

Young men, and now young women too, still march off as individual combatants striving to live out the model of the mythic warrior hero.



PTSD

The Sacred Wound

BY EDWARD TICK, Ph.D.

Human societies have known since ancient times that veterans need and deserve ministry as an essential component of their healing. This ministry is certainly ministry to the most wounded, underserved, needy and deserving among us, and it must include examining, wrestling with and providing guidance and relief for profound and complex wounds to heart and soul. *How* a caregiver relates to a veteran may be more important than any technique offered, and it requires a deeper understanding of the roots of what we know as post-traumatic stress disorder (PTSD).



Physical wounds caused by the recent wars in Iraq and Afghanistan are only the most visible damage to our returning troops. These wars also have caused three major invisible wounds to service people at epidemic levels. These so-called “signature wounds” of our modern high-tech wars are (PTSD), military sexual trauma (MST) and traumatic brain injury (TBI).¹

PTSD is not just a military wound. It can occur in anyone suffering severe, life-threatening trauma such as muggings, domestic or sexual violence or abuse, traffic or industrial accidents, environmental disasters. Because of many conditions of modern combat, including multiple deployments, prolonged exposure, moral ambiguity and the terrible realities of being placed in the kill-or-be-killed situation, military PTSD is especially wounding, prevalent and troublesome among our troops and veterans.

In 2008, a widely quoted study by the RAND Corporation, an independent nonprofit research institution based in Santa Monica, Calif., estimated that approximately 20 percent of returning active duty troops, that is, about 300,000 of the 1.64 million who served in the recent wars, suffer from PTSD accompanied by major depression; the PTSD rate alone was about 14 percent. Only about half reported seeking treatment, a rate similar to the civilian population.²

According to a Feb. 20, 2013, article in *USA Today*, 50,000 new veterans were diagnosed with PTSD during 2012, and in the last three months of that year, the national average of new military PTSD cases reached 184 per day.³

Because of the dominance of high explosives in modern combat zones, it is likely that many troops will suffer some degree of TBI. As of 2008, according to the RAND study, of the 1.65 million service members who had been deployed for OEF/OIF [Operation Enduring Freedom in Afghanistan, launched in 2001, and Operation Iraqi Freedom in Iraq, launched in 2003], as of October 2007, an “estimated 320,000 individuals probably experienced a TBI during deployment,” a number slightly higher than for PTSD.⁴ Department of Defense statistics affirm that there have been over 265,000 diagnosed cases of TBI between 2000 and 2013 today.⁵

MST is similarly widespread among our

troops, with at least 20 percent of women serving reporting some form of sexual abuse while in service, though the perpetrator may not necessarily have been in the military, and PTSD was the most common accompanying psychological distress.⁶ The U.S. Department of Veterans Affairs (VA) specifically says that this number is based on women who have had a general health screening at a VA facility; we cannot extrapolate the number of women suffering MST in the entire military force, as many do not report and there is no way to track them.

These three wounds, often with accompanying depression, often occur in combination in our veterans and create such a complex of transformed and troubled thinking, feeling, perceiving and behaving that the afflicted person can become lost for life with devastating personal, familial and social consequences. Too often both veteran and family despair over healing or homecoming, costs to society are high and far greater numbers of veterans die from suicide, “accidents” or stress-related diseases than were killed in combat. To

In my 35 years of working with veterans, I have heard uncountable numbers of veterans complain that their care provider “doesn’t get it.”

date, more than twice the numbers of Vietnam veterans have killed themselves than were killed during the war.⁷ With more than 6,000 American military deaths in Iraq and Afghanistan, we presently have 18 veterans killing themselves every day and already more than 30,000 dead by suicide since the invasion of Iraq. In 2012, 6,500 veterans released from military service, or roughly one every 80 minutes, killed themselves.⁸ The latest VA statistics say we may lose as many as 22 veterans a day to suicide.⁹ Among active duty troops, 2012 was the worst year for military suicides.¹⁰ In all branches of our military combined, 349 service members took their own lives compared with 295 combat deaths, making troop suicide “now more lethal than combat.”¹¹

