

# Helping Service Personnel Readjust To Being Home

by Caroline Waller  
Faith-Based Resource Specialist  
Interchurch Ministries of Nebraska  
imn@nebraska.edu

## ***What they need to do***

When service personnel return home, they will want to be the same, and their families will be expecting to see the same person who went away. The reality is that this is just not possible, because most service personnel have experienced some form of distress which has changed their perspective on life. Each person will adjust to being home in a different way, and each person will find his or her own new “normal.” Pastors can be instrumental in helping to make this transition. Listed below are some suggestions that pastors can share with the individuals who are returning home. These suggestions can also be shared with families, so that those most intimately connected to the returning individuals are able to offer support and encouragement.

- Remember that returning is a process. There have been changes in you and changes in the environment to which you return. Life will be different for everyone and it will take time to adjust to all these changes.
- Spend time with those who care for you and whom you care about. If you cannot be in their presence, contact them regularly by phone or e-mail. Let their presence be a support for you.
- Stress is normal. You cannot avoid it. It will happen because there are changes in your life – but change can be very positive.
- Set realistic expectations. Initially, do what has to be done – the basic necessities. Don’t allow yourself to become overwhelmed by the “to-do list.” Aim to accomplish one thing at a time. Give yourself adjustment time before making any major decisions.
- Find someone with whom you can talk. Share your experiences – “the good, the bad and the ugly.” This will help to alleviate some stress. It is a sign of strength to take care of yourself this way. Trusted relatives, friends, a faith leader or someone with whom you work are people who want to help. Give them the opportunity to care for you.
- Develop regular sleep patterns; exercise regularly, eat well-balanced and regular meals, avoid excessive alcohol consumption.
- Do things that you enjoy and that are relaxing; celebrate the positive accomplishments and cultivate playfulness, hope and joy.

- Be patient with yourself. Each day you are making progress toward a new “normal” and you are learning new skills and seeing new strengths in yourself.
- Attend to your spirit; read stories of others who have overcome hard times; admit that you have questions about your faith and about God in this situation; sing; pray; meditate. Your spirit can also recover and grow in spite of all you have seen or done.
- There may be times when you feel letdown. This is normal. It means that your physical body is returning to a more normal state. Some of the problems that you face are the same ones that you had before this event in your life. Give yourself time, and remember that this is a process. If you are worried about your progress do not hesitate to seek the help of a trusted friend or counselor. This is another sign of strength as you take care of yourself.

### ***What you can say –***

As a faith leader, you have the opportunity to help individuals put their experience in a new perspective. You do not need to know all the answers. You simply need to acknowledge the reality of what the individuals have seen and done and validate their struggle to find a way to cope with all the changes that have taken place in themselves. Listed below are some statements which will help the individual sense your support.

- **I’m glad that you told me** – This affirms both the validity of their experience and the importance of their willingness to talk about it. It is very difficult to articulate some experiences. Don’t assume that you know what they have experienced. They need to have an opportunity to talk about it.
- **I’m sorry that you had to experience this** – Affirm the injustice of what has happened and give them the opportunity to be angry. Don’t take their anger or their pain personally.
- **No one deserves to have to see and/or do what you experienced** – No matter what their experience has been, it has been traumatic for them. Don’t use platitudes or clichés such as “This is God’s will.” They need for you to hear their pain, and it is ok for you to be honest and say to them, “I am frightened (upset, alarmed, finding it difficult to cope with) by what you are sharing with me, but I will listen anyway, because I care for you.”
- **I’m concerned for you** – i- They may feel guilty that they are safe when others have perished or are still in danger. Tell them that you are glad that they are home. Tell them that you are glad that they are safe. Don’t minimize their feelings, but honestly share gratefulness that they are here.
- **I know of resources and places that can help you** – Be sure that you do know of counselors or counseling centers that are available if they are

needed. At the very least be willing to commit to helping the individual find the resources that he or she may need.

### ***What they need –***

You are not expected to know all the answers. You do not have to solve all of the problems. You do not have to do things for them or to them. You need to be with them.

This is about “*accompaniment*.”

- **Listen, listen, listen** – Invite them to share their experiences. Don’t pressure them. Invite them regularly. Don’t assume that one invitation to talk will be enough. Go slow, but be intentional in expressing your willingness to listen.
- **Be a presence** – Find opportunities to get together – sporting events, coffee, meals, go for a walk, or any other activity where you can be together and talk at the same time.
- **Help them find hope** – They need to hear these thoughts from you: “You can get through this.” “You are a strong person.” “This is not the end of life as you know it.” “I (and others) will be here to support you.”
- **Empathy** – Accept the fact that they feel confused about the past and the future. Accept their pain, and be willing to share it with them. Communicate this empathy to them so that they are absolutely sure that you are willing to make this sacrifice.
- **Journey** – Returning is a process. Adjustment to change takes time. It will not be accomplished overnight. Everyone involved in this process should be encouraged to think about movement in a positive direction, rather than focusing on the destination.

