



P.O. Box 66540
Albuquerque, NM 87193
505.890.6806
E-mail: lrn@liferesource.org
Website: www.liferesource.org

Presentation Transcript
Mental Health and the Bible – PTSD
By Bill Jacobs
April 27, 2018

Good day to all. This is Bill Jacobs for LifeResource Ministries. We're continuing our work on our series, *Mental Health and the Bible*, today. The title of today's presentation is simple *PTSD*. It's the fifteenth in the series.

As we speak in 2018, PTSD has, over the last five years, become the new fad diagnosis. Everybody thinks they have PTSD it seems like. Then there are a few others that think there's no such thing. It makes them sick to see everybody excusing their bad behavior with it. They take a judgmental stance. So what's the truth about PTSD?

Well, since I specialize in treating trauma, I think I can help with this. Let's talk about how people become traumatized. I think most of us would agree that can happen. To understand it, we really need to look at how the brain works. When a person faces a situation that overwhelms their emotional resources, the part of the brain that stores memory, the hippocampus, begins to malfunction. It's almost like it freaks out. You've all heard of a flashback, right? Well, that's when the worst part of a terrible event comes back to us, uncalled for. It's so vivid it feels like we're reliving it. It's usually highly upsetting.

Would you say that memory is stored like most other memories in your brain? No, there's no beginning, middle and end, like a normal memory. Unlike normal memory, it comes up without us calling it up. Just very vague references to the trauma itself can trigger it, or just nothing. Whereas normal memory comes up when we recall it, or when there's a logical connection, usually. But that's not the worst of it. Although a flashback is proof that your brain is malfunctioning and that the hippocampus is no longer storing memory safely, or correctly, but there is something else that's even worse. We can call that *stuck memory*. Sometimes the emotional part of the memory is not stored in the cortex, where it ought to be stored, but is left in the amygdala, on the right side, where it was created. We know that because we can see it in brain scans. Since the part of our brain that does emotion has no language, it's hard to think that

memory into the cortex. It just stays there stuck. When I ask people to do EMDR about childhood trauma, often what comes up about it, at the beginning, sounds childlike. “He’s mean.” “It’s not fair.” “I hate him.” “I don’t like it.” Sometimes, if they’re young enough, it sounds just like they’re 3 or 4 or 5 years old. When this occurs, it seems that no amount of talking about it seems to help process it and put that event in a less frightful perspective. And that’s why we’re all tempted to tell them to “Get over it,” because we think they ought to be able to, but they can’t. So, never say that to somebody who keeps talking about their traumatic event. It’s not possible for them to do that.

You know, I’ve talked to people that have traumatized twenty years ago, and they still talk about it all the time – just like it happened, nothing changes. So, realize that there *is* such a thing as PTSD. And, if you hear someone that’s stuck in something, you can pretty well be sure that you’re looking at it.

Here’s something else we all need to know. If we hope to recognize and understand people who have been traumatized, we’ve got to know about this. When I started using EMDR to treat traumatized people, I thought I would be working with soldiers, and auto accident victims, assault victims, and so on, and I do that. But mostly I work with people who are traumatized by their parents inadvertently. As a culture, we don’t understand how fragile children are at the beginning of their lives. So quite often, those of us who think lightly of PTSD, don’t realize how easy it can be to traumatize someone. It doesn’t have to be a bomb going off, or getting shot at, or a car wreck. It can be from benign neglect in the first year of life. And most of us can’t even remember that, so we don’t understand why we act the way we do.

I’ve been thinking about the best way to help people recognize trauma in themselves and others. What I came up with is to simply explain the seventeen symptoms that come right out of the book. So I have someone I’m talking to...a trauma screen that I give them to see if they have PTSD. And it just asks them about the seventeen symptoms. So here they are – and we’re going to break them into three categories.

The first five are the most easily observed, because they’re related mostly to anxiety and central nervous system disruption. You can often see it, or talk to people, and find out about it. The first one is insomnia – difficulty falling and staying asleep. Trauma victims have trouble with that. I know a lot of the rest of us do too, but I don’t think I’ve ever met anybody with PTSD that was sleeping normally. So, heads up there.

The second one is irritability or angry outbursts. Just because you’re grouchy all the time doesn’t mean you have PTSD. But everybody that has PTSD reports to me that they’re irritable more than they used to be – or angry. And that’s because when we have anxiety, it makes us irritable. Anxiety is not fun. We all hate it. And living with it day by day wears on a person, so they can become irritable or be set off easily.

The third one is difficulty concentrating – a lack of focus. I hear that all the time. When people are anxious, they have trouble focusing and concentrating.

The fourth one is hyper-vigilance – always on guard, always watchful, always anxious that something bad may happen. Now, I tried to teach my daughters to be situationally aware when they're out walking from the hospital to their car in a dark underground or something like that. But people that aren't anxious have to make an effort do that, where people who are anxious don't have to. That's just a way of life for them. Besides being watchful and on guard, they can just be jumpy or easily startled, or carry a feeling around with them that the future will somehow be cut short.