PTSD first entered our diagnostic criteria in 1980. This diagnosis typically has four symptom

sets: reliving the traumatic events, avoiding situations that remind you of the events, hyperarousal and psychic numbness.¹² These symptom sets can result in such behaviors as rebelliousness, violence, rage, hypervigilance, flashbacks and other forms of re-experiencing trauma, substance abuse, nightmares and sleep disorders, domestic employment and legal troubles, intimacy and sexual difficulties, alienation, an inability to return home and to serve society and the possibility or tragedy of suicide.

PTSD is commonly treated with massive doses of pharmaceuticals to manage and reduce its complex symptomatology and cognitive behavioral therapies to teach the veteran to stay focused in the present, manage his or her life and avoid painful memories, feelings and stress triggers. This is consistent with the modern psychiatric interpretation that labeled PTSD a stress and anxiety disorder, though its classification category may change with the new edition of the American Psychiatric Association's *Diagnostic and Statistical Manual*, expected to be released in May 2013.

ST. FRANCIS THE VETERAN

Like most youths, he wanted to experience the great adventures of his times. He lived a flamboyant adolescent life and feuded with his parents and their wishes. Turning 20, he became a soldier, went to war, then spent a terrible year as a prisoner.

Ransomed and home, like so many returnees he continued his wild and restless lifestyle but without fulfillment. Not fitting back into society, he again did as so many others — he re-enlisted. During this second combat tour, he had a spiritual breakdown and vision that sent him home.

The veteran rejected his old worldly ways. He donned pauper's robes and became a penitent. He devoted himself to aiding the poor, disadvantaged, diseased and most needy and to rebuilding abandoned holy sites. He confronted authority figures to live up to their professed ideals and composed prayers praising Creation.

Wearing rags, confronting authority, refusing to conform, rejecting the worldly, serving the neediest — St. Francis of Assisi sounds like so many disenfranchised veterans of any age. Did St. Francis have what today would be labeled PTSD? Can we understand the holistic and sacred nature of war wounding such that, through our health care and ministry, we might guide its sufferers to vision and service such as is modeled by the soldier who became a saint? — *Edward Tick*

Spiritually based cultures affirmed that once someone participates in destruction and killing, they become different forever.

Modern approaches seek etiology and cure in brain chemistry and cognition, and a diagnosis of PTSD almost inevitably leads the sufferer, professionals and public to look for psychological and medical treatment as if the wound were primarily a medical condition.

However, PTSD has proven exceptionally resistant to successful treatment. In my 35 years of working with veterans, I have heard uncountable numbers of veterans complain that their care provider “doesn't get it,” that is, does not understand the military, war, or how to help. Veterans and VA hospital staff report from all over the country that our VA hospitals are so overtaxed that vets often have to wait months for an appointment.

While the conventional response to PTSD may be helpful, it does not take into account the massive frustration of veterans who have not achieved healing or homecoming and are asking their helpers and our nation for something more. Nor does it take into account the unique and complex moral, ethical and religio-spiritual dimensions of warfare that are inevitably troubling to the survivor and need to be addressed if healing is to occur.

Army veteran Tomas Young, paralyzed after an ambush during his service in Iraq, referred to the VA's failings in an open letter published March 19, 2013, on the Internet. Young, 33, addressed his remarks to former President George W. Bush and former Vice President Dick Cheney: “I have, like many other disabled veterans, suffered from the inadequate and often inept care provided by the Veterans Administration. I have, like many other disabled veterans, come to realize that our mental and physical wounds are... perhaps of no interest to any politician. We were used. We were betrayed. And we have been abandoned.”¹³

