for a dog. Periodic evaluations will occur at three, six, nine, twelve, eighteen, and twenty-four months after receiving the service dog. The study will conclude in March of 2014. Having been a recipient of a service dog and understanding the value and impact she had in my own PTSD journey, I am keen to see the results of the study.[31]

The previously mentioned study by Collie, Backos, Malchiodi, and Speigel supports the effectiveness of Art Therapy. The researchers claim that art therapy lowers hyperarousal due to the relaxing effects of art, and because nonverbal expression facilitates expressing memories that are difficult to put into words. Additionally, containment of traumatic material within an art medium gives an individual a sense of control and symbolic expression makes exposure to traumatic material tolerable and works against avoidance, thereby allowing therapeutic progress to advance. Furthermore, externalization of traumatic material helps to shift memories from the present to the past, and the pleasure of creation helps build self-esteem, reduce emotional numbness, and

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[30] Department of Veteran Affairs, "Service Dogs for Veterans with PTSD," accessed October 19, 2013, http://clinicaltrials.gov/ct2/show/NCT01329341?term=Shirley+Groer&rank=1.

[31] Ibid.

reestablish societal function. Again, art therapy is under-researched but clearly is a promising alternative treatment.[32]

Of the other mentioned therapies, techniques, and tools, no statistics have been found, likely due to inadequate tracking mechanisms, dropout rate, or lack of reporting. But what do the available statistics show? Are the methods working?

The answer is yes, as well as no. In my own experience, and in listening to others, I am reminded that recovery is a process. There are no fast techniques to "getting over" PTSD. It is unspeakably dismal to look back over a multiple-year journey and wonder how much longer it could take, when the reality is, *this is it*. There can only be movement, mostly slowly forward but occasionally backward. The statistics seem to show positive progress, sometimes measured simply as small steps. The process of recovery is highly individualized, fluid, and evolving. What works for an individual this year may not work next year, in terms of either medication or therapy. Group therapy may have been sufficient for a time, but perhaps couples therapy is now needed. Perhaps a person can wean themselves off of medication, but must maintain ongoing psychotherapy sessions. Neurofeedback might work extremely well so that the person is now regulating sleep and eliminating headaches, but maybe depression lingers.

Clinical trials and continued research in this field have shown that change can happen in the brain's neural pathways and synapses, creating change in behavior. This new discovery is known as neuroplasticity. Neuroplasticity describes the malleable nature of the brain, or the fact that the brain can change. This change can occur in a variety of ways, which can be as simple as a person learning new things, which create cellular

[32] Collie, Backos, Malchiodi, and Spiegel, "Art Therapy for Combat-Related PTSD: Recommendations for Research and Practice."

change in the brain, to a much larger process where whole areas of the brain affected by a traumatic brain injury (TBI) can be rewired.

The role of neuroplasticity is understood and accepted as a healthy development of the brain in learning, memory, and recovery from brain damage. "We now take it as a given that the brain is inherently plastic, capable of change and constantly changing," report the writers of a study on therapy for combat-related PTSD. "The human brain can remap itself, grow new neural connections, and even grow new neurons over the course of a lifetime."[33] This is an exciting time in an area of rehabilitative medicine that has not always been able to offer good news. With the hope found in neuroplasticity, the future is now much brighter for those who formerly

without hope.

The department of Psychiatry at McGill University in Montreal provides a current example of neuroplasticity treatment. Associate professor Alain Brunet treats victims of rape, child abuse, or other forms of trauma exposure resulting in PTSD. The patients will first receive medication that is intended to react against their emotions so they can then recall and verbally repeat the traumatic event that has taken place. The principle at work is that these people are able to disconnect the links in their minds that cause memories of the traumatic event to arouse their own threat systems. In a sense, they are rewiring their own brains. This rewiring process causes the brain to essentially "refile" the traumatic event in a new "folder" of the brain, like moving an item from a closet to a dresser drawer. Instead of constantly living the trauma in the virtual present, where people who

[33] Collie, Backos, Malchiodi, and Spiegel, "Art Therapy for Combat-Related PTSD: Recommendations for Research and Practice," 9.

suffer from PTSD live daily, people can learn to relocate the event where it belongs: in the actual past. "This is the principle of neuroplasticity in action: neurons that fire apart, wire apart," explains Barbara Arrowsmith-Young. "These new treatments for trauma usefully exploit this fact: when you remember a traumatic event, the network for that memory enters a more malleable state, and the treatment proceeds in the heightened neuroplastic milieu."[34]

The PTSD experience can be compared to a perfectly good highway. The road is smooth until an earthquake hits. Then the road becomes full of faults and debris—essentially unnavigable but still recognizably a road. There is hope, however, in that just like the road, the human brain is malleable. It can change because of neuroplasticity. But in order to get the road functional, people with PTSD need a good road crew.

My thesis is that storytelling aids in healing PTSD. I see storytelling as the road crew who will, over time, repair the faults and remove the debris, sometimes rerouting the original course. Roads and brains are not immediately fixed, and they may never be exactly the same as they had been, but they can achieve a high level of functionality. Just as a road crew must follow necessary steps in rebuilding, so does the person with PTSD. I maintain that repeatedly telling one's story helps move the sufferer beyond living in a state of debris to journeying on a smoother road.

Summary

While all the aforementioned therapies, techniques, and tools are beneficial and necessary, they are designed only to treat, manage, or eliminate the symptoms. Despite

[34] Arrowsmith-Young, *The Woman Who Changed Her Brain*, 13-14.

all of the techniques, life may remain irreversibly changed. No techniques claim to bring total healing or complete restoration. I believe this is where storytelling is useful for the PTSD sufferer. For the PTSD sufferer, storytelling does more than treat, manage, or eliminate the symptoms. Storytelling can literally rewire the sufferer's brain. However, in order for people to tell their stories, they must be in a place of acceptance and moving forward despite the trauma that lies in the past and perhaps still surrounds them.

SECTION THREE: THESIS

Having established in Section One that there is nothing new about the presence of PTSD, I will present in this section a new and unexplored theory on what can bring healing. I will show what has changed circumstantially around those suffering from PTSD, what hinders healing in the twenty-first century, and finally, what can be done to bring about PTSD healing in the twenty-first-century context.

Community

One major difference between the present day and previous time periods involves the community to which a sufferer returns, whether the sufferer is a combat veteran, a woman raped on a jog in the park, or those living in the aftermath of Hurricanes Katrina and Sandy. Even though the person may return to a familiar community, this community may not be equipped to support a PTSD sufferer to health. It may be that a different community—the communities of our parents and grandparents—would have been better suited for the job.

Not too long ago, it was a different world. People lived in places where neighbors were on a first-name basis and spent quality time together. The broad range of community organizations whose roots stretch back a century or more—the Red Cross, the YMCA, Boy Scouts, Knights of Columbus, and the Urban League—are no longer places where people find their identities and social outlets. In his book *Bowling Alone,* Robert D. Putnam says, “Visiting with friends and acquaintances has long been one of the most

important social practices in America."[1] Today, however, shared meals, combined-family outings, bridge groups, and block parties are no longer standard American practices.

Robert Putnam puts it this way: "Where we once could fall back on social capital—families, churches, friends—these no longer are strong enough to cushion our fall. In our personal lives as well as in our collective life, the evidence of this chapter suggests, we are paying a significant price for a quarter century's disengagement from one another."[2] I believe that the longer we remain disengaged and unconnected from one another, the harder it will be to reconnect again, causing more damage to who we are as individuals, families, communities, and a nation as a whole. Putnam goes on to say,

> The dominant theme is simple: For the first two-thirds of the twentieth century a powerful tide bore Americans into ever deeper engagement in the life of their communities, but a few decades ago—silently, without warning—that tide reversed and we were overtaken by a treacherous rip current. Without at first noticing, we have been pulled apart from one another and from our communities over the last third of the century.[3]

The impact of this tide reversal is incredibly relevant to someone with PTSD because, according to Putnam, social capital allows citizens "to resolve collective problems and widen our awareness of our shared fates."[4] Resolving collective problems is healthy for a community because each person is cooperating and doing his or her share. An awareness of our shared fates leads to active and trusting relationships and connections. A community able to resolve collective problems and a community aware of the shared fates of its members is well on its way to accepting someone with PTSD,

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[1] Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York, NY: Simon & Schuster, 2000), 95.

[2] Ibid, 335.

[3] Ibid, 27.

[4] Ibid, 288.

understanding the symptoms, as well as being better equipped to help that person heal. Putnam says the Beatles got it right when they sang: "We all get by with a little help from our friends." He goes on to say, "People who have close friends and confidantes, friendly neighbors, and supportive co-workers are less likely to experience sadness, loneliness, low self-esteem, and problems with eating and sleeping."[5] Sadness, loneliness, low self-esteem, and problems with eating and sleeping are distinctive symptoms of PTSD, so Putnam's research regarding the importance of friends and neighbors, a community thriving in social capital, would hold true for being healing mechanisms for PTSD sufferers.

Sherry Turkle's writing is consistent with Putnam's. She expresses her belief in the importance of community when she says, "Communities are constituted by physical proximity, shared concerns, real consequences, and common responsibilities. Its members help each other in the most practical ways."[6] However, we live in a less trusting and far busier world than that of earlier generations and we are far too distracted to be able to socialize anymore, let alone offer any support to someone with PTSD or to his or her family members.

Technology

So, what is it that has pulled us apart from one another in our communities? It would seem that the culprit can only be explained as a lifestyle change. This change is

[5] Putnam, *Bowling Alone*, 332.

[6] Sherry Turkle, *Alone Together: Why We Expect More from Technology and Less from Each Other* (New York: Basic Books, 2011), 239.

none other than our own desires to be entertained as individuals. At the center of the problem is our technology. Sherry Turkle points out: "In the recent past, we left our communities to commute to these distant entertainments; increasingly, we want entertainment (such as video on demand) that commutes right into our homes. In both cases, the neighborhood is bypassed. We seem to be in the process of retreating further into our homes, shopping for merchandise in catalogues or on television channels, shopping for companionship via personals ads."[7] With the use of technology we are going to extremes in our playing and are attempting to write our identities through ourselves instead of in communities, and it is not working. What we have to ask is how technology changes our awareness of ourselves and our relationships.

Today's lack of connectedness to others makes people vulnerable, lonely, and afraid of intimacy. In this state we do not attempt to break through to be with others, but instead look to our technology to meet our human vulnerabilities. Our technology may offer the persona of friendship—but without the ties or demands of a face-to-face relationship,[8] and without the ability to support those in our communities who may be injured and who may need others.

As we investigate our technology, it is best to start with simpler times for communities in America. Various social activities in our country's history show that formerly we placed a high value on entertainments that encouraged folks to regularly engage in communal activities.

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[7] Sherry Turkle, *Life On the Screen: Identity in the Age of the Internet* (New York, NY: Simon & Schuster, 1995), 235.

[8] Turkle, *Alone Together*, 1.

One place where American history demonstrated community was the American frontier. More often than not, settling into prairie life required communal efforts for barn raising and crop sowing/harvesting, and finding a mate was often accomplished at quilting bees, church suppers, and hay rides.

Imagine, too, the cigarette smoke lingering over the beauty-salon hairstyles of ladies at an afternoon game of bridge in the 1950s. Historically, card playing was one of America's favorite pastimes because of its high sociability factor.[9] The very rule against "table talk," referring to game strategizing among players, encourages conversation about anything other than the game. So, for most people, card games provided a ready opportunity for friends and neighbors to connect about day-to-day life.[10]

More modern times introduced family-friendly company picnics and bowling. Bowling leagues used to be a key pastime for Americans. But today, while bowling alleys are still open for business, the gathering of people into leagues is almost obsolete. "During 1997-1998, the United States Bowling Congress reported 4.1 million members of the ABC, YABC, and WIBC bowling organizations. That membership declined by 36 %, to 2.6 million in 2006-2007," argues White Hutchinson Leisure & Learning Group.[11] The majority of people bowling now are white-collar men, women, and their children, interested in open play rather than leagues. Bowling with Wii, a Nintendo gaming system, has become a much more affordable option for bowling, and allows participants to play without leaving their houses.

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[9] Putnam, *Bowling Alone*, 103.

[10] Ibid., 104.

[11] White Hutchinson Leisure & Learning Group, "What's Happening to Bowling?" accessed October 19, 2013, http://www.whitehutchinson.com/leisure/articles/whats-happening-to-bowling.shtml.

An excellent example illustrating our culture's change concerning this social activity is Holiday Bowling Lanes in New London, Connecticut, who thought it would be good for business to have large, flat-screen TVs mounted above all the lanes, to show the evening's lineup of popular programming. After this change, team members no longer conversed with each other as in the past. Instead, they stared at the screens until it was their turn to bowl. "Even while bowling together, they are watching alone," Putnam notes.[12]

Our technology has birthed substitutions for groups who would regularly play cards or bowl in leagues. These substitutions range from sitting in front of one's own television at home, playing video games, or using a computer with connection to the Internet. Like the card-playing experience, these activities can all engage one's mind and can be enjoyable. But unlike the group involvement the activities of the past required, these are mainly solo experiences.[13]

In American homes, the room where families once gathered to enjoy an evening together was known as the "family room." Families used to gather here to read aloud or listen to radio programs. Soon the family room changed to a place to watch television. Over the course of three generations, this room became known as the "TV room." Putnam notes that the television has become the number-one connection for American adults looking for information and entertainment.[14] He says:

> Time diaries show that husbands and wives spend three or four times as much time watching television together as they spend talking to each other, and six to

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[12] Putnam, *Bowling Alone*, 245.

[13] Ibid., 104.

[14] Ibid, 224.

> seven times as much as they spend in community activities outside the home. Moreover, as the number of TV sets per household multiplies, even watching together becomes rarer. More and more of our television viewing is done entirely alone. At least half of all Americans usually watch by themselves, one study suggests, while according to another, one-third of all television viewing is done alone.[15]

The amount of time each family spends watching television reveals this has become something of a habit. We consider it an important part of our lives.[16] And since watching television is something we engage in so frequently, we have less time for any kind of group involvement.[17]

At different times, my own family has attempted to turn off the television and step away from computer screens to engage in card games together. But I have noticed that while we enjoyed the games, the games were never lengthy. We were all eager to get back to electronic connection instead of continuing in each other's company.

The television has encouraged those who already tend to be socially reclusive to lean toward this lifestyle even more, encouraging them to be lethargic and passive.[18] In Detroit, Michigan, the *Detroit Free Press* did a study to find out how much people really wanted to be with their television set. They asked one hundred and twenty families if they would be willing to give up their TVs for a month in exchange for five hundred dollars. Only five of the one hundred and twenty families were willing. The families that did give up television for the whole month reported that they experienced boredom, anxiety,

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[15] Ibid.

[16] Ibid.

[17] Ibid, 225, 228.

[18] Ibid., 235, 238, 240.

irritation, and even depression.[19] People who have a strong need to watch television seem to have a variety of psychological and physical issues as well.[20]

In 1983, when I was thirteen, my brother and I placed our quarters in line behind the other quarters that were marking the spots for kids waiting to play the video game just released. It was called "Spy Hunter." We could not wait to take the controls and see how far we could get before our character died, and then to wait in line all over again for another chance. We spent all day and every quarter we had, believing we were actually living the dream of our lives through this game. Recognizing this phenomenon, Sherry Turkle notes, "By 1982 people spent more money, quarter by quarter, on video games than they spent on movies and records combined. And although the peak of excitement about the games may have passed with their novelty, video games have become part of the cultural landscape."[21] Video games today, thanks to the Internet, are a common pastime for most families. Hundreds of thousands of people will tune in daily to engage their avatar characters in multi-player worlds online.[22]

Computers and the ready availability of the Internet have now surpassed the television in terms of influence. The click of a button provides instant access to people, entertainment, new ways of home management, and even home decorating. The Internet has great power over us. Many people feel they are alone and isolated in the world, but when they have a computer or other electronic device, they no longer feel alone. They

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[19] Marilyn Jackson-Beeck, John P Robinson, "Television Nonviewers: An Endangered Species," *Journal of Consumer Research* 7, no. 4 (March 1981): 356-359.

[20] Putnam, *Bowling Alone*, 240.

[21] Sherry Turkle, *The Second Self: Computers and the Human Spirit* (Cambridge, MA: The MIT Press, 2005), 66.

[22] Ibid, 4.

feel connected through the Internet. The Internet creates the illusion of companionship; people feel as if their computer is almost responding, interacting, and engaging with them as a real-life person. "The computer," Turkle says, "offers a unique mixture of being alone and yet not feeling alone."[23] The culture of computers offers an everyday user information, education, and entertainment at a speed that is ferocious and by far more than anything that a television could offer. Not only can we experience this technology for ourselves, we prefer to do it in private and alone.[24]

Computers and the Internet have become for today's children a way of growing up unknown to previous generations. Children are learning from their interactions with computers and the Internet and are projecting their own personalities on them. The result is that children are starting to think in ways a computer would think.[25] The more people have engaged with computers and the technology of the Internet, the more we are blurring the lines of what is real and what is not real.[26] An example of this is that people are reaching out through this technology in hopes that by doing so the technology will somehow change their way of thinking and benefit their social and emotional lives.[27] I have a fourteen-year-old son who dreams of one day being a Master Builder for the Lego corporation, creating Lego sets for the enjoyment of another generation of children. He not only spends hours daily building with thousands of small plastic bricks but he has also discovered virtual Lego-building, as well as myriad websites where he can submit

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[23] Ibid, 139.

[24] Putnam, *Bowling Alone*, 217.

[25] Turkle, *The Second Self*, 21, 22.

[26] Turkle, *Life on the Screen*, 164.

[27] Ibid, 26.

photos of his creations. Every time he gets a "like" for one of his submissions, he feels it is one more step toward his dream.

