

Synod Resolution Urges Congregations to “Start Seeing” Combat Veterans and Their Families

This year around the 4th of July, some veterans who had recently returned from Iraq found themselves diving under the table at the sound of unexpected fireworks. Such startle responses are typical signs of combat stress. Such signs and symptoms such as heightened startle responses, sleep problems, nightmares, anger, irritability, depression, and difficulty concentrating are among the symptoms that many returning veterans display. Having symptoms is not an indication of weakness, rather they are predictable after exposure to sufficient trauma.

Soldiers will have vastly different experiences in Iraq. Not everyone will be exposed to catastrophic war trauma. The main determinant of who will have problems and who will not is the extent of their exposure to trauma. If there is sufficient exposure, anyone—no matter how “strong”—is likely to have problems. It cannot be overstated that the particular aspects of the psyche and spirit that are wounded, and how badly, will vary greatly according to the soldier’s particular experience, both in combat and back at home.

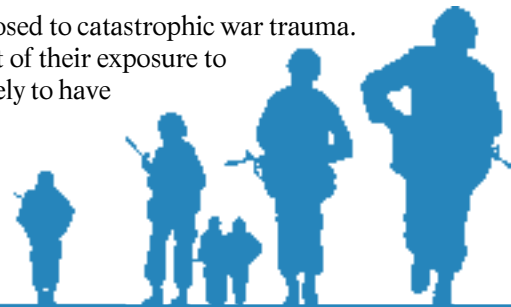
A collaborative of helping professionals affiliated with Our Saviour’s Lutheran Church, Minneapolis, and its Walk-In Counseling Center have been studying how to make the coming home transition as healing as possible for veterans and their families. The church community plays a big role.

Because too many people—especially veterans—associate symptoms of combat stress response with weakness, they shun getting help. Many fear being seen as weak. Sadly, some turn to alcohol or other substances in a self-destructive manner of coping with their symptoms. Some avoid situations that will trigger their symptoms, like being in crowds or hugging their children.

Psychology has evolved greatly since the days of “shell shock” and *Catch 22*. Our best understanding today is that exposure to trauma, especially repetitive exposure, creates chemical changes in the brain. This reflects our incredible human resiliency in being able to adapt to challenging circumstances in order to survive. Unfortunately, back at home in civilian life, the survivor continues to live with altered brain chemistry that can result in personality change and a host of negative symptoms.

It is important to remember that some military personnel will not be exposed to trauma-causing stress. In a study of 223,000 soldiers returning from Iraq, 65% had seen some combat, 49% had witnessed people wounded or killed, 50% had felt in great danger of being killed, and 18% had discharged a weapon. Being involved in the killing of civilians, handling human remains, and having a friendship with someone who is seriously injured or killed are among the significant factors contributing to later psychological problems. These factors are all circumstances, not weaknesses.

Unfortunately, the impact of catastrophic war trauma often leads to behaviors (anger outbursts, substance abuse, emotional withdrawal) that tend to alienate veterans from the circle of care of their congregations and families. In the sway of post-traumatic stress disorder, the veteran him or herself is typically psychologically unable to recognize that they need help. The hope is that their circles of care, while still intact, can help veterans get the help they need to avoid lifelong disability.



As part of the resolution passed at the 2006 Synod Assembly, the bishop will be asking congregations to “start seeing” Iraq and Afghanistan veterans and their extended families. The hope is that each congregation will become aware of congregants who are impacted by the military service of a family member. In September 2006, each congregation will be asked to report the number of “concerned congregants” to the bishop’s office as part of planning for pastoral care.

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