TRADITIONAL INTERPRETATIONS OF PTSD

What today we call PTSD has always accompanied war and violent trauma. It is not a new condition. Rather, our interpretations, treatments and responses differ from those of the past. We know of more than 80 names for the condition since ancient times.¹⁴ From the Bible, consider, for example, Noah as a survivor of global trauma



and Saul and David as traumatized warrior kings. Saul committed atrocities, flew into violent rages, turned against David and other friends, murdered priests and holy women. We are told, “The spirit of God left him, and an evil spirit sent by the Lord tormented him.” (Samuel 16:14). Traditional cultures have always known of this wound. They understood that the wound was also spiritual, moral and holistic in its essence. For example, the Sioux people called the wound “the spirits leave him.” The Xhosa of South Africa call it *kanene*, which is, according to paratroop veteran Roger Brooke, a Duquesne University professor of psychology, “the warrior’s insight into the depth and burden that follows him — like your shadow that always follows you and reminds you of what you have done.”

Spiritually based cultures affirmed that once someone participates in destruction and killing, they become different forever, their souls are affected and afflicted and they need and deserve massive degrees of tending and caring by the community and its elder warriors and spiritual leaders. In traditional cultures, not only the health professionals but also the entire society took responsibility for their warriors’ safe returns.

This is not just ancient practice. Moral trauma and injury are now finally recognized as genuine psychological phenomena necessitating address in treatment and are being studied empirically.¹⁵ In contrast to our American experience, the Vietnamese experienced massive degrees of death and destruction during our war there. Though our veterans suffer PTSD in epidemic numbers, the story is different in Vietnam. As my research and the dozen healing journeys I have led to that country since 2000 confirm, the entire society shared the grief and wounding from war. Vietnam has a spiritual base that protects its people from long-term traumatic breakdown, and the entire society, from the village to the national level, took responsibility to help and support their afflicted before, during and since the war. Consequently there is almost no PTSD as we know it in Vietnam today.

Biblical wisdom, traditional and spiritually based cultures and veterans’ testimonies all affirm that PTSD is a holistic wound, affecting the survivor’s body, mind, heart and spirit, causing despair and loss of meaning and impacting the entire community. Because of this holistic and comprehensive nature of the wound, we can best understand it as a wound to the soul, to our spiritual and

moral essence, to the core of who and what we are and to our communities. We could translate the acronym PTSD as both post-traumatic soul distress and post-traumatic social disorder.

Many treatment techniques have developed in recent years in response to the desperate need for non-pharmaceutical tools for reducing the suffering that PTSD can engender. For example, mindfulness meditation originating from Buddhism is being used effectively to help patients remain in the present rather than revert to traumatic memories. Other tools, such as Eye Movement Desensitization and Reprocessing, Trauma Resiliency Model and Emotional Freedom Technique, have been developed from recent advances in body-mind and energy medicines, neuro-linguistic programming and positive psychology. These approaches have helped many veterans to reduce symptoms and improve daily functioning.

However, these techniques are limited in holistic impact and do not address the moral or spiritual injuries of war. The approaches assume PTSD is a stress and anxiety disorder, that we can

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change our entire beings by changing the ways we think and that war and other trauma survivors should become like well-adapted civilians. They also assume that the discharge of war memories and emotions is not necessary or that they can be accomplished in a relatively brief time, that many stories can remain untold and that the facilitator never has to witness them. These techniques may protect the facilitator against exposure to traumatic stories, but it also means the facilitator does not fully share the healing journey, does not become educated to the realities of military experience and may inhibit the veteran from expressing an emotion or event needing witness and release.

A SOUL WOUND

We cannot cure PTSD; it does not go away. The condition is notoriously resistant to long-term

healing and transformation. Part of the problem in developing effective therapeutic approaches is the difficulty many veterans have in trying to describe their war experiences and the resulting moral and spiritual anguish.

“My soul has fled,” one Vietnam combat vet declared to me.

“It was all dark inside; the light had gone out,” another said.

“PTSD is what results when your head tells you to do what your heart knows is wrong,” an Iraq vet declared.

“War is sick, and everyone who participates in it catches the sickness,” an Afghanistan vet stated.

“We are trained to be savage beasts, put into conditions that only beasts could survive, and kept there until the Beast takes over and owns our soul,” said a Special Forces operative.