Instead of forming relationships with other people, children grow up with the notion that they can form relationships with a computer or with people *via* a computer rather than experiencing the complexities of technology-free human relationships. People can portray themselves as they want to on-screen, and this portrayal can be anything but real. We are learning to live in virtual worlds as virtual avatars.[28] People today may not lack actual consciousness that the computer world is distinct from the real world, but they do interact with online representations of people as if they were real people they care about.[29]

Facebook, a popular website for online social relationships, has reduced what it means to be a friend. Through a Facebook profile a person may have thousands of people who agree to "friend" him or her, but this will never require the authentic interaction needed to build true relationship.[30] But this is Facebook's design: it's a venue for self-recreation, not representation of the reality of the true self. There are no filters, and "friends" tend to say things online they would not say in a face-to-face situation. The result of this is, "Online, we easily find 'company' but are exhausted by the pressures of performances. We enjoy continual connection but rarely have each other's full attention."[31]

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[28] Ibid, 9.

[29] Ibid, 102.

[30] Jaron Lanier, *You Are Not a Gadget: A Manifesto*, 1st Vintage Books ed. (New York, NY: Vintage Books, 2011), 53.

[31] Turkle, *Alone Together*, 280.

Whether through a game we play with thousands of others online, or through interactions on a social network like Facebook, we skew our idea of reality. We think we are projecting our true selves, but instead we are blurring distinctions. This is because "virtual places offer connections with uncertain claims to commitment."[32] People who build avatars and worlds on the Internet can become like Narcissus in classical mythology, who fell in love with his own reflection and lost sight of or aptitude for anyone or anything else in his world. These simulated lives and worlds can become the love of a person's life. We continue to engage in these pursuits because use of the computer in these virtual worlds makes us feel in control, as opposed to how we perceive ourselves in the real world.[33]

Young people today are the first to grow up fluent in current technology by never being disconnected from it. They work at relationships through their technology rather than in the presence of others, evidenced by teens sitting together and each staring at his or her smartphone. All of this has presented a new set of insecurities, which are confusing for those trying to wade through their feelings as if they were together with another person.[34] "I have often observed this distinctive confusion: these days, whether you are online or not, it is easy for people to end up unsure if they are closer together or further apart," observes Turkle.[35]

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[32] Ibid, 153.

[33] Ibid, 25.

[34] Turkle, *Alone Together*, 17.

[35] Ibid, 14.

I started playing with the Wii video game console because my therapist recommended it, wanting me to find an activity to share with my sons. So, my sons and I started playing Wii sports. Now, I have found myself not playing Wii with them at all, but instead playing by myself. As it turns out, I play just one Wii sport—bowling. For the longest time, I could not figure out why I spent so much time playing this video game. Then after much reflection, I remembered bowling with my father was one of my favorite things to do as a child. I loved to spend time with him in such a physical way: going to the bowling alley and knocking down the pins with the ball. It was a wonderful father-son adventure. I guess I didn't know how much it meant to me until I'd played the bowling video game numerous times, realizing I imagined my own father in the crowd behind me with the other avatars. When I would get a strike, I could actually hear my father's avatar cheering me on. The feeling was sheer joy, and it was what kept me coming back. It amazes me how much the virtual reality seems so real. This is because my physical body in the present is functioning automatically, subconsciously.[36] A person's brain buys into the virtual world so much it starts to believe in it more than the physical world in which he or she lives.[37]

The next big wave of future technology will be social robots. For many people, the thought that someday we could have physical companions to support us gives hope.[38] The real question is what are we making when it comes to robots? From a technological standpoint, to make a robot is a feat of ingenuity. And the technological world operates at

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[36] Ibid, 187.

[37] Lanier, *You Are Not a Gadget*, 185.

[38] Sherry Turkle, "Be Careful What You Wish For," in "Rise of the Robots," ed. Neil Fine, special issue, *Time Magazine* (2013): 104.

a fast pace, putting us on the brink of seeing this accomplished. The problem, however, is that we have to remake ourselves as we get ready for them.[39] Turkle asks, "So what are we talking about when we talk about robots? We are talking about our fears of each other, our disappointments with each other. Our lack of community. Our lack of time."[40]

It would seem that as we live together with technology we are living it apart from others and alone. How we engage technology has only prepared us for the future opportunity to allow machines to be a part of our lives. We do not listen to others like we used to, we do not allow silence to be present in our lives anymore, and we do not to allow ourselves to experience boredom or accept "down time." For someone struggling with PTSD, there is a constant, internal battle for self-protection, and living in a high-tech, plugged-in world is a strike against winning the battle.

The Church

A key part to the foundation of connectedness in our country has historically been local places of worship: churches, parishes, and synagogues. Over the course of their existence, churches have been a birthing place for social institutions.[41] Not only have American churches been places of spiritual gathering, they have also been bases for potlucks, youth gatherings, and community suppers, and many a church basement has hosted a Boy/Girl Scout Troup or an AA meeting. Communities have joined with churches to see them thrive in their neighborhoods.[42] Churches have always been a resource to their communities, offering support to people in crisis. Yet in this century,

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[39] Turkle, "Be Careful What You Wish For," 105.

[40] Ibid, 106.

[41] Putnam, *Bowling Alone*, 65.

[42] Putnam, *Bowling Alone*, 66.

churches are unlike those of previous generations, in that they are less engaged and less present in their communities and neighborhoods.[43] They are losing their influence and appeal.

In February 2011, a study was conducted regarding how churches contribute to their community. A total of 1,021 adults (eighteen and older) from across the continental United States responded to the following question: *"*Many churches and faith leaders want to contribute positively to the common good of their community. What does your community need, if anything, that you feel churches could provide?"[44] Of the adults polled, 29% thought that addressing poverty ought to be the churches' biggest contribution to a community, stacked against only 10% who maintained that churches "should assist those in recovery, providing counseling, support groups, and other forms of guidance and assistance to help lives get back on track." Interestingly, a full 21% of people had no comment as to what a church's role in a community should be.[45] In this section, I assert that American churches have lost their centeredness in community life if the communities in which they reside do not know why churches are there or what services a church can provide. This lack of physical community becomes a major detriment toward healing for those with PTSD; it feeds into people's feelings of not knowing where to turn for help, or, just as bad, feelings of not being able to receive help from a church that is ill-equipped for helping.

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[43] Ibid, 79.

[44] Barna Group, "Do Churches Contribute to their Communities?" July 13, 2011, accessed October 19, 2013, https://www.barna.org/barna-update/congregations/502-do-churches-contribute-to-their-communities#.Umf6yxCd51o.

[45] Ibid.

Most churches are working hard at keeping up with the rapid-fire changes of the twenty first century—in trying to be places of relevance in our culture. Churches will be as trendy as possible to show no difference from the contemporary world, using all the technological gadgets available to provide the best show possible. Entire church services are run on PowerPoint, including using PowerPoint to present Scripture, making physical Bibles outdated. Those with smartphones do not hesitate to fact-check the minister during the sermon.[46] People will go from their homes filled with technology to the church with its technology and never miss a beat. This constant technological connection insulates the individual with PTSD from engaging in meaningful, necessary, physical interactions, and further isolates the individual within himself or herself.

Also, attendance in American churches is decreasing. Though Gallup polls register the same percentage (40%) of people attending church every year, that number is likely exaggerated. Higher misreporting tends to occur in figures for voting and charitable giving, while illegal drug use is misreported as lower. Actual attendance at museums, symphonies, and operas also do not match survey results. In a study of Protestant churches in one Ohio county and Catholic churches in eighteen dioceses, researchers found that actual church attendance was about half the surveyed percentage. When questioned about church attendance in a seven-day period, people were likely to respond affirmatively that they attended, whether or not this was true, simply because they didn't want to be counted as a non-attender.[47]

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[46] Barna Group, "How Technology is Changing Millennial Faith," October 15, 2013, accessed October 19, 2013, https://www.barna.org/barna-update/millennials/640-how-technology-is-changing-millennial
-faith#.UmcHGRCd51o.

[47] C. Kirk Hadaway and P.L. Marler, "Did You Really Go to Church this Week?" accessed October 19, 2013, http://www.religion-online.org/showarticle.asp?title=237.

In 2008, the Barna Group, an evangelical Christian polling firm, announced five categories of church attenders—more than simply those who attend and those who do not. The categories are very reflective of the twenty-first century. "Unattached," at 23%, is the first category, defined by attending neither a conventional, local church nor an organic faith community such as a house church or other intentional community in the past year. One third of this unattached population had never attended a church at any time in their life. "Intermittent," at 15%, is the second category, and the Barna group refers to them as "underchurched"—those who have participated in either a conventional church or organic faith community at least once in the last year but not in the past month. Two-thirds of those in the intermittent category attended some sort of church function other than a wedding or funeral in the last six months. The third category is the "Homebodies," who made up 3% of the poll. These are the people who regularly attend a house church. "Blenders," at 3%, had attended both a conventional church and a house church in the past month. The last category is the "Conventional," at 56%, who strictly attend only a local, conventional church.[48] These numbers come across as unrealistically high and possibly inflated. I previously stated that attendance in American churches is decreasing, although the Gallup poll here reports attendance as relatively high. Because actual attendance does not match the survey results, it is difficult to make use of any poll information as a reliable and helpful source.

One way churches could become more integrally connected with their neighborhoods and communities is by meeting real needs in those communities. I assert

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[48] Barna Group, "New Statistics on Church Attendance and Avoidance," 2009, accessed October 19, 2013, https://www.barna.org/congregations-articles/45-new-statistics-on-church-attendance-and-avoidance.

that PTSD outreach is one such need and potential connection point. As I argued in Section One, churches have largely not engaged with the problem of PTSD. Yet some church and parachurch organizations *have* engaged. They are reaching out. What do these church programs look like?

It seems that whatever someone is looking for in a church, one can find, whether that is a brick-and-mortar church, a dining-room chair pulled into someone's living room, or a buffet of church options from which to pick and choose. The relevant question to this study is: Will a person with PTSD be more likely to find his or her needs met in a conventional church or in another church-ministry model? Churches and church-goers have become trendy, because as technology changes, churches are doing their best to keep up. In an unfashionable sense, PTSD is definitely a growing trend, one for which the church is largely unprepared. But some church and parachurch organizations are raising awareness in support of those dealing with PTSD, and these groups are prepared. I assert that the church in general should follow their lead in order to address the growing prevalence of PTSD.

On the Campus Crusade for Christ website, an article by Evangeline Vergo entitled "American Combat Veterans Need You" provides useful information on the prevalence of PTSD and Military Ministry's approach to the problem. In 2006, Military Ministry, a ministry of Campus Crusade for Christ, asked a group of randomly selected Army soldiers and their spouses, "What are the greatest challenges you face?" Every single one of them spoke of PTSD.[49] Military Ministry statistics indicate that nearly one in five combat veterans from Iraq and Afghanistan will suffer from PTSD, and the

[49] Evangeline Vergo, "American Combat Veterans Need You," Campus Crusade for Christ, accessed January 20, 2014, http://www.cru.org/military/veterans-day-ptsd.html.

suicide rate for these veterans is almost twice the national average. Additionally, two out of three of their marriages fail,[50] and fewer than 40% of veterans will actually seek help. Furthermore, the lack of treatment for PTSD is a factor for 25% to 30% of the homeless population.[51]

Military Ministry is a far-reaching ministry, active on many military bases and in port cities around the world. While treatment for PTSD should be supervised by a medical professional, Military Ministry is working to support sufferers and their families, offering programs and encouraging words that make a difference. Often friends are able to care for soldiers in ways psychologists cannot, through acts as simple as listening or providing a meal. "Many times healing begins when a veteran discovers they are not forgotten by America's citizens or by God,"[52] Vergo notes.

In the *Watertown Daily Times* newspaper on November 18, 2010, Daniel Woolfolk, a *Daily Times* staff writer, published the article "PTSD, Stress, and Prayer." He reports on a meeting of sixty civilian clergy with the Fort Drum chaplains to discuss how to minister more effectively to military congregants. The event was specifically designed to highlight the importance of understanding post-traumatic stress disorder, stressors that are unique to deployment, and the availability of family resources. One of the ministers pointed out that civilian clergy are good at working with common problems but need to better understand military needs. "It doesn't always translate easily into the parish," said Rev. Frederick G. Garry. Rev. David L. Hayner added, "We're lacking in

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[50] Vergo, "American Combat Veterans Need You."

[51] Ibid.

[52] Ibid.

being able to understand, being able to cope with and…reach out to soldiers with PTSD."[53] He explained that more than 60 percent of families in his congregation have a family member in the military, an important percentage to consider alongside Military Ministry's statistics reporting a high rate of PTSD, homelessness, divorce, and suicide.

Rev. Hayner is actually a combat wounded veteran who served as platoon sergeant in an infantry regiment. He explains that his experience helps him "relate with soldiers who are going through the PTSD, the separation…and trying to get out of the kill mentality,"[54] and adds that he recently counseled a soldier who had been contemplating suicide. Soldiers may find it easier to relate to a fellow veteran. Furthermore, Hayner says, "It's also useful for civilian and military chaplains to work together. They can help a family of a deployed soldier navigate post resources such as legal and finance offices, which decreases some anxiety. [Soldiers] deserve every chance to get their lives back."[55] Military chaplains and civilian ministers working together provide one model of how churches in communities with a strong military presence can effectively support the community's people. It is a model well worth pursuing.

On December 26, 2013, Evin Demirel published an article in the *Arkansas Times* entitled "Church, VA Partner to Help Rural Veterans Tackle PTSD, Other Problems."[56] Demirel writes, "[PTSD sufferers] tend to be uncomfortable contacting mental health

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[53] Daniel Woolfolk, "PTSD, Stress, and Prayer," *Watertown Daily Times*, November 18, 2010, accessed January 20, 2014, http://www.watertowndailytimes.com/article/20101118/News03/311189981/-1/NEWS.

[54] Ibid.

[55] Ibid.

[56] Evin Demirel, "Church, VA Partner to help Rural Veterans Tackle PTSD, Other Problems," *Arkansas Times*, December 26, 2013, accessed January 20, 2014, http://www.arktimes.com/arkansas/church-va-partner-to-help-rural-veterans/Content?oid=3156476.

care providers, preferring instead to share problems with VA clergy or the church's pastor."[57] This shows a perceived division between spiritual leaders and mental-health workers. Demirel's articles features William Flynn, a pastor who has tried to bridge this divide. He acknowledges that the church does not always have the answer to mental illness. "A lot of the therapy is just listening,"[58] Flynn explains. Instead of trying to heal those who confide in him, Flynn may refer these individuals to trusted mental-health providers. He also counters bad information preventing some veterans from seeking professional help. "They just kind of assume that, 'If I go in, they're gonna take away my rights to own a gun. I'm never gonna be able to hunt again.' There's a lot of issues, but they don't want the stigma. They feel like people will look at them different[ly]."[59]

A program attempting to bridge this gap between spiritual leaders and mental-health workers was established in 2009 by Dr. Greer Sullivan, a psychiatrist and health services researcher with the University of Arkansas for Medical Sciences. Dr. Sullivan realized that rural veterans used counseling resources less than their urban counterparts and therefore believed clergy and faith communities could serve as effective liaisons in treatment. This prompted Steven Sullivan (no relation to Dr. Greer Sullivan) to ask the question, "Why don't we train these pastors as first responders to help increase access to mental health services?"[60] Steve Sullivan is a chaplain in the Central Arkansas Veteran Healthcare System and has helped train more than 200 people in faith communities to be

[57] Demirel, "Church, VA Partner to help Rural Veterans Tackle PTSD, Other Problems."

[58] Ibid.

[59] Ibid.

[60] Ibid.

aware of mental illness symptoms. His program has made 150 referrals to mental health or VA services, and had made contact with roughly 1,000 rural veterans.

An employee of the program named Travis Harden lives in Jefferson County. He helps veterans file paperwork and navigate the VA's intimidating bureaucracy. From 2004-2008, Harden served two tours of duty in Iraq and was himself diagnosed with PTSD. Harden is also Associate Pastor at Pine Bluff's Greater Mount Calvary Missionary Church. He believes he cannot help injecting his faith into conversations with other veterans, especially when he believes the other vets have lost some of their faith. "I believe in the power of prayer," Harden says. "We'll sit down and read a couple of Bible scriptures together, just to give them a peace of mind. Their soul may be hurting."[61]

The program, funded by a grant from the VA's Office of Rural Health, includes 15 employees and costs $336,000 to run per year. The program makes inclusiveness of all faiths a central tenent. Steve Sullivan believes this practice promotes sensitivity to spirituality regardless of religion, which in turn leads to what he called "cultural competence," better equipping mental-health professionals.[62] Sullivan says, "We're learning all about ethnic and racial competence and studying these dynamics that are very different for patients. From a cultural or ethnic standpoint, we need to treat spirituality in that same vein as saying this person's church culture is as important to them as the fact that they're black or white or upper middle class."[63] Sullivan expected that promoting

[61] Demirel, "Church, VA Partner to help Rural Veterans Tackle PTSD, Other Problems."

[62] Ibid.

[63] Ibid.

sensitivity to spirituality and religion would lead to "cultural competence" which in turn would support mental-health professionals' ability to do their jobs.[64]

The Evangelical Lutheran Church of American (ECLA) in Minneapolis, Minnesota, also contributes to the array of ministry efforts. Their "Veteran's Ministry/Coming Home Collaborative" is a volunteer association concerned for the psychological and spiritual healing of veterans as they reintegrate with their families and community. This support service was founded by Amy Blumenshine, MSW, and professionals affiliated with the walk-in counseling center at Our Savior's Lutheran Church.[65] An eight-page report entitled "Soldiers' Ongoing Sacrifices: The Challenge of Coming Home" formed the foundation for ELCA support of veterans in the Twin Cities.[66]

The report, produced by Blumenshine, depicts the experience of veterans returning from combat zones. She focuses specifically on PTSD and TBI, and considers also the lessons that were learned or should have been noted in veterans returning from Vietnam. The report highlights eight specific statistical insights taken from Vietnam veteran Chuck Dean's 1987 book *Nam Vet: Making Peace With Your Past*.[67]

During the ELCA collaborative's regular luncheon, the "Vets' Ministry Roundtable," a speaker discusses re-integration challenges with PTSD. The collaborative

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[64] Ibid.

[65] Amy Blumenshine, "Soldiers' Ongoing Sacrifices: The Challenge of Coming Home Report," Minneapolis Area Synod: Evangelical Lutheran Church in America, accessed January 20, 2014, http://www.mpls-synod.org/veterans-ministry.

[66] Ibid.