### ***What you may see –***

There are a variety of emotional, cognitive, behavioral, physical and spiritual responses that an individual may experience. This is normal. They may be immediate or appear some time later. Over time, many diminish. The individual should seek help if they persist for a month or longer, or if they reappear after other upsetting events.

- **Emotional** – Fear, terror, anxiety, denial, shock, confusion, sense of being lost or overwhelmed, panic/paranoia, anger/rage, apprehension, depression, shame, humiliation, guilt, irritability, agitation and/or restlessness.
- **Cognitive** – Confusion, nightmares, hypervigilance, suspiciousness, flashbacks, over-sensitivity, difficulty concentrating or making decisions, memory problems, shortened attention span, overly critical, blaming others, poor problem solving skills, poor abstract thinking, preoccupation with the event, inability to recall all or parts of the event, disorientation of time or place or person and/or heightened or lowered awareness.

- **Behavioral** – Withdrawal, antisocial acts, restlessness, pacing, suspiciousness, emotional outbursts, change in speech patterns, increased alcohol/drug use, changes in sexual functioning, loss or increase of appetite, changes from typical behavior, relationship difficulties, domestic violence, crying.
- **Physical** – Thirst, twitches, vomiting, weakness, chest pain, elevated blood pressure, rapid heart rate, muscle tremors, shock symptoms, shallow breathing, dizziness or faintness, chills or sweating, easily startled, fatigue, sleep disturbance, headaches, grinding teeth.
- **Spiritual** – Crisis of faith, emptiness, loss of meaning, doubt, feeling unforgiven, sense of martyrdom or punishment, search for magic, loss of direction, cynicism, apathy, need to “prove” one’s self, alienation, mistrust, anger at God, questions for and about God.

**Note** – This is the arena where the pastor has the opportunity to assure the individual that it is all right to question God and to be angry at God. It is important to encourage the individual to use spiritual practices and/or religious beliefs to cope. It may be that these practices will need to be re-learned or re-established. The pastor is especially key to this course of action. It is also important to help the individual understand that forgiveness can’t be forced or expected in a set amount of time. Forgiveness of self or others is a process which does not have an estimated time of completion.

#### ***When to refer –***

If you see the symptoms listed below in the person you are visiting with, you should encourage them to seek further help. If you suspect that any of these symptoms exist, ask about them. It is not inappropriate to ask if they are sleeping too much or too little, if they are having nightmares or if they have increased the amount of alcoholic beverage they are drinking. You are helping them by asking these questions. You are not helping if you make assumptions, or if you hope that these symptoms will just go away.

The individual and/or the family can visit with their doctor or with a counselor. They need this additional intervention to successfully overcome the problems which are presenting themselves. It may be good for you to help make these arrangements because those directly affected may not have the energy or determination to do it alone. Your support in this way can be a significant contribution to their ability to “normalize”. Always remind them that asking for help is a sign of strength, and give them affirmation for facing the problems and seeking to get beyond them.

Some of the indicators that a person may need additional intervention are:

- If the person appears depressed (for two weeks or longer) – expresses feelings of hopelessness, shows a lack of interest in day-to-day activities or loved ones, experiences changes in eating and sleeping habits, or expresses any thoughts about death or suicide.

- If the person frequently appears anxious or subject to panic – expresses feelings of fear long after the event. Fear is a normal reaction to a frightening situation, but it normally subsides as time passes.
- If the person experiences flashbacks and frequent nightmares – some traumatic experiences and/or events can cause a person to have vivid, frightening dreams or sudden vivid, frightening memories. These experiences may cause the individual to feel indifferent, want to avoid people and/or responsibilities, and become “edgy.”
- If the person begins to increase consumption of alcohol or drugs (legal and illegal).
- If the person becomes physically abusive of members of his/her family or others.
- If the person has had previous mental health problems or trauma, there is a possibility that they will experience these symptoms again or have new symptoms emerge.

**Distributed by Interchurch Ministries of Nebraska  
215 Centennial Mall S., #411  
Lincoln, NE 68508  
402/476-3391  
[www.interchurchministries.org](http://www.interchurchministries.org)**