We clearly need new terms and concepts for combat experiences that differentiate them from civilian experiences. As a guide, we can study the principles and practices of spiritually based traditional cultures and adapt what we learn to contemporary needs and settings. We also must recognize that the experience of going to war constitutes a genuine descent into hell and undergoing a spiritual death. Thus PTSD is a soul wound.

From the perspective of the soul, a person with PTSD is stuck in hell and awash in destruction and death. Anyone in this condition needs rebirth. Healing occurs when the wounded soul is guided to that rebirth, and world spiritual traditions teach that there is a spiritual process of initiation involved in order to finally be able to declare, like the psalmist David, “Yea, though I walk through the valley of the shadow of death, I will fear no evil...”

That is not to say war’s changes to personhood can be reversed, even though many veterans and their families ache for a return to the pre-war self — often that’s their goal in therapy. But life and growth are one-way streets, and war changes who we are. A new self must be constructed that includes all the important stories, values, meanings and events of military and war experiences. We must normalize rather than pathologize the process.

PTSD is an identity crisis. We must help the survivor discover who he or she has become and enable the new self to thrive in ways that include the war experiences. We bring healing to an identity crisis through identity transformation and the creation of life-affirming meaning.

Combat transforms how we attach, relate to, love or connect with others. There are two inti-

macies in war, the brotherhood for which you kill and the foe you do kill. Combat survivors’ styles of relating are taken apart in war and re-forged from these twin dynamics of battle.

Psychiatry recognizes the diagnosis of attachment disorder — confusion about how we connect with others that is so old and deep, it is built into our psyches and can distort all our love rela-

“PTSD is what results when your head tells you to do what your heart knows is wrong,” an Iraq vet declared.

tionships and social connections. War transforms the ways we love, connect and bond so profoundly that we may seem disordered, obsessed, terrified, abusive, distant, numb, neglectful, starved or disinterested when we connect.

In traditional cultures, hunters and warriors are taught that when they take a life, they are then connected to it and responsible for its soul forever. Though they didn’t call it PTSD, the condition is something traditional warrior cultures recognized as a danger, and they prepared and protected their warriors more effectively than we do. They recognized it when it occurred and responded to it holistically. Healing and homecoming were not left to specialists; the entire community was involved and did not isolate, alienate or blame its warriors, no matter the politics surrounding the war.

In our current wars and social environment, our military touts “soldier fitness,” and the physical and mental training for soldiering is supreme, such that we create highly effective, trained killers. But, as soldiers, their chaplains and behavioral health specialists have attested, psychological and spiritual needs, both before and after deployment, are largely ignored. As Mary H. Paquette, Ph.D., RN, assistant professor of nursing at California State University Northridge, wrote, “The military is excellent at training and conditioning soldiers for war. ... What the military does not do well, however, is to reverse the process and turn the ‘trained killer’ back into a well-adjusted civilian.”¹⁶

In order for our veterans to heal, they must be properly and thoroughly prepared for combat before it occurs, fully and spiritually supported during service, and re-integrated into our communities, their experiences made public and



responsibility for their actions transferred to all of us in whose names they served. “Treatment approaches,” Paquette affirms, “must eventually include methodologies that address how to relieve psychological and spiritual distress...”¹⁷

Spiritual preparation, support during deployment and healing upon return are necessities that we do not practice in American society. The relationship between American citizens and veterans is in disorder. This disorder in our body politic can be healed through a reformulation of our social system so that we are truly veteran-supportive. This means that we are receptive to veterans, their stories and struggles. We are open to hearing and accepting responsibility for all war wounds, including damage done in our names. No matter what our own political beliefs, we tend our veterans until they have all they need to return. Only then will our veterans be able to spiritually return home and heal. Healing must include and happen in the community.

Also, changing what we call something changes how we respond to it. When we call it PTSD, we

name an illness or syndrome. We evoke the medical and psychological models that locate the condition in the individual, out of his or her control, and in need of treatment and disability support. If it is an illness, syndrome or stress disorder, we are helpless victims and it has to be treated.