[67] Chuck Dean, *Nam Vet: Making Peace With Your Past* (Enumclaw, WA: Wine Press Publication, 1999).

also offers, for a non-specific donation, a 112-page practical guide for pastoral-care providers to veterans and their families entitled *Welcome Them Home—Help Them Heal: Pastoral Care Ministry with Service Members Returning from War*.[68]

One of the greatest challenges the church faces today in ministering to people who suffer from PTSD is what is built into the very core of the church: faith.

"Draw near to God, and he will draw near to you."[69] The church has often reinterpreted this into a trite saying that goes something like, "If you feel far away from God, guess who moved?" A person who suffers from PTSD not only feels cut off physically by those around him or her, but also cut off spiritually by God. For me it was an issue of abandonment by my loving Father. I couldn't understand why He had left me and where I went so wrong that He would depart from me. This is depressing for someone with PTSD. Searching for hope in church, only to find people who do not understand why someone can't feel the presence of God, is isolating. What if churches today interpreted this verse from James differently?

Writer Addie Zierman looks at the verse this way:

> I wonder now what that time would have been like if I'd heard that verse interpreted differently.
>
> If it hadn't been about scrambling toward God, but rather that powerful, unbelievable truth that God *is near*. That even when you can't feel Him, he is still there, always there, never leaving or forsaking, his love is big enough to span even the distance of your wondering heart. I want to say now what I wish someone had said to me then: If you feel far away from God, maybe it's possible that *no one* moved. Not God of course. But maybe not you either. Maybe this is just a normal part of the long work of faith. Maybe the silence of God is not a punishment, but an invitation to a new kind of trust. In a world that is so loud and

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[68] Amy Blumenshine, John Sippola, Valerie Yancey, *Welcome Them Home—Help Them Heal* (Duluth, MN: Whole Person Associates, 2009).

[69] James 4:8, *The Holy Bible*, New King James Version (Camden, NJ: Thomas Nelson, 1982).

> constant, where we are talking on social media even when we're not using our voices, always saying something, always conversing, and communicating…we've forgotten about the layers of silence. The richness of it. The power of it. We've forgotten that God has a habit of going quiet with his people. If you don't feel God right now, if you don't hear him and you desperately want to be still, it's possible that you're exactly where you're supposed to be. Rest in the quiet certainty of your own belovedness. Stay where you are.[70]

To minister to people who suffer from PTSD and need the church to be a place of hope, the church will need to reevaluate how it views and practices its faith and provides a place for the presence of God. These examples of ministries to PTSD sufferers may seem insignificant when the need is so great, but they are a start. Without a start, healing will never begin. I hope these ministries can serve as a model as more churches venture to meet the crucial ministry need for PTSD outreach.

Storytelling: A New Approach to PTSD

Today we watch our TVs, surf the web, play alone on an MMOG (Massively Multiplayer Online Game), and text with our phones, all to help us feel connected. "It is easy to become so immersed in technology that we ignore what we know about life," Turkle observes.[71] We should believe that people, relationships, and spending time together are important. Instead, we look to being connected on the Internet and spending our time alone as something more important. Turkle goes on to say that "our need for a practical philosophy of self-knowledge has never been greater as we struggle to make

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[70] Addie Zierman, "If You Feel Far Away From God, Guess Who Moved?" *A Deeper Story* (blog), June 16, 2014, accessed June 18, 2014, http://www.deeperstory.com/if-you-feel-far-away-from-god-guess-who-moved/.

[71] Turkle, *Alone Together*, 101.

meaning from our lives on the screen."[72] We act as if we do not care about others and relationships, but is it more likely we do not know how to relate to others, let alone to ourselves. Relationships take a great deal of work and time and most people today will not invest the time.

As more people come home with PTSD—injured, broken, and unable to fix themselves—they look to their friends and loved ones, seeking help from them as they live in darkness. But those who could be the givers of aid are often themselves lost and alone behind their screens, believing they are enjoying a life lived through technology, without time to spare to sit and listen to those they love.

Time is running out for us as a people and a culture. The longer we stay disengaged from others in order to remain alone with our technology, the harder it will be to reengage with those who love us and need us. We need to somehow reevaluate who we are and who we want to be if we are to be of use to those who suffer from PTSD, and even to ourselves.

Our culture needs to step away from the technology gripping us so we can begin to recognize those who are injured, and be available to those who suffer from PTSD, giving them a chance to be heard and to heal. A safe place and an attentive ear are required to give respite and support to those with PTSD. Storytelling can significantly aid the process of healing. Based on the research findings below, I know this is true not only for myself.

From the time we hear the phrase "Once upon a time," something within us starts to pull back the curtains to reveal the story played out for us. Our brains begin to wake up, realizing we know the formula and can piece together the elements of a story as we

[72] Turkle, *Life On the Screen*, 269.

would methodically work to solve a mystery. Our brain unconsciously looks for the elements: story, setting, characters, plot, conflict, and resolution, so we can have closure.

Whether it is for entertainment purposes or information gathering, story is at the core of who we are and how we interact with each other. We spend hours engaged in movies and books to see good triumph over evil. And if we find ourselves in our cars, lost and needing directions, getting directions from point A to point B never comes through a simple conversation. A story is usually involved, whether from us as we tell why we need the directions, or from the one providing directions. From the time we are placed on a lap for story time, humans are naturally drawn to story.

As we get older we begin to look deeper within stories for answers to our own life stories. As relevant or irrelevant a story might be in regard to our own personal stories, we will work hard internally to connect, identify, and relate. "Providing ourselves with positive stories does not simply make us feel better or more secure," says psychologist Shlomo Breznitz. "When they are new, these stories recast our mental connections. They literally rewire the brain."[73] In any story there is a process that happens from the beginning to the end—a thought process that takes place in our brains, as the story is communicated from the speaker to the listener and internalized. This process is not just for listener but for the teller as well, in turn creating community.

After my own near-drowning experience, I have had a few chances to share my story, and each of these instances made a remarkable difference for me. I was able to gain a better understanding of myself and my experiences, helping me to live with myself and others. It has been through these key moments, when I chose to share my own story with

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[73] Shlomo Breznitz, *Maximum Brainpower: Challenging the Brain for Health and Wisdom* (New York, NY: Ballantine Books, 2012), 237.

someone who cared, that I moved from not wanting to live to being more healthy and whole.

The challenge for anyone who has experienced trauma of any kind is to move beyond self-protection. Someone with PTSD accepts that he or she should fear more and trust less, so silence and solitude seem to become the individual's best friend. But by telling one's own story, a person combats this illusion, taking the opportunity to "face the music," thereby snapping out of the destructive mindset of isolation, the trap of fearing more and trusting less, and beginning to live again.

There are several key steps for using storytelling as a means of beginning to heal from PTSD. The first step involves an individual recognizing the need to tell his or her story. People who suffer from PTSD often do not believe they can, should, or are even allowed to participate in life in this way. Depression and anxiety cause them no longer to feel valued. So, they need to desire telling their story and to know their story holds value. They must take action in sharing their story, listening to others' stories, and becoming healthier together by doing so.

Next, the individual must intentionally seek the opportunity to tell his or her story and to hear others tell their stories. Otherwise, most individuals who suffer from PTSD will struggle to live effectively, being unable to engage in meaningful relationships and to participate in any type of community. Willingness to hear from themselves, others, and from God is essential in healing from injuries. Increasingly, this is evidenced by scientific research, as described below.

Experiences, especially intense, prolonged, or repeated, leave an imprint much the same as water flowing through a stream alters the streambed.[74] Rick Hanson, neuropsychologist, cites evidence that London taxi drivers, after two years spent memorizing the snarl of the city's streets for an exam called "The Knowledge," had thickened neural layers in their hippocampus (responsible for visual-spatial memories) similar to a muscle building strength.[75] "All mental activity—sights and sounds, joys and sorrows—is based on underlying neural activity," Hanson explains. "Repeated mental/neural activity leaves lasting changes in neural structure: what's called experience-dependent neuroplasticity. This means you can use your mind to change your brain to change your mind for the better."[76] The science of the brain works similarly whether the experience is negative or positive, except that the brain grips more tightly to the negative experiences, possibly due to a highly evolved fight-or-flight response. By learning to hold the positive experience while releasing the negative, our brain can change our mind for the better.

> Positive experiences, especially if they have a sense of freshness about them, increase the release of the neurotransmitter dopamine. While you are taking in the good, you typically prolong dopamine inputs to your amygdala. These sustained releases of dopamine make it react more intensely to good facts and experiences, with associated signals to your hippocampus saying essentially, "This is a keeper, remember this one." In sum, whether through your cingulate cortex, insula, amygdala, or other parts of the salience or executive control networks, repeatedly taking in positive experiences will likely make your brain "stickier" for them, which will increase your positive experiences, making them even stickier in a positive circle.[77]

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[74] Rick Hanson, *Hardwiring Happiness: The New Brain Science of Contentment, Calm, and Confidence* (New York, NY: Harmony Books, 2013), 10.

[75] Ibid, 11.

[76] Ibid, 16.

[77] Hanson, *Hardwiring Happiness*, 44.

As my thesis states, storytelling is one way to bring healing to someone with PTSD because with each telling, the teller is releasing some of the negative, thereby making more room for the brain to "stick" to the positive aspect of telling the story—strength, empowerment, growth, healing. Hanson uses a helpful acronym that I believe holds true for using storytelling as a vehicle for healing: **H**ave a positive experience, **E**nrich it, **A**bsorb it, and **L**ink positive and negative material.[78] This process allows the growth of new neural circuits in the brain, Hanson's definition of hardwiring happiness.[79]

I have established that individuals must seek to tell their stories, but in order to do so they require a safe place. Not only does the person with PTSD need to show the right attitude and be intentional, he or she also needs a place created for storytelling. As hard as a person's own struggles with a disorder are, the world we live in makes life even more difficult for those with PTSD, as I established in the previous sections of this dissertation. Community support in creating a place for storytelling can go a long way in facilitating healing. This is where churches and parachurch organizations—like the previously noted Coming Home Collaborative in Minnesota—are doing an excellent job: They are providing space for storytelling. Likewise, the VA in central Arkansas is utilizing members of the local faith community as first responders to provide a safe place for people with PTSD to tell their stories. Churches across the nation need to take note of these seminal programs and adopt a similar way of providing safe spaces for storytelling.

Although the effects of storytelling are somewhat of a mystery, a positive gain of technology is in helping us understand the potential reasons for storytelling's efficacy.

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[78] Ibid, 60.

[79] Ibid, 9.

Lewis Mehl-Madrona, a medical doctor and a psychiatrist, says, "Stories affect our states of mind, which are reflected in changes in brain states. PET scans of the brain show patterns of blood flow are different in states of joy compared with states of depression."[80] So, it would seem that if the story changes, one's perceptions change, and the experience of the brain is altered. Because the brain regulates everything in one's body including one's own immunity, when the brain changes, the body follows suit. With this knowledge, we are beginning to understand how stories have healing power.

Historically and in many cultures, healers have used story as a prescription to heal those who are suffering. "The wisdom for how to heal," Mehl-Madrona maintains, "is contained in these stories, which serve as an orientation into a culture of faith and hope."[81] As previously mentioned, the wisdom lies in the spoken word, which in itself is powerful, but also in the story. For listeners, the power is in hearing how another overcame the odds, endured the unendurable, and scaled vast mountains of troubles. Knowing that someone has worked hard to climb over these great obstacles, and has triumphed, plants hope in the heart of the listener who may be experiencing similar hardships.

Healers of all cultures have experienced the same scenario. Sick people have come to healers and explained in story form what is wrong with them. Through these stories people have shared that they are sick, that they are dying, and that there is no hope for them. The healer has listened and then told stories in return that have related a person's sickness to a desert, body of water, or a mountain that he or she is on and

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[80] Lewis Mehl-Madrona, *Coyote Wisdom: The Power of Story in Healing* (Rochester, VT: Bear & Company, 2005), 7.

[81] Ibid, 2.

crossing. The healers have then pointed out that the beginning of the person's sickness is the beginning of the personal creation journey the sick person now travels, and that he or she will live but must pass through this trouble to the other side. The healer has offered hope and has encouraged the individual to keep faith. The sick one, however, also needs to negotiate for himself or herself—gathering necessary survival tools along the way. The idea behind the telling of stories is to inspire people to change. Historically, the Native American people, in their small tribes and family units, lived in close community with one another. Imbalance and disharmony affected not just one or two people, but the entire community. The Cherokee and Lakota Sioux peoples, in particular, believe that relationships grow through stories.

What we value in our lives and our make-up as humans conveys this. Mehl-Madrona says this about stories:

> They comfort and heal us, both in the listening and the telling. They contain the living symbols we use to make sense of our world. The characters in these stories vary across cultures, but certain themes remain the same, since our stories arise from and are constrained by our biology, geography, and means of communication. Stories are the units of meaning for a life, and life unfolds through the enactment of those stories.[82]

To say we are our stories would be accurate. Although our stories vary across cultures, our stories give our lives meaning. When we unfold those stories, for ourselves and others, we unfold meaning.

When one follows the path to healing with story, one is following a path of uncertainty. A person may be unsure what the effect of story on his or her journey will actually be, but perhaps if exposed to other stories of profound transformation, inner transformation will begin.

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[82] Mehl-Madrona, *Coyote Wisdom,* 8-9.

> For this reason, our self-image should be rooted in who we are intrinsically rather than in our relationships to others. The stories must also be positive. Anchors should stabilize us, not drag us down. Mental health professionals are constantly working to help troubled individuals rebuild their self-image by changing the stories they tell about themselves. We may also need to update these stories from time to time.[83]

It would be impossible to force this transformation, but if a positive environment is created, transformation becomes more likely. Then, transformed by our own stories, we can help others in their own transformations.

People rarely find healing on their own. The transformation people need for healing comes through relations with others. Building relationship eventually involves ceremonies and rituals to mark special passages in life; Jewish Bar or Bat Mitzvahs, Native American naming ceremonies, and weddings (in any culture) are several examples. When we share in these ceremonies and rituals, whether our own or another's, healing communities take shape because of shared experience, and the sensory memories of taste, touch, sight, smell, and hearing. Bonds are formed and from those come the safe places of intimate sharing and healing.

> The uncommitted can survive and prosper by discarding jobs, geography, and relationships. But they cannot discard everything. Cherished stories, however minor, carry a lot of weight. They are part and parcel of our identity. Providing a sense of coherence, they go with us everywhere we go.[84]

Simply put, stories can comfort and heal us. "Stories put children to sleep," Mehl-Madrona observes, "can stop chemotherapy patients from vomiting, and lift our spirits

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[83] Brenznitz, *Maximum Brainpower*, 236.

[84] Ibid, 237.

from depression. Stories help people with eating disorders and a hatred of their own bodies to feel better."[85] If stories can do this for children, cancer victims, and the depressed, then I believe stories can begin the healing process in people suffering from PTSD. Stories can offer faith that they, too, can be well again. Whenever someone participates in either the hearing or telling of story, he or she is participating in growth, health, and well-being amidst a community.[86]

For people to become the heroes of their own lives, they must first draw themselves out of their current stories and begin the process and dreaming that will allow them to create alternate routes for their life stories with better health becoming an ultimate goal. Many times it is necessary to go through what John of the Cross termed the "the dark night of the soul," often a period of darkness in which, in a spiritual sense, there are no easy answers, and there is no light, no peace. This becomes the first step to challenging the PTSD and its beleaguering symptoms. The church needs to be proactive in providing a community for people who are in spiritual darkness, people who are looking for light and peace and are willing to challenge the symptoms of PTSD. Churches who are not prepared to be involved are missing a vital ministry opportunity in offering hope. I posit that the best strategy for reaching this growing segment of our culture is for churches to provide "space." Space does not mean a multi-million dollar complex, but simply a designated comfortable room. The second requirement is people—people who are willing to listen and facilitate growth and healing. The folks need a

[85] Mehl-Madrona, *Coyote Wisdom*, 108.

[86] Mehl-Madrona, *Coyote Wisdom*, 130.

modicum of training in facilitating small groups; while beneficial, having counseling or psychology degrees is not necessary.

I envision something like an eight-week small group with no more than six to eight people. Each week, someone shares his or her story with the entire group, in effect building trust and community in a safe environment. After the first series of meetings, in which each person shares his or her story, the group commences a second eight weeks of building positive experiences and learning skills to combat the constant negativity, possibly using Hanson's HEAL technique, explained previously in this dissertation.

The goal of the group is giving voice to individual stories, creating positive shared experiences, and seeing growth and healing through skill building and through relationship. It is not likely that anyone is perfectly healed, but after sixteen weeks, the group should be firmly cemented and will hopefully continue on as a small group, even without a trained facilitator. Perhaps someone in the group will go on to train and facilitate a new group, thus perpetuating growth and healing.

Summary

What we remember about our past that we would convey to another is as unique as our own thumbprints. Just as our thumbprint is uniquely ours and cannot be taken away, so too are our stories, molded by what has happened to us over time.

For anyone who has ever wondered what God thinks of stories, I point to Elie Wiesel, Jewish American author and political activist, who says simply, "God made man because he loves story."[87] Our stories were written long before we began living them. We

[87] Mehl-Madrona, *Coyote Wisdom*, 128.

are unique to God; our stories are part of God's story. He longs to hear our stories and for us to tell our stories to each other, for only then will we move beyond treating the symptoms of PTSD to actually finding healing from it.

SECTION FOUR: TRACK 02 ARTIFACT DESCRIPTION

My proposed artifact is a non-fiction book offering one solution toward healing for those suffering from PTSD: telling one's own story. I have PTSD and am looking for continued healing with my disorder. For this healing to be possible, I must tell my story. For now, my proposed book is entitled *Breaking Through the Water: Learning to Breathe Again*.

With so many people returning from war facing a struggle with PTSD, the PTSD acronym has become a buzzword. PTSD sufferers and their families need to better understand how to cope and support each other. My book will tell the story of my own injury and the long road to healing, a road my family and I are still travelling. This book will describe my family's journey of faith that has been tested and has grown through living with my PTSD, and will tell the story of their remaining with me when so many other families are torn apart by PTSD. The book will highlight the lessons we have learned—including detailed information on what has worked for us and what hasn't. I hope this book will, through the telling of our story, present fresh insights on how PTSD sufferers can find peace and happiness in this world.