Okay, so let's look at the next few here. We could call these distancing tactics. To avoid thinking about or talking about a stressful experience from the past, or avoid having feelings related to it. Do you know people like that – that are just all closed off and bottled up? In their effort not to think about their stress, they cut themselves off from others. Avoiding activities or situations because they're reminded of a stressful experience from the past – just stay away from it – but that also, quite often, distances them from other people that could be helpful. Three: trouble remembering important parts of a stressful experience from the past – just not wanting to think about it. A loss of interest – this is four – in things that used to be enjoyable. There's a depression that comes along with this too. When people are depressed, they don't find things fun anymore. Why would a person be depressed if they have PTSD? Depression is about loss. And what people lose with PTSD is a sense of safety – and connection, sometimes. Five: feeling distant or cut off from other people. Six: feeling emotionally numb or unable to have loving feelings for those who are close. So those are the distancing elements there – as a part of PTSD. These people feel cut off from others. They feel like nobody understands them, because nobody's gone through what they've gone through. And quite often, the people around them reinforce that idea by the way they treat them – you know, “Can't you just get over it?” Well, nobody would like to more than the person that has it, but that isn't how it works.

Intrusive thoughts – this is the third category. Repeated disturbing memories, thoughts, or images of that stressful experience from the past, or repeated disturbing dreams about it, or suddenly acting or feeling as if a stressful experience from the past are happening again – like you are reliving it – a flashback, in other words. So there's one, two and three – repeated memories, images; repeated dreams; and feeling like the past were happening again. The fourth one is feeling very upset when reminded of a stressful experience from the past – the emotion of anger or fear comes up and is brought from the past when reminded. Usually, we call that triggered emotion. And the fifth and final one is having physical reactions, like your heart pounding, trouble breathing, sweating when something reminds you of a stressful experience from the past – a panic attack.

I think I've told before about the man who found himself having panic when other people would argue with each other. And it sounded kind of funny. He'd get upset, he'd have a panic attack, the

elephant would crawl up on his chest, he couldn't breathe, he'd get sweaty, his heart would pound when *other* people would argue. What was happening there is, he was traumatized by a fight that he saw his two grandfathers get into when he was five. And all the feelings from that fight would come into the present because he hadn't processed it.

So, there are the seventeen symptoms. Now, some of you probably found yourself with most of those symptoms. And you have to have more than half of them to warrant a diagnosis, but the other criteria is, do these symptoms, that we just mentioned, are they impacting your everyday life in such a way as to make it hard to live it? If you are, then you could say you have it. Most of us have some of these symptoms, but it doesn't affect the way we live our everyday life.

So, let's talk about getting help now. Despite what some people say, the most effective treatment for trauma, in my opinion, is EMDR. Of course, any time you make a definitive statement, there are going to be people who *aren't* going to be helped by it. I've run into a few of those, but for the vast, vast majority, if the clinician knows how to do EMDR properly, can help them. Now there are 10,000 EMDR practitioners in the United States. And there are varying levels of skill development there. So, while it isn't hard to find one of the practitioners, it may be hard to find one that knows how to do it well. So they have a Website called emdr.com, and on the Website there's a clinician finder. I think it says, "Find a clinician," and you can search by date, city or zip. So it's pretty easy to find who is near you. In almost every case, you'll get a fairly long list, because they're in almost every community. The people at the top of the list are usually the ones that have been around the longest, and are certified, and trained, and *do* the training. Those people – if they aren't available to help you – they know who else in the community *can* help. So it's good to talk to some of those people and find out who might be helpful to you. So that's what I have to offer you about getting help, if you've got it or know somebody.

And the fourth area that I wanted to talk about today is being helpful. If you know someone who has symptoms that we've talking about, here are a very few things you can to do to help:

Never, never, *never* say or imply, "Get over it." They wish they could more than anybody else. You know, I've even had talk therapists send people to me because they know, when they hit that traumatic piece, they are *not* going to help them get over it just by talking about it. So I do that piece and send them back to their talk therapist. And it works very well.

No advice. No preaching. No judging. Instead, support. Listen, understand, be positive. Engage them, if you can, in the thing they used to like to do. Try to normalize everything. "Everybody would feel the way you feel, if they'd have happen to them what happened to you."

In time, once they feel safe, and not attacked, if they so indicate, you might have on hand a name for them to call.

I know a man whose wife – to hear the way he talks about her – seems to have PTSD, but she's not open to accepting it because something traumatic has happened. She doesn't understand what causes PTSD in children. He has the name of a therapist that I recommended, hoping that she may open later. He's going to know what to do when she gets ready, but wise enough not to push it.

There's also an awesome Website you can read called helpguide.org. Just type that in and then put /PTSD, and a lot of resources will come up for you. If you can't remember that name, just go to our Website – liferesource.org – and search for PTSD. We have the link with the presentation on the Website.

If you want to hear the others in this series on *Mental Health and the Bible*, you can also go to our Website – liferesource.org – and just search for *Mental Health and the Bible*. They'll all pop up for you.

Also, if you have feedback for us, you can tweet, comment on Facebook, or leave us an email on our Website. We like to hear what you're thinking and, quite often, it leads us to more helpful topics.

I also want to mention that the way of the world is to get something from others without paying for it. God's way is to give so others can have. If you think that what we offer could help others, we would hope that you would pay it forward. We're not asking for a lot of money either. We operate on small contributions, so no contribution is too small to be helpful. They all help and we appreciate all of them, too.

Until next time, this is Bill Jacobs for LifeResource Ministries, serving children, families and the Church of God.