When we call PTSD a wound, we honor our veterans as warriors and recognize that they are reshaped forever by their service, that they willingly suffered for our benefit. In traditional cultures and in Vietnam today, wounds were not hidden while the warrior tried to appear “normal.” Wounds to warriors were painted, decorated and displayed. In contrast, amid much controversy, in 2009 Defense Department officials decided that PTSD did not meet their criterion for awarding the Purple Heart, which is for wounds caused by “an outside force or agent.”¹⁸

Combat veteran Brian Delate is an actor and writer. In 2008 he completed a movie about veterans’ struggles to heal and live well upon return to civilian life. His movie focuses on the relationships between a World War II father and his Viet-

HELPING OUR WARRIORS HOME

There are many steps in a veteran’s return journey, all of which are nearly ignored in contemporary society. The warrior’s return in traditional cultures, and some of these are found in the Bible, included isolation and tending before going home, affirmation of destiny as a warrior, purification and cleansing of the warrior, storytelling to the entire community, restitution in the community, transfer of responsibility for war actions to the entire society, atonement practices by which the veteran helps put the damaged world back together, and finally, initiation as an elder warrior.

I have been working with veterans since the late 1970s. My organization, Soldier’s Heart, founded in 2006, conducts intensive healing and training retreats for veterans, family members and military, veteran and civilian care-providers all over the country during which we practice all these steps with our veterans and care-providers such that we lay down a mental road map for the return journey. It also guides return journeys to former

war zones. By practicing the steps that replicate warrior return in traditional cultures, veterans start to sleep well, make meaning, re-enter community, find self-forgiveness and acceptance of their difficult histories, affirm their destinies as elder warriors, atone of their destructive actions during the wars, and emerge from brokenness to give service on behalf of others in need. Warriors who go through these processes can heal from their crippling PTSD symptoms, reclaim their hearts and become the most generous, tenderhearted, open, concerned and self-sacrificing of service providers. They thus fulfill the traditional role of elder warriors in spiritually based societies.

There are many practices from our home religions and from other traditions, mentioned in the Bible and other sources, and available for adaptation to warriors’ needs from our plethora of experiential and expressive therapy techniques today. For example, a veteran in need of purification might visit a Native American community and participate in a sweat lodge,

but he or she might also utilize confession, baptism, or the practices of the Jewish Yom Kippur holiday. Atonement practices can include returning to the war zone to actually repair what we harmed and reconcile with former foes, as our organization does every year in Vietnam. Atonement can also include positive actions for helping and healing right in the veteran’s home community. The critical point is not how these steps are taken, but that they are indeed understood as necessities of warrior return consistent with the soul-healing needs of the individual warriors.

Our veterans have been on the deepest and darkest of journeys “through the valley of the shadow.” It is our collective responsibility to hear their soul cries of distress, respond with all they need, and take the moral and spiritual journeys home with them. Healing our veterans heals, teaches, transforms and blesses us all.

— *Edward Tick*

nam War vet son, between two Vietnam vets who help each other through life's daily difficulties, and between the vets and their women. When the vet son first hears that PTSD was once known as Soldier's Heart, he says, "That's poetic — makes me think of my dad." His girlfriend replies, "It made me think of you."¹⁹

Unlike most war movies, Delate's is quiet.

There are no explosions of violence. Rather, the movie shows that some veterans carry a pervasive sadness, hypersensitivity and an inability to find safety. Everyday life — organizing, paying attention, finding a job, paying bills, making relationships work — is just harder for them. Everything hurts. The name of Delate's movie is *Soldier's Heart*, a Civil War-era term that some veterans

"NOTHING IS MISSING"

Brian Delate, a Vietnam War vet who was helped by psychotherapist Edward Tick, Ph.D., to recover from PTSD, has revisited Vietnam twice since the war, once in January 2012 and again in January 2013, when he wrote the journal entries below.