This book begins with an introduction of my understanding of PTSD and to the significance of this type of trauma. The next section looks at my traumatic experience and my struggle to serve God and country while having PTSD. The next three chapters describe what was helpful during my darkest times with PTSD, including Holly (my service dog); my engaging in creative writing, drawing, and poetry; and my family's trip across the country in an RV. The next part of the book discusses my experience having

PTSD and seeking relational connection through technology, through being a husband and father, and through participating in worship, prayer, and community. The final chapter sums up the book, referring to my healing from the water of life and to my family's continued living with PTSD.

As the author, I realize my experience is not the only way to work through PTSD. I will tell my story simply to bring hope to those who read it, so that each of us will gain a meaningful relationship with ourselves, with others, and with God, no matter the level of trauma we endure.

Breaking Through the Water: Learning To Breathe Again

Introduction: PTSD / Surviving by Telling One's Story

In 2009, reading a review of Pixar's *Up,* I came across a quote by Nigerian poet Ben Okri. He said something riveting: "A people are as healthy and confident as the stories they tell themselves. Stories can conquer fear, you know. They can make the heart larger."[1] This stopped me in my tracks. Something about the quote resonated within me in ways I'm only still starting to understand.

From that time on I've wondered what difference telling my own story could make for me or anyone else. I don't know how my story will or will not affect another, but if my story can bring insight, joy, increased faith, healthfulness, or peace to someone, I am grateful to tell it.

But telling my story starts with helping myself. I am on a journey of healing from an injury I sustained in 2007. As I continue on a road to better health that will likely never end, I *need* to tell my story. It helps me to understand. I become healthier, I believe, by putting down words from my experience, including all the good, bad, and ugly of it. My goal is to bring about joy and peace for me and my family. And this is why I encourage others to tell their stories.

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[1] Paul Asay, Review of Pixar's movie *Up*, Focus on the Family's *Plugged In*, accessed November 20, 2013, http://www.pluggedin.com/videos/2009/q4/up.aspx.

Chapter 1: Getting Wet Shouldn't be This Painful

As I sat in the reception room in the early morning, waiting for my scheduled appointment to see the Base Psychiatrist, all I felt was tired and numb from the events of the past twenty-four hours. It was only yesterday that I had been onboard a U.S. Navy destroyer as an officer of its crew. Something, as yet undefinable, had happened to me on the water that forced me to leave the ship and take the first flight from San Diego back to the Pacific Northwest, where now I waited for my turn to see the doctor.

Confused as I was, I wondered what this would mean for me and my family. I felt like a dog in a corner, ready to fight and even die for those he loves, but I didn't know why I felt that way or what was happening to me.

As I sat there, I tried to piece together what had actually happened. I know that when I was on the destroyer, in my rack trying to sleep, I kept seeing water pouring onto the ship and I was drowning. I could not only see the water, but I could hear it as it went over my head. Though I knew I was not actually in this situation, every time I closed my eyes my body kept thinking it was drowning. I couldn't breathe and certainly couldn't sleep in my panicked state. In my military job as Navy Chaplain I had worked with enough injured people to know I was no longer fit for duty. I needed to let someone in authority know I should be relieved from service. I ended up waking my already sleep-deprived Executive Officer (XO) to tell him of my current condition, who in turn notified the Commanding Officer (CO). Most importantly the CO's boss, the Commodore, was made aware of my condition. All I could do was await further instruction from my superior officers. As an officer in the USN, a gentleman, and a man of God, I needed to be honest about my current state. I didn't know what the repercussions of my extreme panic attack would be, but I wasn't of use to anyone as I was. And I knew that if my

condition worsened, I could become a detriment to my fellow officers and crewmembers and ultimately, the ship's mission.

I apologized to the XO for my current state and made my way to the ship's doctor to await further instructions. After I described to the doctor what happened, she said my experience sounded like a panic attack and I would need to see a professional as soon as possible to be evaluated, and to determine the severity of my condition. She gave me medicine to help me sleep, but to no avail. I was held in the doctor's office until I was taken off the ship and placed on the first plane back to Seattle to see my Base Psychiatrist.

I was picked up at SEATAC airport and taken to Mental Health on the Everett Navy Base. I was familiar with the people who worked in Mental Health, as we'd worked closely together with many sailors. So naturally, they were surprised to see me as the patient.

After my name was called, I wound up sitting in the psychiatrist's office for a very long time. I had to describe all that had taken place prior to that point, and told him everything I knew or could remember. He asked if I had any idea why that panic attack happened to me on the ship. I told him about my encounter, just six weeks previously, with completing the Helo Dunker training. The Helo Dunker is a simulation of a helicopter that crashes into water, and is made to seem as real as possible by actually crashing a large round tube equipped with a cockpit and jump seats—like every military helicopter has—into a deep, indoor pool. The idea is to train the passengers and crew for the best method of escape.

I continued telling the psychiatrist my story. On December 12, 2007, at 5:30 in the morning, another Navy Chaplain picked me up. We proceeded to Naval Station Whidbey Island for the Helo Dunk training. We were each outfitted in full flight gear, including a flight suit, military steel-tipped boots, gloves, a flight helmet, and a floatation device around our necks. Before people are allowed into the Dunker, they must pass a swimming qualification to determine they can withstand the rigorous encounter in the Dunker. The chaplain who picked me up ended up passing out four times during the first hour of the swim qualification and an ambulance took him to the emergency room. I, on the other hand, graduated and was allowed into the Dunker.

Upon entering the tube that simulates the helicopter, each person is required to sit in a jump seat and put on a five-point safety belt. After everyone is locked in, a crane picks up the large metal tube with its passengers, brings it several feet above the enormous pool, and releases it into the water. The capsule immediately capsizes. Since the capsule is designed to replicate the response of a real helicopter, top heavy from its massive blades, it flips itself upside down.

When it was my turn, I was asked to be in the cockpit as if I were a pilot. This was probably because I was an officer, whereas most of the others were eighteen-year-old Army infantry men. In real life, as a chaplain, I would never be in the pilot seat! I agreed to the post without any idea what I was in for.

We were strapped into our belts, the crane picked up the tube, we dangled several feet above the water, and then the crane dropped us. As the large metal tube took on water, it rolled until we were completely upside down. We had to get as much air into our lungs as possible before the water covered our noses. When all the bubbles passed by our

faces, we knew we had stopped rotating completely and could unfasten our belts and attempt to right ourselves. Pilots in the cockpit needed to escape one-by-one through a small door, then proceed through another door opposite our starting place.

The first two times I attempted this, I was successful. It was incredibly hard to see underneath the water with the bubbles floating by my head, but I was able to complete the task.

It wasn't until the night simulation that everything went wrong.

In the night simulation, we had to wear blacked out goggles. We couldn't see a thing. We weren't allowed to take them off, and if we did, we immediately failed the training which could not be repeated.

I was told later that everything would be like the first simulation. But it wasn't. During the night simulation, I hit another person so hard trying to escape the cockpit that he ended up escaping through my door instead of his own. I rebounded off of him, forcing myself down below the cockpit where I couldn't see. All I could feel was metal surrounding me. I was trapped. I couldn't discern the way out. I had run out of oxygen and was starting to breathe in water. I was upside down, in the dark, and I was starting to drown. The worst part was I knew what was happening. With a pain in my heart I simply prayed, "Jesus, be with Denise and the boys, for I won't be able to anymore."

The next thing I remember is coming to on the side of the pool. I later learned a Navy scuba diver had pulled me from the cockpit and moved me to the side of the pool where I was resuscitated. When I came to, the Petty Officer in charge asked if I wanted to finish the course. If I didn't want to come back another day to repeat the entire training, I would need to get back into the Helo Dunker one more time. Every fiber in my being

demanded I not get back in that Dunker. But I was raised to believe that when you're bucked off a horse, you get right back on. In the military, when you are given orders, you follow them and I had been told by my commanding officer that I needed this training. Although I sensed something very real and damaging had happened, I swallowed hard, trying to respond as if fear wasn't present. I told the officer, "Roger that." I picked myself up and got back into the Dunker though it had almost killed me.

I finished out my Helo Dunker training that day and went to the emergency room to wait for the release of the chaplain who had commuted to the training with me. We both felt we'd had a pretty rough day serving God and country, and were ready to go home and be done forever with the Navy Helo Dunker.

But beginning that night and every night after for months, every time I tried to lie down to close my eyes for sleep, water came rushing over my head. For the next six weeks, I ended up sleeping with the closet light on, so that when I sensed the rushing water, I could open my eyes and know I was safe in my bedroom and not under water. This game kept up until I became extremely fatigued. My nights became restless, filled with night terrors, and my days introduced me to panic attacks. My panic attacks started to increase in number and intensity. This, combined with my lack of sleep, multiplied my agitation and made me difficult for my family, co-workers, and especially, myself. My world was falling apart. I couldn't figure out what was wrong, or how to begin to put it back together.

After I had finished telling the doctor my story, I asked, "So, what's the big deal? I walked out of there on my own two feet. Shouldn't I be fine?" When I was done talking, he paused for what seemed like a very long time. Then he said, "Donald, have you ever

heard the term 'PTSD'?" I nodded my head in a vague "yes," still not understanding what this had to do with me. He took his time before speaking and added, "Donald, you don't seem to understand. You suffered a very serious injury and now you're broken."

All the air went out of the room and I had difficulty breathing. I replied in a panic, "What do you mean, I'm broken? Look, Sir, you've got to help me. I am deploying soon and I need you to fix me up so I can make this deployment. I'm the only one who can do the job I'm assigned to, and I have to be there."

"They're just going to have to find someone else," he said, "because you aren't going anywhere. You have severe Post-Traumatic Stress Disorder. You are seriously injured and you can't deploy; in fact you can't go anywhere for now. We're going to help you get better, but it's going to take a long time and deployment for you isn't an option anymore. I'm sorry."

As the tears streamed down my face, I kept saying to myself, "Why couldn't I fix this? If only I could have fixed this, none of this would be happening. Now I'm stuck and my career in the Navy, my future, is over." It was then that I believed my career in the Navy, and my life, *was* officially over. And, like Humpty Dumpty who had a great fall, I didn't believe I would ever be put back together again.

The Base Psychiatrist asked me to attend a week-long course at the mental-health department at Bremerton's Naval Hospital. While I was there and away from my family, I suffered a nervous breakdown. They had me taken by ambulance several hours away and admitted to the PACNORWEST Mental Hospital located in Madigan's Army Hospital in Fort Lewis. There I spent three weeks of my life locked away on a psych

ward known as 5 North. I understood I was the first chaplain the staff had ever heard of as a patient in Madigan's 5 North. What an honor, right?

During the same time I also received a call from my COC (Chain of Command) who wanted me to know I had been awarded something very special. The Commodore had rated me number one out of all his officers in his command. That was something I wasn't expecting, especially given my current location, the comfortable hospital jammies I was wearing, and all the narcotics I was on at the time. I didn't know what to say. The only thing I could think of was that I was going to be able to depart the military on top.

While I was a patient on 5 North all of the other patients there with me had to be in their military uniforms during the day. I, on the other hand, was instructed to wear my civilian clothes during the day and at night I would change into my hospital pajamas. Only the doctor and his staff actually knew what I did in the Navy. The other patients were curious about me and would ask a lot of questions, and a few of the other patients who left before I did would even call and want to talk once they had been discharged and sent home. I received a great deal of attention, but the only people I wanted to be able to visit were my wife and my two sons. I guess I was just flat-out embarrassed where my career and life had ended up. During this difficult time, the Charge Nurse said something to me that I will never forget: "The teacher will appear when the student is ready." At the time, my only interpretation for her words was that this was going to take time and that I needed to "let go and let God." Both pieces of my thoughts in response to her comment—that I needed more time to heal and also that I must give over control to someone I wasn't sure I really trusted anymore—were hard for me to swallow.

During my three weeks in the psych ward, word of my family's status went out to friends and relatives who lifted us up in prayer. One of the people who called me to offer encouragement was my close mate Josh, who is a Judge Advocate General (JAG) in the Navy. There were two specific ways in which God used Josh mightily in my life at that time. The first is that Josh put his foot down and said, "Let those who love you make good decisions for you right now until you're able to on your own." You see, I was planning on resigning my commission while I was still in residency on 5 North. But instead I decided to agree with Josh and let others make good decisions for me. The second thing was Josh's response to something I confided in him.

I had been wrestling with something since my injury happened, and hadn't told anyone about it. When I knew I was drowning, I was struck by the terrifying feeling of being abandoned by God. I thought that my King Jesus had abandoned me, so I couldn't trust him, myself, or anyone else anymore.

You see when I was drowning, I didn't see any light coming toward me in the far distance, there was no hand reaching for me, I didn't hear Jesus calling my name, there was no peace or guiding light. All I was experiencing as I was taking water into my lungs was how cold and dark it was underneath the water and I felt completely and utterly alone, abandoned by my own Savior and left to die. When I confessed this to him, Josh, on the other end of the line, paused for a long time and finally asked me if I remembered what Jesus himself had experienced on the cross and the very words he spoke in response to what his own Father did to him. "If that is what Jesus himself experienced," Josh said, "why shouldn't we as his followers experience the same thing when we pass from this life into eternity?" As soon as he had said these words to me I felt a sense of relief as if a

veil had been lifted from my eyes and my heart, and the truth began to set me free. The ground of trust I thought was lost between Jesus and me could begin to be rebuilt within my heart.

My faith began to grow again. Still, this didn't change how injured I was or answer the questions I had for where my future was going.

After three weeks I was finally discharged from the PACNORWEST military psych ward and allowed to go home to be with my family. That was the good news, because I very much missed them and wanted to be with them. But everything was confusing—in every area of my life. Not only was my future in a state of question, but each and every second I was living in was confusing for me. I lived in numbness. I kept wondering if I would be able to keep breathing. In my head I was continually in a state of drowning, and trying to make it to the surface to breathe wasn't an option anymore. My entire life's structure had been leveled and nothing was normal or the same for me and my family. And I was convinced it never would be. I needed serious help and didn't know how I would find it or where it would be coming from.

I honestly don't remember much from that time. I was on an incredible amount of narcotics to supposedly get me through this difficult period. I also took a couple different anti-depressants to support or offset each other, drugs specifically designed to knock me out so I could sleep, other narcotics to help me not have night terrors while I was knocked out, and a whole lot of aspirin because my head and body hurt all the time.

My two sons would come home from school and find me staring out the window. We had a system where they would ask me how I was doing and see if I would give them a thumbs-up or a thumbs-down. They tell me most of the time I would give them a

thumbs-down, but there were some days I guess I surprised them with a thumbs-up. I don't actually remember those days or this game we played, but as I think about it now I am grateful they supported their father during this confusing time in a way that made sense to them.

After my injury the Commodore of the Destroyer Squadron I worked for told me to stay home until I was well enough to come back to work. This meant I had a lot of time on my hands, much to my wife's dismay. I can't remember where it came from, but during my long days at home I came across a book in my house entitled *A Shepherd Looks at Psalm 23*.[2] It's a book you would think you would see on someone's coffee table. With its many engaging pictures and large-print words, it was perfect for someone like me who was on so many different types of medication, but more than that it was a book I needed in my life at that moment.

On the cover of the book is a picture of a bearded, shepherd-looking man who is smiling as he looks down lovingly at a lamb that is looking back up at him. Because my life at that time was full of confusion and not a whole lot of feeling loved by myself or anyone else, I became captivated by this book from the first time I saw that picture. To have someone look upon me in this lovely manner was what I needed in the worst kind of way.

A key part to my injury was feeling very much cut off and alone on the inside from myself, others, and most of all God. For as long as I could remember before the injury, I felt a deep connection with God. I always felt near to Him and could hear his voice in deep meaningful ways, supporting me and inspiring others I ministered to. But

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[2] W. Phillip Keller, *A Shepherd Looks at Psalm 23* (Grand Rapids, MI: Zondervan Publishing House, 1999).

after December 12, 2007, that connection was severed. I felt like a part of me was cut off, that a part of me died that day. I didn't know or understand what had happened to me, and most importantly I didn't know where God had gone. He had just gone, and I needed Him to come back now and be for me what He had always been before for me, the Shepherd of this one sheep.

"'The Lord is my Shepherd' immediately implies a profound yet practical working relationship between a human being and his Maker. It links a lump of common clay to divine destiny—it means a mere mortal becomes the cherished object of divine diligence," Keller writes.[3] As I leafed through this book this was the first thing that popped out at me. I know because I highlighted it. I remembered I had a real relationship with my Maker and knew that I felt like a piece of clay, but couldn't fathom why this divine presence had gone from me.

The more I read from this book and reflected on Psalm 23, the more my picture of Psalms in general grew larger, and the more I found Psalms would comfort my very troubled heart. For the next few years I didn't step in any other book of the Bible except Psalms. I had pitched my tent on them and there I would remain. For it was Psalms and Psalms alone that would bring me comfort in my turmoil.

I would carry *A Shepherd Looks at Psalm 23* around as if it were my Bible. As I leaf through this book now, I am surprised to find my own journal notes on the sides of pages, important letters that I didn't even remember I had anymore, and even printed-out key stories that were inspirations to me and that at the time seemed important enough to keep. I remember I would recite at night over and over again as my prayer before I would go to sleep, "The Lord is my Shepherd. I shall not want." I knew that when I slept I

[3] Keller, *A Shepherd Looks at Psalm 23*, 17.

would relive my nightmare of drowning. I would take the maximum dosage of the drugs the doctor prescribed me to try to help knock me out, prevent any nightmares, and also to keep me asleep. But I knew that I would relive choking on water and being carried by the diver out of the water, and that I would then awake in the middle of the night exhausted, sweaty, out-of-breath, and not wanting to ever have to do that again. Before all of that would happen, however, I would simply pray with all my heart, "The Lord is my Shepherd. I shall not want." It was in God that I was still putting my trust. Even though the same thing seemed to happen night after night, and month after month, and year after year, it was working. I was still wanting God to show up and save the day. I didn't know what else to pray or what else to say. It's all I could speak at the time and I hoped beyond all hope that it was going to be enough for me and my family, for we were in dire straits now and most certainly uncharted waters.

During this time my Destroyer Squadron, or DESRON, ended up deploying without me while I was under orders to stay home and get well. My family and I were very much unsure where this left us as far as a future in the military. And with a team I was a part of leaving without me, I very much felt like a fish out of water.