BY BRIAN DELATE

"Beyond the ideas of right doing and wrong doing — there is a field. I will meet you there..." — Rumi

It is January 2013, and I am back in Vietnam for the second time in 42 years, back at the place where death once danced wildly with life. I am here as a combat veteran, but I brought with me a piece of my current work — a one-man show entitled *Memorial Day*, which I have written and in which I perform.

Something important I felt was missing while here a year ago was to be able to stand on some of that hallowed ground in Chu Lai — my area of operation during the war. Thousands of Americans were stationed here at that time. This time, I broke away from the group I was traveling with in Hanoi to spend 24 hours in Chu Lai. The old hangars that remain now resemble something out of H.G. Wells' *The Time Machine*; the runways that were vibrantly active in 1969 are barely discernible.

On this day in and around Chu Lai, I

At one point, I felt like I was watching somebody else commit this violence. After my maniacal behavior, another layer of deep self-loathing dropped in.

had a driver, a translator and — because I also make films — a cameraman. We drove around kind of hit-and-miss on different roads to see what I could remember. I brought a snapshot of myself from 1969 standing on a particular beach in a striking, cove-like area. We found that exact place. I took some time to reflect and pray for all those who did not survive those rough times. And now to my own surprise, I include the former enemy — and that means their families and their communities — something that was totally unthinkable at one time.

At the end of this day, I stayed at a beautiful old inn near Chu Lai. There was an older, very fragile Vietnamese man, one of the few Vietnamese I'd met who admitted to fighting the Communists. He spoke at length in very broken English, and at one point he held my hand very firmly, wept a little, thanked me for visiting and sent good wishes to Americans.

Days later: I visited with college kids, who told me, "We're tired of hearing about that war." In another instance, we visited the Veterans Association of Vietnam. The head of this agency was a lieutenant general (one of their war heroes). I was allowed to perform about 12 minutes of *Memorial Day*, and it landed pretty powerfully. When I first met the general, we shook hands politely. After I finished the piece, he immediately stood up and came over to me and with great vigor shook my hand. Then he looked me in the eye and kept touching his heart and

my heart with his fist — saying through the translators, "We identify with the humanity." This surprised everybody, and a load of personal sincerity and even some humor dropped into the room.

In the following days, we went to the Institute for Humanities and Social Sciences, where we would interact with a combination of their psychologists,

We made eye contact again, and a guilt-ridden memory began to evaporate, replaced with a new one.

veterans and students. Initially, there was the time-consuming formality — introductions and translations back and forth. Then Edward Tick, our leader, gave a speech, addressing what has been learned from both sides over the years with regard to the aftermath of the war that took place here so long ago. He drew interesting comparisons of our countries. I sat next to one of their psychologists, also a combat veteran who was involved in the war with America. One of things he made very clear was that everybody in his world (family, friends, immediate community) was involved with the fight. The family and the community shared the burden of the returning soldiers even more than the government.

One of the students questioned Tick's assertion of the value of bringing American veterans back to Vietnam. I spoke up at this point because I had been here the year before, and, at that time, instead of feeling immediate transformation, I fell



prefer.

We *treat* PTSD. We *heal* Soldier's Heart. When we think of it as a medical or psychological condition needing expert repair or control, we do things to and give things for PTSD. When we think of it as a communal and spiritual wound that we all share and for which we are all responsible, we love and support, listen to, engage and guide survivors, and

take a moral journey with them.

When we call PTSD Soldier's Heart, it honors the weight and sorrow that permanently dwell in a veteran's heart. It honors that they are wounded and must carry that heaviness their entire lives. It honors that life may be more difficult for them and they took these wounds for us. It calls for an empathic and generous response from our hearts.



Delate with a Vietnamese baby

back into re-living many of the fears and re-experiencing some of the trauma. Let me explain. At one point while in the city of Hoi An, I was in the dining room of an elegant hotel with my wife, Karen, having breakfast. A young waiter walked by. He and I made eye contact, and immediately, an emotional tumor (as I have come to call them) erupted. I had to get outside of the hotel to regroup.