Also during this time, my own father came from Montana to visit me in Washington. He rode a train all through the night to be with me. And he took me to several of my appointments. While he was here I remember we went out to have a coffee and a doughnut. He wanted to talk to me, specifically to let me know more about the profession he has been in all my life. He said most people who go into making saddles will last in the business for a period of eight to nine years max. Dad told me that he had been building saddles for more than forty-seven years—longer than anyone else he has

ever known. He said the only way he could do that for that long was to pace himself. He had to be able to figure out what he needed to do in a day to make a living. His goal was to complete that work and then stop and not do anymore until the next day. If he hadn't been able to pace himself and manage this, he would have burnt out several years ago. He then told me that with the demands of my job I would need to do the same thing, or I, too, would be like one of those saddle makers who burn out.

I decided to hop up during our conversation and refill my coffee cup. At the same time, an older woman went to get a cup of coffee as well. Noticing the purple cross around her neck, I told her that her necklace was pretty and asked her where she got it. She then began to tell me, in a very short time, her life's story. I found it fascinating. When I sat back down dad asked me if I knew the woman I was talking to. I said no, and then I proceeded to tell dad about the fascinating story she was kind enough to share with me. After I was done, dad just stared at me like a deer in the headlights. To me he looked confused, so I tried to simply blow it off by explaining to him that this sort of thing happens to me all the time.

Dad then went into his second fatherly advice story for me. He told me about a certain individual who makes the best leather-cutting knives my father has seen in his forty-seven years of building saddles. No one ever came close to what this guy could produce. Dad said that this guy reached a point where he didn't want to make those knives anymore, however, but instead wanted to be a saddle maker. Dad said that this man has built a few saddles now, and the truth be told, he is no saddle maker. Dad has tried to explain this to him, but he doesn't seem to want to hear it. Then dad proceeded to

explain to me that I have abilities that other people don't have and never will, and it would be wrong of me to abandon them.

I am very grateful Dad made that trip and took the time to be with me. Growing up I remember my father coming to watch my athletic events, but what I was facing here in my adult life was the battle I needed him to show up for. This was the advice I needed him to give. And this was the way I needed him to support me. I am very grateful for the presence and strength my father was willing to give me during this time.

During one of my counseling sessions the Base Psychiatrist and I uncovered that this wasn't the first time I had a bad experience in water. It seems that when I was quite young I almost drowned in a Montana lake near where I grew up. Whether I had simply forgotten about it or my brain tried to protect me by blocking it out all these years I don't know, but it didn't come to my recollection until that day when the psychiatrist was probing me.

When I got home I mentioned to Denise what I thought the psychiatrist had discovered, and she said to me, "Donald, every time we drive back to your parents' home in Montana, you point out as we're driving around the lake that specific dock where you almost drowned." I stood there looking at her with my jaw open. I couldn't believe what she was saying to me, for I had no recollection of saying this to her, ever. The psychiatrist and the psychologist who were a part of my care at that time both asked me if I had ever stepped foot on that dock since my childhood experience of almost dying by drowning. I told each of them that I never remember being there since that experience. They each told me the same thing on the same day: that it would be extremely helpful on my road to recovery if I would go back there and visit that very spot again. So, on that very day I

went home from those appointments and told my wife we needed to pack our bags and grab our sons and dogs, and load the vehicle, because we had a road trip to take.

All the way back to Montana, I avoided like the plague looking at any water we would pass. Most of the time there wasn't any, but driving through the mountains we would sometimes come across a lake or other small body of water that would force me to wince and look away before any panic attack could flare up. And when we were driving past the lake where the incident happened when I was a kid, I thought I was going to throw up and Denise was concerned I was going to crash the car. I used what breathing techniques I had gained through our childbirth classes to get me past that lake and on to my parents' home.

That night in my parent's home I couldn't go to sleep, thinking about actually going back to that dock. I woke up Denise and asked her if she would pray for me. After she prayed for me I was able to get a couple hours of sleep and then was wide awake at three in the morning praying, reading my Bible, and journaling like a mad man. You would have thought I was preparing for a battle, and it truly felt like that to me. When Denise woke up we left our boys with my parents and set out for the lake, so I could experience whatever it was that I was going to experience there.

I think it was at most forty degrees outside, and that didn't include the wind-chill factor we could feel coming off the lake. The cold wind was definitely whipping up. As we parked in front of the dock Denise asked if I wanted her to come with me. I told her I wanted to go by myself first and that if she would come out later, that would be great. I was not sure how difficult this was going to be for me. After all, it had been so many

years now since I almost drowned here when I was a little kid. How bad could it really be, right?

As I walked down the steps to the dock I felt the air leaving me and everything starting to slow down around me. My breathing had increased and I started to cry uncontrollably. I had to drop to my knees to try to catch my breath. I hadn't even made it to the dock yet. What was happening to me? After getting cold and tired from being on the ground crying, I pulled myself up from the steps and worked to continue to take one step at a time down the docks to the place where I fell off that one day. I could see my friend Damian in his swimming trunks. He was just ahead of me and I was racing to catch up to him when he flew off the docks and into the water. As I came to the edge of the docks where I saw Damian fly off and where I fell off myself, I collapsed onto the wood. I cried uncontrollably and told myself over and over again how alone I was.

After a while Denise came down to where I was. She asked me if I wanted to sit on some plastic instead of on the snow. I told her I didn't care. "Do you know who loves you?" she then said. I replied, "I know you do." She then asked, "Do you have any idea what you're supposed to do?" I pointed to the ground and then said, "Yeah, I need to go down there where I almost drowned and pick up a rock." Lucky for me the water had receded enough so I could actually reach the place by walking on the rock bed. I said to Denise, "I don't think I can make it without you down there." She replied, "That's okay, I'll go with you."

Denise helped me up and put her arm underneath mine to help me walk. By the time we reached the shore and started down, I started having a panic attack and couldn't breathe. "Look at me," Denise said. "You can't pass out on me, because I don't think I'll

be able to carry you back to the vehicle and it's too cold to leave you out here by yourself." As we both started laughing through the tears, I was able to catch my breath again, steady myself, and then we pressed on together.

"I can't look at the lake," I said over and over again. "I just need to pick up a rock over there." She asked, "Which rock? The whole lake is a bed of rocks." It was true, there were millions of rocks everywhere. I then said, "It has to be the right rock."

We finally got to the place I knew I had been before—the place where I was lying on my back looking up, with the water all around me, when I was that little boy waiting for someone to save me as I was drowning. I got on my hands and knees and started sifting through the rocks, and as tears came down my face I kept saying, "I got to find the right one. I've got to find the right one." Then I came across this green rock. When I wrapped my hands around it, I knew I had found the right rock. Denise then helped me up and asked me if we were done. After I said yes, she got me back to the vehicle and helped me into the passenger's seat. She must have known that I wasn't up for driving, because I don't think she even asked me if I wanted to. I felt pretty beat up and to be honest, I didn't really understand what had just happened to me and how it would benefit my family and me in time to come.

My family's home was in Washington during this time, and a small group from our church met in our home. One day, a guy from the group asked me if I would be attending an upcoming men's retreat. When he told me the camp site was located on Whidbey Island, I told him with all sincerity that under no circumstances would I ever step foot on Whidbey Island ever again. Looking back, I should have known that God was watching and listening.

One of the sailors I had worked closely with was Clayton, a Religious Personnel Petty Officer in the Navy. Clayton started attending the same church my family went to. He asked me if I would go to a men's breakfast at the church on a Saturday morning. I said sure, and while we were at the breakfast I saw a pamphlet telling about the men's retreat that would be held at Whidbey Island. I couldn't even pick it up. But while I sat there at our breakfast table, I saw Clayton reach for the pamphlet, look it over, and start reading it more closely. As I watched Clayton I had a conversation with God. I said to God, "You've got to be kidding me! You aren't going to have Clayton ask me to go to this, are you, Lord? That just wouldn't be fair, Father. You know I want to support Clayton and that I am concerned about him in every way, especially his spirituality. But I can't. I just can't go back to Whidbey Island! It almost killed me last time I was there and I might not make it out of there alive this time! Fact is, Father, I am just too afraid to even try. I'm not going to do it!"

The next thing I knew, Clayton looked up at me and said, "Hey, this looks great, Chaps. Would you be willing to go to this with me?" I couldn't believe it. I said to God, "I can't believe you just did this to me." I had been set up and I was mad, and I really didn't think there was a lot I could do about it when it was God who set me up. I felt there wasn't anything else I could do about it except accept it and try to make the best of a bad situation. So, looking at Clayton, I said, "Yeah, Clayton, I'll go with you." I was agreeing to go with Clayton to this church men's retreat, but God was really getting me back to Whidbey Island entirely for something else.

God wanted me to get back in that dunker and in that pool where it all happened. God wanted me to face my fear head on and not run from this for the rest of my life.

Somehow, my feet needed to get wet in that specific pool again, and this experience was going to help me be able to find my way out of the darkness and back into the light. I needed to swallow and figure out how Clayton and this men's retreat were going to do this for me.

I called up the Officer in Charge at the facility on Whidbey Island where the dunker was located to tell him who I was, what had happened to me, and what I needed to do to help in my healing process. He was supportive in allowing me to be able to see this happen, but when I offered to trade him a command coin to be allowed to do this, that seemed to seal the deal. We would trade coins and his command coin would be what I dove for and would attempt to retrieve from the bottom of the pool. It was a working theory in my mind, but I had to see if I really was up for this type of leap of faith.

To orchestrate my trip back to Whidbey Island, I enlisted Clayton's aid. I asked Clayton to go with me early in the day where I would get back into the pool in order to face my fear. Going to Whidbey Island would be an all-or-nothing experience for me. Since I was going to Whidbey Island anyway for the retreat, I would also get in the pool and get that over with. Clayton was more than accommodating, making it clear that he was there to support me in every way.

When we got to the facility we learned they had arranged a Navy diver to support me if anything should happen to me while I was in the pool. Clayton made it clear to the diver that if anything did happen to me, it would be a race between the two of them to see who would get to me first was.

Before I got into the pool I wanted to go and sit in the cockpit where I was when I was under the water and got stuck—the place I was when the Navy scuba diver pulled

me out. To my surprise, I didn't pass out from being there. I just sat there for a while and tried to allow the experience of being there to do to me whatever it needed to. I'm not sure how long I sat there, but I stayed until I finally felt enough at peace with myself that I could leave and move on to actually getting wet again. I picked myself up and headed for the side of the pool.

The commander of this training unit wasn't there. I already knew he would be gone. The one who was there representing him had a command coin ready to trade with me for my command coin when I was ready. I was in my swimming suit and was building up what courage I had to get back in the pool. When I gave the word, the command coin was thrown out into the middle of the pool. I could see it shimmering through the water as it descended to the floor of the pool. I watched it settle on the bottom. Then I took a deep breath and leapt out as far as I could into the water. When I hit the water I dove for the coin. The water was deep. Deep enough that I had a hard time making out where the coin was. I was running out of air and starting to panic. But I worked to focus on where the coin was instead of allowing the panic to seize me. When I was almost out of air I thought I had finally found the coin, so I kicked off the bottom and swam back to the surface. Back above water I gasped for air as I treaded water. I looked over to the edge of the pool to see both the Navy diver and Clayton ready to dive in from the edge. "I'm okay," I shouted. "I couldn't find it when I first dove in. But I think I saw it. I just needed to get some air and I'm going to try again." I treaded water there in the middle of the pool as I worked to get my breathing under control. The fear inside me was beyond negotiating with, so I was just trying to ride it out like a wave on the water. I finally told myself that I was going to have to make a break for it soon or my strength

would leave me without the chance to recover the coin. I took another deep breath and pressed myself toward the bottom of the pool once again. I made it to the bottom again and started to feel with my hand on the concrete floor because I knew I was close, but down under the water that far everything was murky. I kept feeling around as my air started to run out again and then my fingers clamped onto the metal that I knew was the coin. I pressed off the floor of the pool once again, but this time I used all my strength, which forced me to break from the surface of the water with the coin extended above my head. I heard cheering. As I swam my way to where Clayton and the others were, I was exhausted, but it was a good exhaustion for it felt like something was healing. I felt like something was happening that was supposed to bring out of the darkness and back into the light. Clayton was there to help me out of the water. There was patting on my back to congratulate me on a job well done. I certainly felt relieved that I was able to make it out there to the center and back again on my own.

I had my coin in my pocket as Clayton and I left that Navy training facility that day, but more important than possessing that coin was knowing I had checked off a much needed box on my road to recovery from Post-Traumatic Stress Disorder and on the road to the health of me and my family.

The men's retreat was a time of celebrating and worship for Clayton and me after what we had just experienced together as brothers in Christ.

I ended up not having to depart the Navy as I fully expected. Instead, I was given a full bill of health and considered fit for full duty once again. I received orders from the Navy to go from Washington with my family, and ended up back on the east coast to report to the largest Navy hospital in the world in Portsmouth, Virginia. I was given the

opportunity to be part of a program there known as Clinical Pastoral Education, which only four Navy Chaplains are selected to be a part of each year. I considered it a great honor to be selected for this.

The fall that I started the intense program at Portsmouth Naval Medical Center in Portsmouth, Virginia, the Command Chaplain announced there was an opportunity for anyone who may have had a traumatic experience while in uniform to be filmed by a professional movie company for a film the health portion of the Navy would use for training purposes.

I went home and talked with Denise about it to see what she thought. We both agreed that we didn't believe God allowed our family to go through what we had been through for it not to be used for some good. We felt good about the possibility of encouraging others who might have had trauma in their own lives and who maybe had struggled or still did struggle with PTSD.

My Command Chaplain set it up for us, and the next thing Denise and I knew we both were sitting in a large studio with some seriously bright lights all around us and two different cameras operating simultaneously in front of us. We laid out the entire story from start to finish concerning my injury in the Helo Dunker and my now having PTSD.

Before we told my story everything seemed to be going well, really well. I was sleeping through most nights. That means that most of the time I wouldn't wake up from having night terrors, and during the day I would have few or some days no panic attacks that would affect my mood dramatically. The very day Denise and I laid it all out for the camera, it seemed like everything was changing for the best.

But that night when I tried to go to sleep, I was awakened by having to relive the entire drowning event, over and over. Starting then, my sleep started to go south and those vicious and relentless night terrors and panic attacks started to come back in full force. Additionally, my positive outlook on life stopped altogether, and I started to wrestle with suicidal ideation. I just didn't want to go through all that pain anymore.

I ended up seeing a psychiatrist again and told him all that had happened to me. He said I had relapsed from my exposure with telling my story for the film, and it would take time for me to recover. I asked him why he thought this had happened to me since I had been doing so well. I mean, I had thought telling my story for the film would be a good thing for Denise and me to be able to do to benefit others. My psychiatrist felt it was the means by which I had told my story that caused me to relapse this time. I guess I didn't understand. So he asked me how I felt to tell my story to a camera and not a live person. As I thought about that, the light bulb came on for me when I realized how difficult it was to talk about something that was deeply painful for Denise and me, and to share with nothing but a camera filming our story. It was terribly non-personal. No wonder I had a setback. In my wanting to do some good for others, I threw caution to the wind by telling my experience, without regard for what kind of effect telling my story in this way might have on me.

Months later, we as a family watched the finished film over the Internet together. We all sat around my computer and cried. They did a great job putting together our story for use throughout the Navy, but it was very hard for us to hear—even from our own selves—the story of what we had gone through as a family. What made it even harder

was the knowledge that our story at the time of the filming had barely begun. Things got so much worse before they ever got better.

One of the many not-really-easy experiences I had being a chaplain assigned to the largest Navy Hospital in the world, had to do with the name some of the hospital staff members used for me. I was referred to as the "Angel of Death." This was because when I was on overnight duty as the hospital chaplain, it was on my watch that many patients would end up passing away. I was called upon throughout the night to be a part of their final, sacred moments. It should have been an honor and most of the times it was, but due to my own near-death drowning experience and my wrestling PTSD and depression, I struggled with suicidal ideation already. Still, the NOD (Nurse of the Day) and others on the hospital staff would refer to me when I was on overnight duty as the "Angel of Death." There was probably some other time in my life when I would have thought this was cool or maybe even an honor, but because I wrestled with death at this time in my life and because of the suicidal ideation, it truly bothered me and messed with me for a very long time.

I can't remember if it was because I was the chaplain on duty or whether I was assigned as the chaplain for the new mothers and babies ward, but either way, one day in 2009 I was called up to the baby ward because a family was requesting a chaplain to be with them. Their baby had just died. The parents seemed pretty tired, but in fairly good spirits considering the circumstances. They wanted to introduce me to their newborn baby, Jack, who was born a stillborn, and they asked me to dedicate Baby Jack to the Lord. I said I would be honored to be a part of this with them. They had put a handmade baby-blue outfit on Baby Jack for the event. We proceeded with dedicating Jack to the

Lord and thanked the Lord together for this life that was given. When we were done with the ceremony and the parents had said their goodbyes to Baby Jack, the mother asked if I would go with the Navy Corpsman when he came to take Baby Jack away, and if I would bring back to her his outfit and a lock of his hair. I agreed. The Corpsman and I worked together to be gentle with Baby Jack as we took off his outfit and cut off a piece of his blonde hair for his mother. I then left Baby Jack with the Corpsman and went back to the parents. I planned to spend a little more time with them before I had to go.

When I left the mother and baby ward of the hospital, I went to the first restroom to wash my hands. As I continued down the hallway I could still smell the sweet Baby Jack scent on my hands. It didn't make sense. So each restroom I went by I stopped in to wash my hands with soap and water again. When I finally got back to my office I asked one of the Petty Officers that I work with if they smelled anything on my hands. She told me she could only smell soap. When I told her all I could smell was this little baby I was just with, she got that look of concern on her face. I let her know I would talk to my psychiatrist, whom I already had an appointment with.

Later that same day, I shared with my psychiatrist about the morning I had just experienced. I also shared with him about my hands that continued still to smell like Baby Jack. I asked him if he smelled it as well. He told me that he only smelled soap on my hands. I told him that I thought that was so weird, because I couldn't smell any soap at all. As we continued to sit there in his office I started to hear a very high-pitched scream. He must have known something was up, because he asked me what was wrong. I asked him if he could hear the scream. He told me he didn't hear anything.