Quick back story — as a young sergeant in 1969, after coming off of a rough night with my squad and not having slept for some time, I got into it with a young Vietnamese man of the type we called “cowboys.” He spit in my direction and I went into a berserk rage and proceeded to beat him, almost to death. At one point I felt like I was watching somebody else commit this violence. After my maniacal behavior, another layer of deep self-loathing dropped in.

Back to the hotel in Hoi An. I went back into the hotel dining room, sat back down with Karen, and we spoke about what had happened. The same young

waiter came by, smiled and asked me if I wanted more tea. This time nothing happened. We made eye contact again, and a guilt-ridden memory began to evaporate, replaced with a new one. It reminds me of that scene in the film *The Mission*, where Rodrigo Mendoza, played by Robert De Niro, drags his armor around as a form of self-punishment for having killed his brother. Finally a native cuts the rope connecting him to the armor, and he is free.

One very important thing I want to mention here is that post-traumatic stress disorder (PTSD) is a collective wound, and a soldier/veteran cannot carry that wound alone. If he tries, he will either collapse or the damage to the individual will never be healed and the casualties and hurt will continue to accumulate.

Another day, we went to a reception and book launch for a writer here who is a celebrated medium/psychic. Over the past 15-20 years, she has helped thousands of families to find the remains of loved ones killed in the war. I met this woman briefly. We shook hands and took each other in visually. Then, through her translator, she said to me, “Please tell him that nothing is missing.”

Near the end of our trip we visited a Buddhist monastery. There are many monks in residence here, as well as nuns. Following lunch, we were given a tour and then took in a meditation class with a monk and a nun. There were a couple of times during the meditation that I peeked out to look at them. There was something so compelling about watching them meditate. She [the nun] particularly possessed a very still, but very graceful,

present essence — an incredibly sublime peace.

One of our group was Father Mike, a retired Catholic priest. After our meditation, we sat with the head monk for some time. Near the end of this period, Father Mike asked if he could recite a haiku. He did, and here it is:

*The Christ that I know
would wash the feet of the Buddha
so great is the Love.
The Buddha that I know
would wash the feet of Christ
so great is the Love.*

The monk took this in through the translators and beamed a brilliant smile. This same monk, after I had asked him to help me further understand compassion, had said, “You have plenty of compassion for others. Now you need to have more compassion for yourself.”

I felt I was beginning to understand an insight from the ancient Greeks about happiness: *making full use of your powers*. That does not mean living in any kind of perfection, but living and living fully. And in understanding that, as the Vietnamese medium said to me, “Nothing is missing.”

BRIAN DELATE lives in New York with his wife, Karen de Balbian Verster, and works as an actor and filmmaker. He wrote and directed the DVD film *Soldier's Heart*, which looks at the effects of war-related PTSD and the healing that's possible.

We must redefine therapy for PTSD just as we must better comprehend PTSD and our veterans. Healing for PTSD requires a spiritual approach because PTSD is a sacred wound to both the soul and society. It requires a different psycho-spiritual approach because the identity must be recreated and meaning discovered. It requires a communal approach because it is a social disorder resulting from isolating the warrior from civilian classes. Healing PTSD requires moving beyond conventional therapeutic practices to restore the proper relationships between veterans and communities, to provide veterans with all they need in order to return from hell and to discover the personal and socially useful dimensions of PTSD.

We must think not only in terms of post-traumatic disorder but also in terms of post-traumatic growth.

EDWARD TICK is founding co-director of Soldier's Heart, Inc. and the author of *War and the Soul* and three other books. He works with military and civilian chaplains and served as the 2012 U.S. Army Chaplaincy's expert trainer in PTSD, training over 2,000 Army chaplains through their Chaplaincy Annual Sustainment Training. His next book, *The Warrior's Return*, will be released in 2014.

NOTES

1. While major depression often co-occurs or is one symptom of these conditions, it is a common mental health issue not considered a "signature war wound." Further, these wounds are often misdiagnosed as depression. Depression may be related to factors other than military history, and veterans frequently protest or appeal this confusion.

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