Next thing I knew, I was once again a patient in the psych ward, but this time in the hospital for which I worked. I was not happy about this at all. The last thing I wanted was to be going backwards. I had been starting to get my health back and feeling better, and then after we were part of making the film, and after my encounter with Baby Jack, it felt very much like I was getting worse, much worse, and not better.

The morning after my appointment with the psychiatrist, I awoke and had a phone conversation with Denise, who was very concerned wanting to know what had happened to put me back in a psych ward. As I told her about everything that happened the previous day, all of a sudden I stopped talking because something dawned on me. "Denise," I said after a pause, "I just figured it out. Baby Jack looked exactly like William, our son. I didn't even think of it until now. But they could have actually been twins."

When I talked with my psychiatrist about this later, there was some part of me that was having a very real and serious meltdown because of the fear gripping me. What if it was my own son who I was holding and caring for in my very arms, who had been the one who had just passed away? I realized then that one of my greatest fears is losing my own son. This fear was tearing me up and I didn't even know it until I was hospitalized from the aftermath.

I was finally able to go home to be with my family again, where I wanted to be all the time while I was in the psych ward. I went back to them and my job at the hospital. But I was monitored pretty heavily. And all my responsibilities were given to other chaplains I worked with. I felt bad that I couldn't support the team of chaplains anymore, but what was I supposed to do? How could they trust me to do my job when I didn't even

trust myself anymore? I also knew that I was on my way out. I was placed on what is called LIMDU (which means "limited duty"). Each person who is placed on this LIMDU status goes through a period of time in which that individual is observed to see if he or she will heal up and be fit for duty or will have to be separated from the Navy due to injury. The writing was on the wall and I could see how things were going to play out. I couldn't get this under control and fix myself well enough before my time was up in my own LIMDU status, and my ability to fake it with pennies and good looks had run out. I felt like a wretch of a man and wondered again where God had gone.

It was Easter Sunday of 2010. Easter had always been a huge time of celebration for Denise and me in the homes we each grew up in, and it was the same for us after we were married. We wanted our sons to experience this day in the same way that we did or even more, as together we celebrated the resurrection of Jesus Christ. The trouble was that when I woke up on this day in 2010, I was conflicted. With all that I had gone through—and my family with me—I was having trouble being able to celebrate. How could I go to church with my family when I couldn't see anymore where God was in my life? That was my question: "Where are you God?" It had been so long since I had seen him in any way, let alone heard inside me God's still small voice that I had been so used to and comfortable with for most of my life. That day in the Helo Dunker, everything seemed to die inside me and God seemed to be gone for good.

Denise must have sensed that I was conflicted about this Easter. She asked me, "Are you planning on going to church today?"

I said, "No, I think I'll just take Shakespeare [our dog] and go for a walk. I want to go and pray and talk to God for a while."

She replied, “Okay, we’ll see you then after church.”

“Okay, have a good time.”

I took Shakespeare and my sorry self for a walk. I’m not even sure where we went. I just remember we walked and kept walking. As each foot went in front of the other I kept saying, “God, where are you? I need you to come to me and help me so I know that you are there. Please, Lord, help me to help myself. I can’t do this anymore. I need you to show up and save me. Otherwise, I don’t know what is going to happen. I’m in the dark here and can’t find you. Please be that light in the dark that you always were before. Bring me out of the darkness and into you, which is the light. If you don’t show up, I don’t know what will happen without you. Please help me, I’m begging you.” The walk was long and the tears continued to stream down my face. Shakespeare didn’t seem to mind or even notice that his master was crying like a baby, but I certainly was minding that my prayers were going unanswered when I needed God most in my dire straits.

I couldn’t tell you what we had for that Easter meal or what happened at all for the rest of the evening. I just remember waking up the next morning and dreading having to go to work when I was convinced that now as a chaplain or even as a human being I had no purpose, because now I understood that God had abandoned me.

I got to work and shut my office door. For some strange reason I had a desire to start cleaning my office as if there were an inspection or something. I felt this was the most logical thing for me to be doing with my time, since some other chaplain who was more worthy than I was would need to use this office in the near future. So, I started taking all my stuff down off the walls and packing up boxes I had stuffed in my locker with my books and little knickknacks. The place was starting to look spotless.

Then my Command Chaplain came to see how I was doing. I had always been able to talk to him and could trust him with what was going on. I told him about my experience the day before and asked him if the Navy would take care of Denise and the boys if something ever happened to me. I think he was trying to be positive for me, and he assured me they would be cared for. I thanked him for his counsel and his time.

I tried to call my psychiatrist that morning, but only got his voicemail. I wasn't feeling well that morning and could tell I was really out of sorts. I didn't have a plan and was only making things up as I went along that morning.

Then I had another light bulb moment. I was assured that Denise and the boys were going to be taken care of. I thought about it: It had been so long since I knew any peace in my life. I couldn't remember when it was when I had slept without having night terrors and having to wake up and just go for a walk in the middle of the night to try to get control of my breathing so I could go back to bed and do it all over again. So, even though I had not made a plan for this at all, it seemed as if all the chips had fallen into place and the next natural course of action was for me to be a part of some bigger plan that God had for my family and me. They would be cared for like I couldn't care for them anymore, and I would be able to stop this pain for all of us and finally be at peace once and for all.

As if I was in a trance, I pulled out of the drawer the knife I used each lunch to eat my grapefruit with. It was the sharpest knife I had ever owned; I knew it would cut through the skin of the grapefruit like it was butter. I was concerned for the RP's I worked with. I didn't want them to have to clean up a crazy amount of my own blood that would probably fall all over the floor. So, I pulled out a workout towel from my locker in

my office to place under my arms to soak up my blood. I then locked my office door so no one would be able to disturb me, and sat back in my office chair with my towel placed over my leg. I gripped my knife backwards with the blade facing towards me in order to be able to press as hard as I could over my wrist as I pushed down and sliced away from me into my wrist. I knew that I didn't want to have to keep doing this over and over again, so I was really working hard to make sure this was going to be as simple a procedure as possible so I could get it over and done with. As I proceeded to put the knife on my arm, a knock came from my office door, my Command Chaplain, who I could see through the window of the door, wanted in. I sliced then as hard as I could, pressing into my wrist with all my body weight, trying to get to my main vein that I knew I needed to reach to be able to start bleeding. Being as naturally strong as I always have been and with this extremely sharp knife I was using, I was surprised then to see I didn't slice my hand completely off from the wrist. As a matter of fact, I didn't really slice anything at all. Nothing had happened—I barely had a bleeding scratch. I put everything that I could into making this work one time. I looked down at my wrist and at my hand holding the knife, and I shook my head and said to myself, "You've got to be kidding me! I can't even get this right!"

I heard screaming from the other side of the door then as they were trying to look for a key to get the door opened as fast as they could. I continued to try again and again to slice into my flesh, but the damn knife for some reason wasn't doing what it was supposed to be doing. I was just about to switch arms when they finally came through the door and took the knife away from me. As the tears came down my face I said to them, "It's okay, you guys. I need to do this. Please give me back the knife. I need to do this.

It's what I have to do. It's going to be okay." I could tell that they were all in shock. They had that look on their faces, as if they were thinking a chaplain of all people shouldn't be doing this. "What is he doing?" I know, guys. I agree, a chaplain should know better, but on that morning, of all days, it just seemed like this was the right thing to do. Like it was what I was supposed to be doing.

My psychiatrist was notified and then came looking for me. I was escorted back to the psych ward to be a patient once more. Days of plastic cutlery, drugs, and blue pajamas. I certainly wasn't thinking straight, but in my heart I was trying to help my family and me as best I could. I just kept saying to myself, "I can't believe that it didn't work. It should have worked, right?" It just seemed weird to me, because by all rights it should have happened. But it didn't. And now that it didn't, I couldn't figure out for the life of me why. It just seemed to me that I was doomed to fail at everything.

When my Command Chaplain came to see me in the psych ward the next morning, I asked him, "Sir, I don't understand something." He said to me, "What don't you understand, Donald?" "That should have worked. It was the sharpest knife I own and I use it every day during my lunches to cut through my grapefruit like it was butter. I tried to put my whole weight into it, too. It should have taken my entire hand off at the wrist, Sir. I don't understand what went wrong!" He paused, and then said to me, "Donald, when I was trying to get that door open, I saw on your arm—from your elbow to your wrist—some silver sheet that covered you completely. It covered the entire front part of your arm. I could see, too, that you were trying to kill yourself with everything you had. But you weren't going to be allowed to, Donald. God was intervening and preventing you from killing yourself. It was a miracle. And God interceded."

Then I thought back to my very difficult Easter Day when I kept walking, asking God to please show up and reveal Himself to me. As I sat in this psych ward with my Command Chaplain who had taken the knife from me the previous day, I realized then that my prayer had been answered. God did show up. Even if it was because of my own really bad choice that I made in the moment without thinking, he chose to answer my prayer with a miracle that took place in keeping me from being able to harm myself like I was trying to. It was then in my heart that I drew a line in the sand for myself; I would never again test the Lord God in this way.

While in the psych ward I had a chance to do a great deal of thinking and talk to many people about what I was going to do when my family and I left the Navy, which was now inevitable. My Commanding Officer was convinced that I needed to seek a medical retirement and a different line of work. I really didn't have a clue. We had always thought we would be lifers in the Navy doing ministry for God and country, supporting the men and women and their families in the armed forces and being a part of this unique community until we retired. So, we really didn't have any plans for what would be next for us job-wise or even where to go. I then came up with a crazy idea: Why don't we buy an RV and travel the country and see where we might want to settle down? It seemed like a plan and that plan came to fruition.

It was a very long process before everything was in line for my family and me to be allowed to leave and hit the road. It took nine months and three appeals, including a trial before a board at the Washington Navy Yard in D.C. Despite my inches-thick medical file, the Navy didn't want to assume any culpability for my deteriorated state. Denise and I had to go to D.C. to appear before the board that the Navy would convene to

determine if we would be leaving the Navy and with any kind of support or not. My friend Josh was able to be there to testify for me, and our ecclesiastical endorser came too, to support and testify. In the end, it went as well as we all could have wanted. We got everything we had hoped for at the time, and were given our final orders to be able to depart the Navy. Even though it was a good outcome, it was temporary. This decision by this board would be evaluated only a few years down the road to determine if it was a permanent decision for us or not. It could be that they would choose it was not a permanent decision, and Denise and I had no desire to try to fight it anymore.

We were given a ceremony that was very much like a retirement ceremony. I had informed my Chain of Command that I felt for my family and me to have some closure with the Navy, such a ceremony would be helpful. Looking back on it now I am very grateful for all the support everyone gave as we departed the Navy, both military and civilian friends.

It's always very bittersweet for me to think back on my time in the Navy. I'm always second guessing myself, thinking that if I had only moved this way or if I had done that thing, then all would be different. I feel very responsible even to this day for how things turned out. I guess I have a hard time letting go of the reins and simply saying that I got injured. It shouldn't have been that big of a deal, right? I mean, I finished the training, didn't I? So why did all this have to be such a big deal? Why couldn't I just get over it and be done with all of it? Isn't there something I could have done to make it all right? I don't know. I do know that what is done is done. And there is nothing I can do now that can change that.

My family and I are still together. My faith in Christ has continued to grow and I am far healthier than I used to be during that last portion of my career in the Navy. I recently got my driver's license renewed. As I was going through the license-renewal process, the DMV tested my eyes because I had to wear glasses to be able to drive. I found it interesting that my eyesight, which used to be all my life 20/20 vision, in the months following my injury continued to deteriorate from what it was to a state where I needed glasses for everything. They have now gotten so much better as I have healed that all I need glasses for now is when I read.

Chapter 2: My Service Dog / Holly & Me

What can I say about Holly? Well, I guess, there's a lot to say about Holly. The difficulty is trying to figure out where to start. I was awarded Holly from a group in North Carolina known as Carolina Canines, who had a program with the United States Marine Corps on Camp Lejeune—actually located in their Brig with their inmates. The goal of the program was not only to provide service dogs to benefit people who were injured in the military, like me, but also to benefit the prisoners who trained these animals well even before they ever reached someone in need of service.

Holly was a rescue dog before she began her own training to become a service dog. The founder of Carolina Canines hand selected her because of how intelligent she is. Whether it is her black lab/border collie background or not I don't know, but Holly is indeed wicked smart. If I didn't see it all with my own eyes, I wouldn't have believed what I heard about her intelligence and training. For example, she can bring me a drink from the refrigerator. This is the skill that makes my friends most jealous; these guys have visions of Holly on a Saturday during football season bringing them beer. I'm sure they wonder what I would charge for her services, but haven't asked. Holly was also known for being the best mouse catcher in the prison. No dog was as smart or fast as she was, they told me.

While she was in training the dogs periodically got the chance to interact with the other dogs out in the compound where the inmates would go to get some air. This happened when the compound was empty of all of the inmates. I went to watch one day, and Holly's trainers told me what she was going to do, but I didn't believe it until I saw it. When all the dogs were off their leashes, Holly would start mixing things up as if she were starting a fight with the other dogs. When things seemed to be escalating to the

point of the dogs needing to be calmed down, Holly would slip out from the fray in the middle of the compound and go lie down underneath the picnic table to watch what she had created. It was pretty humorous, but also provided a good lesson for me in who it was I was becoming a partner with.

Two different trainers worked with Holly for eighteen months straight, from sunup until sundown, in preparation for serving the one person they would award her to. Because of this rigorous training program, she knows well over forty commands, ranging from her being able to help a service person out of bed, to pressing elevator buttons or light switches on or off, to being able to do the laundry for a person. Although I did not have the physical limitations that some people with service dogs have, Holly's presence supported me with my main injury: PTSD. For me to have Holly on my team and be able to roll out of the house with her every day to go to work was a huge blessing. When I would start to have a panic attack I would place my hand on Holly's fur, and it was incredible how I could feel my heart to slow in speed and feel physically that I was relaxing. I had once heard a story of a golden lab on staff at the New York University Division of Cardiology whose job it was to greet people in the waiting room. After having Holly in my life, I now understand this.

Holly is unique in that she had two trainers instead of only one. The biggest concern Holly's trainers had—that they were watching out for during my training with Holly—was for the two of us to bond. They were concerned that if we didn't bond, Holly might not be able to provide service for my injuries. But during the last part of the training, evidence of that bond became clear. The trainers had started me working with Holly to give her commands. There came a moment in one training session when both of

her trainers and I simultaneously gave Holly the same command to come to us. Right away from her face it was evident this was confusing for her. She looked each of us in the eyes until she decided what she was going to do. Then she put her head down, still unsure, and carefully chose each of her steps in that moment as she came to me. I wasn't concerned anymore about the rest of the training that day. I just buried my head in Holly's fur and started to cry. I knew in that moment that God was in this with Holly and me, and that we were going to be just fine from then on. All the trainers witnessing this knew as well that the bonding that needed to happen had just started to take place and would only build from that moment on.

Chapter 3: Creative Writing / Drawing / Poetry

I still don't know how to perfectly describe a near-death drowning experience, but I can say that after I had that experience myself, what stayed with me, continuing to happen in my head, is what has bothered me the most. The sound of water rushing in over my head stays with me all the time. It's like I am absorbed into the water and remain there continually. Even though I might be walking down the street and talking with others on a nice, sunshiny day, what's going on inside my brain is that I am back underneath the water, trapped.

Since my injury back in 2007 I have looked for ways to try to help myself no longer feel like I am living on the inside of my brain, where water continues to crash in, over, and around me like when I was stuck in the dunker. Writing something down, drawing a picture, or dabbling in poetry has helped me push toward the surface of the water and catch that much-needed breath of air once again.

I have dabbled in trying to formulate some thoughts into a fiction book and have tried also to do some writing along the lines of poetry. The trouble is that after my injury I have wrestled with newly acquired low self-esteem. You may remember that scene in *Back to the Future* where George McFly was a writer and never wanted to show anyone what he had written, saying, "What if they didn't like it? I don't think I could take that kind of rejection." Well, after my injury, the confident individual I used to be went out

the window and I became like George McFly, terrified to try something new or show somebody anything about myself for fear it would hurt too much and debilitate me because of that. But at a time when I felt a little braver, I did show others what I had written, and I was encouraged by their comments. They said in general my writing wasn't as horrible as I thought it was, and instead they felt it was rather good and even thought-provoking.

One writing exercise I tried came from the suggestion of a nurse when I was first in a psych ward back in 2008. This nurse thought it might be a helpful to think about someone we know from our past writing us a letter. What would that person say to you? How might he or she see you now or want to encourage you? Well, for some reason I wanted, or maybe *needed* at the time, a letter from my grandfather who I was named after. My Grandpa Donald had been dead since 1997, but this is what I needed to hear from him at that time:

15th of February, 2008

To my Grandson, Don,

When I last saw you, you were that wild child with long blonde hair, who was playing sports and chasing girls. Now I see you have a family and have been married for more than thirteen years. You have two wonderful boys and that the oldest one looks just like your father did when he was that age.

I know you feel you are in a difficult situation now, where you don't see any way out. But always remember that we who love you will keep faith for you until you're well again, and able to pick up the battle where you had left off.

And when you get anxious about anything, think back to all those thunderstorms on the prairies of North Dakota and remember who created them and holds them and you in the palm of His hands.

Forever – Your Grandfather,

Donald Twist

Another time I wrote was when I had started back in school after the Navy. I kept working at it a piece at a time, until I came up with this:

"Deeper I Must Go"

> Deeper past the layers I must go and further down into the rich soil that has been provided for me.
> He invites me, so I come to bury myself in Him.
> Looking back I see the door remains open and I hear the voices calling for me to come.
> But now I know the soil before me is what can set me free.
> Being called and being able now to come, I lie upon the rich soil that has been provided for me and allow myself to be buried in it.
> For this is where I need to be, here and only here in His arms will I find the rest that I have looked for and have needed for so long. (February 2013)

The real reason I wrote what I wrote had to do with stopping the water from rolling around in my head. I could use it as a distraction for long enough for me to break through the surface of the water for some much-needed air. My near-death drowning experience was so traumatic that when I stop long enough to be introspective and don't allow distractions to keep me from thinking about my trauma experience, I find myself trying to rest underneath the water, which doesn't feel very good and instead feels like I place where I just don't belong. There's no peace there for me—probably because I know I wasn't born with gills. So, I am always trying to break through the surface and get away from being under the water to gain that much-needed peace.

When I was in grade school I checked out a book entitled *Crisis on Conshelf Ten*,[4] about a boy who was born on the moon and came back with his father to Earth. He needed to ease himself into learning about gravity, so he spent days and weeks in a hotel pool learning to swim to cope with the gravitational pull he was experiencing. The water was a foreign concept to him, being born a moon baby, but he needed it in his life to learn to cope in this new world he now found himself trying to live in. Water was a necessary discomfort to his body and his person in every way.

After my injury I couldn't put my head underneath the water in the shower, because it sent me spinning internally as if were drowning all over again. It took months of my having to take baby steps to ease myself back under the showerhead before this experience finally stopped. I also had to teach myself how to drink water again, because every time I tried to drink from a glass of water there was something in my brain that would trip and make me believe I was drowning all over again. Over a long period of time my doctor helped me retrain my brain by tricking it into believing that a glass of simple tap water was actually a nice, hot enjoyable drink. I did this by simply breathing on my water every time I would take a drink, and then my brain would not force my windpipe off to keep water from getting into my lungs. Drinking water this way took longer, but it allowed me to drink without choking, and after a while I could drink without having to trick my brain.

[4] Monica Hughes, *Crisis on Conshelf Ten* (New York, NY: Atheneum, 1977).

Chapter 4: RVing Across America / With PTSD

I mentioned that it was when I was in the psych ward as a patient the last time that I got the idea to buy a Recreational Vehicle so my family and I could see the country before we would settle down somewhere. We had been a part of the military community for so long that we were conditioned to needing to be at any given location for two or three years, and then it would be time to pack up all our household goods for shipping to our next duty station. We never expected to be in any one place for very long. So, the idea of putting down roots and staying put forever never seemed like an option, and quite frankly was even unappealing. We liked the gypsy life and we had been able to find it in the military.

Now, this gypsy life we had grown to love could continue for however long God would allow by our living with an RV. The road would be our oyster and we could partake of it as much or little as we wanted to. The choice of where we went and how long we stayed would be completely ours.

Since we would be living out of the RV full time, we decided to not go small, but instead chose the deluxe version. To embark on this grand adventure we needed to have as much space as possible. We had built for us the largest fifth wheel that was made anywhere in the country. It was forty feet in length and had a total of five slide outs. You wouldn't believe how much room we had; it was larger than our first apartment. And the place was definitely in a luxury class with all its amenities. It was cool. The day I went to pick it up after it was made and delivered to us in Virginia, I was pretty intimidated to hook up to it and pull it out of there. Let me just say that driving down the road with something that big should require a commercial driver's license. I had no concept for how long it was and how to turn corners, back in to parking places, or just get on down the road without being a death trap for my own family let alone anyone else out there.

But we packed this thing up with all the household goods we could fit in it, loaded the boys and dogs, said a prayer, and headed down the road. Denise had started a blog in which our family's name was "The Twist Wanderers." The caption underneath the title is borrowed from J.R.R. Tolkien (my wife is an English teacher), "Not all those who wander are lost." Through the blog she would keep family and friends posted on our location and talk about the ups and downs of life in an RV.

We had seen a movie by Robin Williams entitled *RV* in which a family who were not at all familiar with RVing ended up experiencing it and falling in love with it. Somehow we saw our own family in this way and adored the movie. I would say that almost everything that happened to that family happened to us as well, including the classic "Shower of Sadness" scene, where Robin Williams is drenched with fecal matter

from their sewage tank. Yes, that beautiful experience was mine, too, and never to be forgotten at the Air Force Base we were staying at in San Antonio, Texas.

Some might think that living with family in an RV is living too close for comfort. But I guess it's all relative to what you have been exposed to before. We are a family that has had to be in tight spots with each other for long periods of time. We had done several moves from coast to coast in small vehicles. Each time, everyone just sort of gets settled in and makes the most of the trip. And when we stop, we stay until everyone is ready to continue on down the road. When we made stops in our RV, to hook it up and stay somewhere, our stay could be for a night or longer depending on how we felt.

There were some definite things that were a "must" for us in our RVing experience. For one thing, we prioritized seeing family. As we started our trip we tried to get to my brother and his family first, on the way to Montana, but we ran into bad weather and had to turn south. So we went to Wyoming first to see other family, and then to Montana. We then headed south for the sole purpose of getting to the Wizarding World of Harry Potter at Universal Studios in Florida. When we eventually made it there, we had a great time experiencing the whole wizard thing together as we drank our butter beer. After that we went farther south and made our way through the Florida Keys and Key West. I have to tell you that seeing a Valentine's Day sunset in Key West is second to none. We then headed west to Texas and stayed at a very nice Air Force Base in San Antonio; that was a great time. We were thinking about going back up the east coast and made it as far as South Carolina, but then decided we would go back west. So, across Texas we went again, and then we ended up staying in Tucson, Arizona for quite some time. We enjoyed Arizona and the Air Force Base RV location there so much we thought

about staying for a considerable amount of time, but there was a job offer in Washington State that we needed to check on. So we packed up and headed west to get a meal at the Fog City Diner in San Francisco, California—an experience I would recommend to anyone—and then began our journey north. Despite our original interest in it, the job offer became less appealing the closer we got to Washington State, so we decided we were going to blow past Washington and keep right on going until we got tired from driving somewhere in Alaska. So it was north to Alaska or bust. That is, it was Alaska or bust until we realized on our trip into Oregon that we had a burst pipe that needed repairs. We ended up pulling in to a repair shop in Salem and called some friends who lived there to have a meal with them. That was April Fool's Day 2011, and friends have joked that it was the longest April Fool's in history.

Since those days of RV adventuring we have bought a house, sold the RV, found a church we like, pursued a doctorate degree, and got different jobs on and off. We have missed the open road and that feeling of looking forward to moving on, and although Denise and I have talked about continuing our travels, for now our wanderings have brought us to Salem, Oregon, and for now here we shall stay.

Chapter 5: Technology / With PTSD

Looking back on the history of PTSD, one can find that no nation has gone without its sons or daughters experiencing some form of this injury. It may have been called by different names throughout time, but its effects from trauma have been evident.

Those who experienced the Vietnam War would come home and look for ways to isolate themselves. When I was growing up I would see these Vets in the local bars, where they would cope with their PTSD by drinking all day.

Today things have changed a great deal. One of the key ways to cope with PTSD is to isolate oneself. And one of the best ways to medicate oneself is through a visual source. Whether it's a movie or video game, these forms of visual media have the ability to distract the person suffering from PTSD, allowing him or her to not have to think about anything but what is on the screen. This goes far beyond entertainment; this is self-medication and those who suffer from PTSD can log onto the Internet anytime, anywhere in order to begin the self-practice of this medication.

People whose lives have been blown up by trauma and who wrestle daily with PTSD usually don't have a very positive self-image anymore. Yet the possibilities for rewriting oneself on the Net are endless. If you used to be strong, smart, and intelligent before your injury, well, you can be that again in an avatar. Just log onto any number of MMO (Massively Multiplayer Online) games and create the character you want to be and you can experience yourself in a whole new way. It's almost as if you can rewrite your entire existence and even feel reborn from what you have actually become in the real world. This is the ability of technology today. So, the draw for those who suffer from past trauma daily with PTSD, and wrestle with depression trying to make it in this world, is that they can wipe the slate clean simply by logging in to these worlds and becoming

something that maybe they once were, but aren't anymore, and don't foresee themselves becoming again.

One of the most damaging aspects about living with PTSD is that you live all the time with a foreshortened sight of the future. Forget about setting ten-year or even one-year goals, because you can't see past the moment. You live in a state of always being in a survival mode no matter where you are at or who you are with. And the guilt and shame seems to always stay with you. What happened to me I live with every day, and I always feel—no matter what others tell me—is that I did this to myself and those that I love, and I can't figure out how to fix it. I'm trying to have a good day, but I don't really believe that there will be a tomorrow, because that would be too good to be true. There is only the here and now and I need to be on my guard, because at any moment somebody or something might try to take that away from me. It's a disorder, so it's not supposed to make sense.

So, it is with technology that one can slip away from the chaos inside his or her brain and find for a moment a much-needed respite. The creators of one of the most popular MMO games on the Internet would refer to their own creation as crack. They believed that once someone got on it they would never want to get off it. So there is a theory that these games are so controlling that they even compare to, if not surpass, use of illegal drugs. It is understood that a drip effect happens as one plays a video game, since this gives off a natural dopamine.

Also, with technology today the use of pornography on the Internet is rampant. It's a situation that seems out of control. I found PTSD has created low self-esteem in me, and I know that in the midst of the trauma and the onslaught of PTSD, my own personal

relationships have weakened. It has become that much easier for people like me to want to engage in pornography through technology, especially as those of us with PTSD tend to isolate ourselves. In my experience, isolation builds up walls and creates disconnection, which only breeds within us more and more of the need to reach out and feel alive in some way—any way—and the easiest way is often through the Internet. One study indicates:

> Every second, 28,258 internet users are viewing pornography. This is not just a problem for men; one out of every three visitors to internet pornography sites is a woman. Viewing pornography significantly increases levels of testosterone, oxytocin and dopamine in the brains of both men and women. This flood of neurochemicals brings about a pleasurable feeling, heightened excitement and focused attention. Increasing dopamine activity causes serotonin levels in the brain to drop, resulting in feelings of euphoria and obsessional thoughts (not being able to stop thinking about the images). Through frequent exposure, a person becomes neurochemically attached to the pornographic material limiting their ability to experience pleasure and form long-lasting relationships.[5]

I never feel like I used to. I want my old self back so badly, and when I never see him turn up anymore, and instead I have to live with PTSD day after day, I no longer feel human. I want to feel alive—truly alive. So, too often with the touch of a button at my own fingertips, I have thought many times that my computer screen has helped me to feel what I have wanted to feel for so long. It is as if I have finally been resuscitated and have started to be able to breathe again.

It's been far too easy a trap that I have fallen into, believing I am finally alive and can breathe once more, and that now I have found the good life. There is far more to life than getting sucked into the Internet and believing I am really experiencing love and life in a new way.

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[5] Matthew Stanford, "Ten Ways to Keep Your Brain Healthy in College," Super Scholar, accessed November 19, 2013, http://superscholar.org/?s=keep+your+brain+healthy.

My goal in living with this aspect of PTSD has been to place my time and energy elsewhere—not looking in the wrong places on the Internet to satisfy my need to be loved and to belong. My goal has been to work instead on the physical relationships I still have in my life. I desire a healthy relationship with myself, with my spouse, with my two sons, with God, and with others who want to support me and be a part of my life, whether I have wanted them in my life or not. For people like me with PTSD, this can be very challenging because too often we really don't feel like we have anything to contribute in this life anymore.

This challenge is part of the reason I have shut out those who love me and who have wanted to be able to give their support. Whether in the middle of a conversation, or in any other time I would spend with other people, I would just shut them out and tell myself that by not getting involved I was doing them a favor, because I would only let them down in the long run, anyway. But the healthier I become living with my own PTSD, the more I became aware that those who care about me and are just trying to help have far more patience and understanding than I was giving them credit for. They will go at my pace and be supportive where they can if only I will let them. The trick for me is to have differentiated myself enough from my own PTSD so that I can recognize my need to have others in my life, and to allow them in. I want to be happy and have peace in my life, but I don't always know how to get there from having PTSD, nor am I convinced that I am deserving of happiness. I need to think differently about happiness and peace for my own well-being. "People don't think of qualities like happiness as being a skill, but rather it's generally conceptualized as a fixed trait. Some people have more of it,

some people have less of it. But if you think of it in terms of a skill, it's something that can be enhanced through training."[6]

Also, I need to recognize that in the technological culture we live in today, there are far too many distractions available for people who don't wrestle with PTSD, let alone those who battle it every day. I need to recognize these traps. They are all around me, and if I allow myself to fall into them and choose to travel down their paths, I will not go anywhere that will benefit my health, growth, recovery, and those who I love the most.

Chapter 6: Married / With PTSD

What can a person say about being married while living with PTSD? Life is already crazy enough for the one person with PTSD, but to be married to a person with PTSD has to be the harder job. Really, I'm serious. Having PTSD makes life all about you. There is no getting around it. The other person might as well be the paint on the wall, because PTSD creates that much selfishness. Not many people will stay married and cope with this. It takes a very strong person to continue to stick in there and want to stay married to someone with PTSD.

When Denise and I got married twenty years ago I knew that one of her main desires in life was to see the world. I wasn't sure if I could help her with that, but thanks to the Navy allowing us to live in a variety of places, I was able to partially fulfill that dream for her. I've heard her tell people that I gave her the world, but I'll bet there are still a few places she could be talked into visiting or revisiting.

Although I have helped Denise see the world, I am not the same man she remembers marrying so many years ago. Many times I have felt that I have failed her as a

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[6] Richard Davidson, "Investigating Healthy Minds," *On Being*, aired June 14, 2012, accessed June 18, 2014, http://www.onbeing.org/program/investigating-healthy-minds-richard-davidson/251.

husband. I've wondered constantly why she continues to stick around. And the hard thing is, I'm not sure it's going to get any better. Our marriage certainly can't go back to being what it used to be.

When Denise and I started dating back in college, she was a cheerleader and I was a football player. Our lives revolved around this small community of football players, their girlfriends, and college. I considered myself athletic, in good shape, and able to take on anything that came my way. I used to feel that I was strength for my wife and family. Now living with PTSD, however, when all you feel is fear, it's difficult to be that strength for yourself, let alone for anyone else. You feel afraid to even leave your own house, not wanting something to happen that will put you right back where you were before being in pain. So, you figure you had better not do anything, because that's the surest way to protect yourself.

I love that scene in the final "Rocky" movie where the dad is having an intense conversation with his son. He's saying, "Life will beat you down and keep you there permanently if you let it." Feeling permanently beat down was me for so long. I didn't feel like even trying anymore. I didn't even believe I deserved anything good in my life, because of how my life had turned out. Now, the only thing that keeps me getting up off the mat when I get beat down is Denise and the boys, and my desire to be somebody in their eyes—somebody they want to continue to love and maybe someday admire once again. I am convinced that if it wasn't for Denise sticking around, supporting, loving, and being the glue that keeps us together, I would be dead or at least homeless on the street.

Denise remembers the amazement she felt when she went to a support conference in Colorado Springs, Colorado, for the spouses of people who suffer from PTSD. Denise

discovered she was one of the only women there who was the original spouse of someone who suffers from PTSD; almost all the other women at this conference were the second or third spouse who had married into a life with PTSD.

Denise is the most amazing person in the world to me. Not only do I work to try to be that man she married all those years ago, to give her a reason to stick around, more than that I work to be able to say thank you for how she has suffered and sacrificed for me and our family because of my injury. I have difficulty thinking of what I can do for her that befits my gratitude for all she has done, but I know the secret lies in the little things I could support her in. From all the training in school and ministry that I have received, I see that Denise's "love language" is quality time, and the key to expressing my gratitude is being able to give her just that. I need to look for those golden moments to make with her, to instill within her how thankful I am and how much I love her for not quitting on me. I really do believe she deserves the world and I would love nothing more than to be able to accompany her by carrying her bags as she experiences it.

Chapter 7: Fathering / With PTSD

Seeing how my two sons have had to ride the waves of how I would be day after day has broken my heart. William and Thomas really are two amazing, beautiful, and very talented boys. With the pain in my head and crazy emotions I wrestle constantly with, I don't know for sure what this has done to them or maybe even for them. I want what every parent wants for his or her children, and that's what is better than I had myself. But since I've been so close to them and this injury, it's hard for me to determine if that's what they are getting from me. Most likely it is difficult for any child to watch his or her own parents suffer. The child probably wants for that parent to be able to stop suffering and to grow in better health and have peace from his or her injury. So in a way, in a situation like this the typical parent/child roles are reversed. At least in our house, the children have been the ones wanting the best for their father during this difficult time.

When I was injured, I'm sure my boys noticed a difference in their father right away. Kids pick up on things quickly and they aren't stupid. But they wouldn't have known what the term *PTSD* was back then. Now they have a better idea of what it is, but back when I was injured, all they wanted to know was why their Papa was always so tired and irritable. And I didn't have a good answer for them then. But now that it has been several years since the injury, we have had a chance to work on this together as a family, both professionally and personally. And it's not over yet. As we continue to work through this, it's not always perfect or easy, and we still sometimes face conflict, but we have love and we are all still together.

I think what William and Thomas don't know is what they have done for me. They've actually become role models for me to follow. I see so much of who I used to be

in each of them. And I have gained strength and freedom from being around them—strength from the opportunity to remember who I used to be, and a sense of freedom in being able to allow myself to not be okay. These guys aren't perfect, but they keep getting up when I see them fall, and they keep trying to offer support when there is a need around the house or in the family. To live in a family where I have been able to see this modeled for me by my very own sons has been huge.

William and Thomas, you have both have been troupers through this whole experience. I wish I could have eased your pain in what we went through with my injury, but that was out of my control. I only hope that it has made you more resilient in what lies ahead, and that our relationship can continue to grow in the years to come.

Chapter 8: Worship, Prayer, & Community / With PTSD

Before I had a near-death drowning experience in a Navy Training simulation, I believed I knew God. I believed I had a deep relationship with God, and everyone who knew me personally would agree with that assessment. After I came home that day from the Helo Dunker, however, that all changed for me. I felt very distant not only from every person I came in contact with, but also from the one I thought I was the closest to, and that was God.

Words didn't come in prayer like they used to. Words of prayer were in fact non-existent after my injury. I felt dead on the inside and I didn't know how to fix that. My faith tradition would say I could find healing through a conversation between God and myself but there wasn't any conversation like that taking place anymore. That connection felt severed and I didn't know what to do about it. The core of my faith was shattered and it has taken time to see it rebuilt again.

I remember the late summer of 2008 when, after being transplanted in Virginia, Denise and I had visited six different churches that weren't working for us as a family. They just didn't seem like a good fit for us. Although these churches should have felt like a good fit based on where we came from, they just weren't doing it for us anymore. I remember waking up on the seventh Sunday, after our six Sundays of disappointment, and Denise asked me, "Are we even going to try today?" I replied, "Why don't we try Saint John's?" Denise asked, "What's a Saint John's?" I hadn't told her yet about a conversation I had with an Episcopal chaplain friend at work who recommended this place to us. So I told her about the conversation and we went together as a family, even though we were not Episcopal or from a liturgical background. After the service we would play this game where everyone in the family would get a vote. As we were driving

away I asked Denise, “So, what did you think?” She replied, “I feel like we’re home.” I said, “I agree.” And it was the first church in Virginia where the boys were unanimous that this was the place, too.

God was pretty cool in how he orchestrated for us as a family to feel welcomed and at home at St. John’s Episcopal Church in Portsmouth, Virginia. It turned out to be a great place for us to worship, and our two sons were baptized there as well. But most important for me and my development on the road to health with my PTSD and my faith in God was the tradition in the Episcopal background. At the core of the Episcopal faith and order of worship is what is known as the Book of Common Prayer (BCP). I may have been unable to have a conversation with God like I used to, but with the BCP I didn’t have to. I had found a way to see my own faith increase and become exercised once again through the daily office that was laid out in the BCP. It’s exactly what I needed to be able to get out from the storm I was living in and be able to find my way back into the boat where God was waiting for me to sit with him.

We haven’t left the Episcopal Church, but have continued to be a part of it and grow in it, having been confirmed in 2012 at St. Timothy’s in Salem, Oregon.

Chapter 9: The Water of Life / Healing With PTSD

For a very long time after my injury I thought of water as my kryptonite. I thought if I got around it I would have a panic attack, and if I didn't get away from it as soon as I could, it would end up claiming me and I would surely drown. The more I have allowed myself to be around water, the more I have had to learn to be able to ride my panic attacks as if they were waves upon the ocean. I would bob around to and fro until they would be done with me.

If my family and I are watching a movie with a scene where someone in water looks like he or she may drown, my eldest son will get extremely concerned for me and will ask me right then and there, "Are you okay, Papa?" I used to not be able to sit through those movie experiences, but I have learned to somehow embrace that part of me that was damaged from PTSD and ride the wave until it is able to come in for a complete stop, as if I were riding on a rollercoaster.

I also can drink water now without feeling like I am drowning. I can take a shower without fear. I can leave my house and believe that I am going to come back home again without worrying about who would take care of Denise and the boys if I drowned that day. I can sleep through the night and not wake up by terror from the repeated dream that I am trapped under the water and can't save myself. And I can drive by lakes like the one I nearly drowned in as a boy, and not have a panic attack. I've even gone into the ocean a few times.

Life is strange enough without having to wrestle with trauma. Add to the mix of life a little trauma, some PTSD, and maybe some depression on top of it all, and you've got a cocktail destined to have disaster written all over it, for you and those you love. But that situation doesn't have to be the end of the road for you and for those who support

you in this world. No, it can actually be the dawn of a new era. Something beautiful is birthed from that part of you that was so injured, and can give you keener insights into yourself and the world around you. You can gain a deeper understanding of relationships that maybe you once took for granted. And you can set yourself up for success in your future, because you can see the hazards before you and are able to tip toe around the landmines of life. To gain a different perspective and a deeper understanding of life is not something that anyone can buy, but instead something one has to earn. And to do that a person has to wade through fire and come out the other side transformed.

This is what has happened to me. I am not the same man I was when I was hauled out of that underwater trap in the arms of that scuba diver. For so long I was angry with God and everything around me because I wanted that person back. But now I am finally coming to have peace with the change and to be okay with it. The new me has grown on me, whether I wanted him to or not, and I am starting to see the genius behind the mask the more healthy I become. I need to continue to understand this change and embrace the weaknesses I have gained from it. This is where truth and beauty can be found. In the words of the Apostle Paul,

> Three times I pleaded with the Lord to take it away from me. But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.[7]

I have found I am better for my injuries. I have a greater understanding of who I am and what I value than I ever did before. But this doesn't mean I would anyone else to have to go through what I went through. With the way our culture and technology offer

[7] II Corinthians 12:8-10, *Holy Bible,* New International Version (East Brunswick, NJ: International Bible Society, 1973).

so many opportunities to isolate and self-medicate one's self, I believe it's easier to stay injured and not get better. But even though staying injured is easier, this doesn't mean a person can't get better and find the help he or she needs.

For me to learn to break through the water—under which I was trapped for so long, unable to really breath and know peace of any kind—I had to learn again to engage in something that at first seemed painful to me, so painful that I thought I was going to die. I needed to force myself to step away from what I thought or felt was safe and embrace my need for others to be a part of my life. I needed to stop isolating myself and to not give into the lie that I could still be connected to other people through technology, and that should be good enough. I needed to engage others and let them in, and to try to do the same for them. I needed to take the time to tell my story in their presence and let them hold it as if it was something sacred, believing it truly was sacred because they care about me and care about my story. And I had to recognize that telling them my story was not only a part of making me more whole, but them as well.

In this process of writing my story down I have had some realizations. I have never told anyone most of what I mentioned in these pages. I believe I am better for putting this down, because it has given me an opportunity to work through all of this. I know I am better for putting these words down and working through this, because I have more peace with myself now after seeing my story before me. I feel more differentiated from it and not under its control as much. This process has yielded good signs that healing is taking place—that I have started to let go and my injury doesn't have the hold on me it used to.

I hope and pray that some of the hard knocks my family and I have faced will benefit someone else. Maybe our story will reveal some of the avenues to health and peace available to a person injured by PTSD and to their loved ones. Life doesn't have to be all bad for those who suffer from PTSD, and if this is you, you don't have to live the rest of your life in the dark. You can swim for the surface and break free, taking that much-needed breath. I know that I am better for making the effort to swim up, and so is my family. But the choice is yours.

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SECTION FIVE: TRACK 02 ARTIFACT SPECIFICATION

This portion of the Written Statement follows the Non-Fiction Book Template provided by the George Fox University Doctor of Ministry Department.[1] Due to this being a template, the format of the following pages will deviate from Turabian to conform to the standards found in the template. It will contain the following materials:

- Cover letter to a book editor
- A non-fiction book proposal for *Breaking Through the Water: Learning to Breathe Again* that contains:
    - **Title**: Proposed title and subtitle
    - **Author**: Name and complete contact information of the author
    - **Overview**: Book subject, summary, and takeaways
    - **Purpose**: Specific goals of the book
    - **Promotion and Marketing**: Possible avenues of book promotion
    - **Competition**: Other books in print that compare to the proposed project
    - **Uniqueness**: How the proposed book differs from its competition
    - **Endorsements**: Established authors who will back the book
    - **Book Format**: How the information in the book will be presented
    - **Chapter Outline**: Short summaries of each chapter
    - **Intended Readers**: Primary and secondary audiences
    - **Manuscript**: Estimated word count and completion date of the manuscript

[1] George Fox University, "Track 02 Dissertation Guidelines," June 3, 2013, https://foxfiles.georgefox.edu /SEM/DMin/diss/track02/trk2guidelines.htm#written_statement.

- **Author Bio**: Establishing the author's credibility to the subject
- **Publishing Credits**: Previously published works
- **Future Projects**: Other works in progress or planning

Cover Letter to a Book Editor

Dear Editor,

My name is Donald M. Twist and this is a proposal for a non-fiction book on Post Traumatic Stress Disorder. This will be my first book. I am a candidate for a Doctor of Ministry degree from George Fox University, and have other degrees in Divinity and Pastoral Ministries. The proposal I am making is to tell the story of my own journey with PTSD, through a book entitled *Breaking Through the Water: Learning to Breathe Again.*

I was a Navy Chaplain who had a near-death drowning experience while on active duty. The result was Acute Post Traumatic Stress Disorder and a Major Depressive Disorder. As a man of God, through personal faith as well as profession, I eventually found myself without faith, and at the brink of suicide on several occasions. The story is my journey to regain faith and to learn to live my life as a very different person with the support of my wife and children. I believe those who have PTSD can find healing in their own lives by telling their story. It is my intention to become healthier from the telling of my own story and to also bring hope to others in their reading of it.

Thank you for taking the time to review this proposal. I'm sure I can learn from you in this process. I'm excited to be able to join with you in hopes of bringing health and happiness to those who would read my story.

Sincerely,

Donald M. Twist

Book Proposal

Title:
Breaking Through the Water: Learning To Breathe Again

Author:
Donald M Twist
2460 5th Street NE
Salem, OR 97301
Email: Donald.twist@gmail.com

Overview:
This book is the author's personal story of the effects a life-and-death situation. It tells how he became afflicted with Post Traumatic Stress Disorder and how his family has persevered through it all.

Purpose:
- For the author to gain his own healing from Post-Traumatic Stress Disorder in the telling of his story
- For people with PTSD and their loved ones to find hope for their family, marriage, and future in spite of this disorder

Promotion and Marketing:
The Artifact can, when written in its fullest form, be marketed for use in the Veteran's Administration system as well as on Amazon and promoted on social media channels such as Facebook, Twitter, Google Plus as well as our family blog.

Comparative Titles:

There are myriad titles available on every aspect of PTSD, all chock full of memories, research, tips, advice, and survival guides. They are written by veterans, survivors, wives, and Ph.Ds. In perusing titles available for purchase I found three memoirs that come close to what this dissertation asserts: there is healing in storytelling. I do not know if each author found healing in their writing process. I can only believe that they must.

Gourley, Shawn. *The War at Home: One Family's Fight Against PTSD.* The Grumpy Dragon,
2011. A first-hand account of living, coping, and loving an Iraq war veteran and his PTSD.

Presley, Christal and Edward Tick. *Thirty Days with my Father: Finding Peace from Wartime*
PTSD. HCI, 2012. A moving memoir of thirty interviews with the author's father, each interview concluding with the author's journal entries. She attempts to

understand her father as well as unlock her own childhood trauma of living with a Vietnam combat veteran.

Seahorn, Janet J. and E. Anthony Seahorn. *Tears of a Warrior: A Family's Story of Combat and*
Living with PTSD. Team Pursuits, 2010. This book is the story of trauma as well as a manual for characteristics of PTSD and a context for coping.

Table of Contents

SECTION SIX: POSTSCRIPT

Initially the author was working toward producing something visual to benefit those who suffer from PTSD. The initial idea was to produce a short film depicting true accounts of daily life with PTSD, and the second to develop an interactive website providing a venue for PTSD sufferers to tell their stories. But the more the author wrestled with these ideas and focused on what has benefited his own healing process, the more he withdrew from these ideas and pursued instead the lost art of storytelling. This was by no means the easier choice to make. Those who suffer from PTSD do not want to tell their story; it is just too painful. But the author has realized for himself the healing that can take place for those who suffer from PTSD in verbalizing their own story. So, this project has not been focused on researching and debating the merits of this topic, but has instead been a self-study producing far more benefits than the author thought possible: rewards for the author, his family, and their future.

This project's vision is for people with PTSD to heal from story-telling, as opposed to merely living with their symptoms. In order for that to be possible, one's setting and circumstances have to be supportive. The case was made in Sections One and Two that the culture we live in and the technology we live with are not conducive to support. People with PTSD will isolate themselves and look for ways to rewrite who they are to cope. The easiest way for them to accomplish this is through technology. Therefore, the author took the approach to shine a light on the world today from one of the experts in her own field regarding technology and the internet. Dr. Sherry Turkle was a pioneer from MIT when the internet began and people were starting to interact with it.

Now she is sought after as an expert on the subject, specifically the effects technology has today, and the effects the internet will have on people and the future of humanity.

The author also needed to find someone who understood the power of storytelling for healing. This was found in Dr. Lewis Mehl-Madrona. He not only is a professor of counseling, but was first a medical doctor. His views and ideas are supportive of the age-old idea healers from many cultures have held: story has the power to heal.

In terms of how this project unfolded, the author worked on the Written Statement first (Sections One through Five) and then wrote his own story, the Artifact. This process benefitted the author in his own healing from PTSD. What came forth in this process, then, was exactly what needed to be voiced: his story and only his story. But if the author had attempted to write the Artifact first, he would have been bogged down with too many other things.

The future hope and goal for the Artifact is to produce a much larger work. Given the Artifact word count maximum, the current Artifact is too short as a marketable publication and in the author's mind, is one sided. It is intended to be a much larger project that will not only support those who have PTSD, but will include the story, experience, and voice of the author's spouse. She carries her own unique side of the story of living with PTSD and choosing to remain married to the author. Including the spouse's insights will add an opportunity to support not only those who suffer from PTSD, but their families and those who stand in support of their loved ones.

The Section that pained the author the most had to do with the Church. There hasn't been much support from the Church for those who suffer from PTSD. This isn't to

say that churches aren't willing, but they are instead unaware of the need, or more accurately, of how to offer support.

The author hopes that churches and their pastors will catch a vision for the needs of those who suffer from PTSD and their families, and will find avenues to support and help them with hands of healing.

APPENDIX 1: DSM-5: PTSD CRITERIA

Criterion A: The Stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.[1]

Criterion B: Intrusion Symptoms

The traumatic event is persistently re-experienced in the following way(s): (1 required)

- Recurrent, involuntary, and intrusive memories. Note: Children older than 6 may express this symptom in repetitive play.
- Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
- Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
- Intense or prolonged distress after exposure to traumatic reminders.
- Marked physiologic reactivity after exposure to trauma-related stimuli.[2]

Criterion C: Avoidance

Persistent, effortful avoidance of distressing trauma-related stimuli after the event: (1 required)

- Trauma-related thoughts or feelings.

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[1] The National Center for PTSD.

[2] Ibid.

- Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).[3]

Criterion D: Negative Alterations in Cognitions and Mood

Negative alterations in cognitions and mood that began or worsened after the traumatic event: (2 required)

- Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
- Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
- Persistent negative trauma-related emotion (e.g., fear, horror, anger, guilt or shame).
- Markedly diminished interest in (pre-traumatic) significant activities.
- Feeling alienated from others (e.g., detachment or estrangement).
- Constricted affect: persistent inability to experience positive emotions.[4]

Criterion E: Alterations in Arousal and Reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (2 required)

- Irritable or aggressive behavior.
- Self-destructive or reckless behavior.
- Hypervigilance.
- Exaggerated startle response.
- Problems in concentration.
- Sleep disturbance.[5]

Criterion F: Duration

Persistence of symptoms (in Criteria B, C, D and E) for more than one month.[6]

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[3] The National Center for PTSD.

[4] Ibid.

[5] Ibid.

[6] Ibid.

Criterion G: Functional Significance

Significant symptom-related distress or functional impairment (e.g., social, occupational).[7]

Criterion H: Exclusion

Disturbance is not due to medication, substance use, or other illness.

In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

- Depersonalization: experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
- Derealization: experience of unreality, distance, or distortion (e.g., "things are not real").

Full diagnosis is not met until at least 6 months after the trauma(s), although onset of symptoms may occur immediately.[8]

[7] The National Center for PTSD.

[8] Ibid.

APPENDIX 2: TWENTY-FIVE LARGEST U.S.A. CHURCHES

(*Outreach Magazine* September 2008)

1. Lakewood Church, Houston, TX /713.635.4154/Pastor: Joel Osteen/43,500 attend.
2. Second Baptist Church, Houston, TX/ 713.465.3408/Pastor Ed Young/23,659 attend.
3. North Point Community Church, Alpharetta, GA/ 678.892.5000/Pastor Andy Stanley/22,557 attend.
4. Willow Creek Community Church, South Barrington, IL/ 847.765.5000/Pastor Bill Hybels/22,500 attend.
5. Lifechurch.TV, Edmond, OK/ 405.680.LIFE (5433)/Pastor Craig Groeschel/20,823 attend.
6. West Angeles Cathedral, Los Angeles, CA/ 323.733.8300/Pastor Charles E. Blake/20,000 attend.
7. Fellowship Church, Grapevine, TX/ 972.471.5700/Pastor Ed Young Jr./19,913 attend.
8. Saddleback Church, Lake Forest, CA/ 949.609.8000/Pastor Rick Warren/19,414 attend.
9. Calvary Chapel Fort Lauderdale, Fort Lauderdale, FL/954.977.9673/Pastor Bob Coy/18,000 attend.
10. The Potter's House, Dallas, TX/ 1.800.BISHOP2/Pastor T. D. Jakes/17,000 attend.
11. Woodlands Church, The Woodlands, TX/ 281.367.1900/Pastor Kerry Shook/16,380 attend.
12. Southeast Christian Church, Louisville, KY/ 502.253.8000/Pastor Dave Stone/16,264 attend.
13. Hopewell Missionary Baptist, Norcross, GA/ 770.448.5475/Pastor William L. Sheals/16,000 attend.
14. New Birth Missionary Baptist, Lithonia, GA/ 770.696.9600/Pastor Eddie L. Long/15,000 attend.
15. Northridge Church, Plymouth, MI/734.414.7777/Pastor Brad Powell/14,762 attend.
16. New Hope Christian Fellowship, Honolulu, HI/808.842.4242/Pastor Wayne Cordeiro/14,500 attend.
17. Prestonwood Baptist Church, Plano, TX/ 972.820.5000/Pastor Jack Graham/14,450 attend.

18. McLean Bible Church, McLean, VA/ 703.639.2000/Pastor Lon Solomon/13,699 attend.
19. First Baptist Church Hammond, Hammond, IN/ 219.932.0711/Pastor Jack Schaap/13,678 attend.
20. Calvary of Albuquerque, Albuquerque, NM/ 505.344.0880/Pastor Skip Heitzig/13,500 attend.
21. New Light Christian Center Church, Houston, TX/ 281.875.4448/Pastor Ira V. Hilliard/13,500 attend.
22. Central Christian Church, Henderson, NV/ 702.440.8318/Pastor Jud Wilhite/13,010 attend.
23. Thomas Road Baptist Church, Lychburg, VA/ 434.239.9281/Pastor Jonathan Falwell/13,000 attend.
24. Christ's Church of the Valley, Peoria, AZ/ 623.376.2444/Pastor Donald J. Wilson/12,535 attend.
25. Christ Fellowship, Palm Beach Gardens, FL/ 561.799.7600/Pastor Tom Mullins/12,339 attend.

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