

The Spiritual Dynamics of Post-Traumatic Stress
Disorder in the Life of Martin Luther

By
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When my wife made her first fruit cake of the 2009 Christmas season a pleasant aroma saturated the space that is our kitchen and family area. The fresh dried fruits, orange liqueur, purest brown sugar and other rich ingredients blended harmoniously to deliver the maximum pleasure. Regrettably, as tasty as the cake was it would never be served to a guest. A crucial item was absent - the eggs which would bind all of the ingredients together to form the loaf.

So it is with Martin Luther's indelible impression upon our past. Questions were in abundance. How does an individual come to faith? What are the sacraments of the church? By what means is a believer sanctified? Are the traditions of the church more important than the scripture?

Social change was on the rise. Modern states were gaining autonomy. The "Black Death" was a constant fear. The papacy had declined in power and the church was rife with corruption.

This history of ideas and social circumstances had reached a critical mass in Germany. It was the context in which Luther waged his holy war against all that he saw to be wrong with the church. But perhaps the single most significant ingredient in the recipe of Martin Luther's

Reformation was trauma. Luther said as much in his own words.

*Vivendo, immo moriendo et damnando fit theologus, non intelligendo, legend, aut speculando: A theologian is born by living, nay dying and being damned, not by thinking, reading, or speculating.*¹

Martin Luther's world was fraught with trauma. His family life was a grinding existence. His father was a hardworking miner who drank to excess.² "My father once whipped me so severely that I fled from him, and it was hard for him to win me back...My mother once beat me until the blood flowed, for having stolen a miserable nut."³

Growing up in the superstitious climate of the late medieval period, Luther's environment was saturated with the mythological stories of evil spirits and witches. In Luther's *Table Talk* he related his belief in witches who had the ability to cast charms on individuals that could

¹Erik Erickson, *Young Man Luther: A Study in Psychoanalysis and History* (New York: W. W. Norton & Company, 1958), 251.

²Preserved Smith, "Luther's Early Development in the Light of Psycho-Analysis," *American Journal of Psychology* 24 (July 1913): 361.

³Preserved Smith, *The Life and Letters of Martin Luther* (London: John Murray, 1911), 2.

bring about their death.⁴ Living under such a cloud as a child could certainly be traumatic.

Two other significant issues in the early life of Luther illustrate how the specter of death was always nearby. In 1505 the plague struck Erfurt, a small town in Germany, where Luther was pursuing his studies. The death of some students in the community shook the young Luther to his core. Along with many other citizens of the town Luther evacuated to his home village only to find two of his own brothers dying of the plague.⁵

His return to Erfurt in the following months was marked by an event that changed the course of Luther's life. A terrible thunderstorm arose provoking a great sense of fear and dread in Luther so that he called out, "Help, St. Anna, and I will be a monk."⁶ Smith adds that Luther may have been already disposed to this decision noting that he had a "heavenly vision" warning him to enter the cloister.⁷

⁴Martin Luther, *Tischreden*, trans. and ed. W. Hazlitt (1848), <http://www.lutherdansk.dk/Table-Talk/index.htm> (accessed April 10, 2010), DLXXVIII.

⁵Preserved Smith, "Luther's Early Development in the Light of Psycho-Analysis," *American Journal of Psychology* 24 (July 1913): 369.

⁶Preserved Smith, *The Life and Letters of Martin Luther* (London: John Murray, 1911), 9.

⁷Ibid.

The DSM IV explains that Post Traumatic Stress Disorder (PTSD) can occur when both of the following are present:

The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others and the person's response involved intense fear, helplessness, or horror.⁸

Based upon the self-report of Martin Luther it seems clear that he experienced both a threat of death or serious injury and a sense of helplessness in response to more than one circumstance in his early life. Could he have suffered from PTSD and what dynamic might develop as a result of such a concern?

Dr. Daniel Amen, a well-known neuroscientist and psychiatrist, suggests that we may deduce even more about an individual based upon the Amen Brain System Checklist.⁹ Amen's checklist is highly correlated with his research using Single Photon Emission Computed Tomography (SPECT Scans) to image the human brain for the purpose of

⁸American Psychiatric Association, *Diagnostic and Statistical manual of Mental Disorders*, 4th ed. (Washington D.C.: American Psychiatric Association, 1994), 427-428.

⁹Daniel Amen, "Change Your Brain, Change Your Life" (pre-conference workshop at the annual meeting of the American Association of Christian Counselors, Nashville, TN, September 16, 2009).

diagnosis and treatment of mental illness.¹⁰ Amen reports that his checklist is very accurate in predicting what a particular individual's brain scan might reveal.¹¹

It is challenging to assess an individual at a distance of five hundred years. It is safe to say that it is possible that Luther had concerns related to four different areas of his brain according to Dr. Amen's checklist.¹² Review of the checklist would cause one to speculate that Luther's score would be four or greater in the anterior cingulate system, basal ganglia, deep limbic system, and temporal lobes.¹³ Luther's writings give us some indication that this is the case.

The anterior cingulate (AC) system is to the brain what a transmission is to an engine. It facilitates an individual's ability to transition from thought to thought. Those individuals with a hyperactive AC will have difficulty processing thoughts and can become stuck or

¹⁰Ibid.

¹¹Dr. Amen's checklist and answer sheet is available in his book "Healing the Hardware of the Soul" and is reprinted with permission and included as an appendix.

¹²Ibid.

¹³Ibid.

obsessed.¹⁴ Luther's fixation on the misguided papacy, his long running dispute with Erasmus of Rotterdam, and his lifelong battle against the devil and evil spirits seem likely candidates for obsessive thought patterns. For example, Smith notes that a survey of Luther's *Tischreden* yields hundreds of descriptions of the devil's intrusions into Luther's life.¹⁵

A second system that is likely involved is the basal ganglia. Continuing the automobile analogy (before the days of fuel injection), the basal ganglia would be the brain's carburetor. It controls the idle speed for your body. When the idle speed is elevated, an individual experiences high anxiety evidenced by physical symptoms like panic and digestive issues. Smith cites Luther's report of a likely panic attack in which, "his heart beat, so that he almost

¹⁴Daniel Amen, *Healing the Hardware of the Soul: How Making the Brain-Soul Connection Can Optimize Your Life, Love and Spiritual Growth* (New York: Free Press, 2002) 138.

¹⁵Preserved Smith, "Luther's Early Development in the Light of Psycho-Analysis," *American Journal of Psychology* 24 (July 1913): 364.

died on the spot.”¹⁶ Physical ailments are also documented by Luther throughout his lifetime in his *Tischreden*.¹⁷

Luther’s chronic melancholy is evidence of the high possibility of dysfunction in his deep limbic system. This is the emotional fuel system for the body. Persistent moodiness, excessive guilt, appetite changes, and decreased interest are all symptoms of deep limbic issues reported by Luther.¹⁸

Amen’s SPECT scan diagnostics validated by the California Medical Board, indicate a primary diagnosis of Post Traumatic Stress Disorder when an individual’s scan shows hyperactivity in the anterior cingulate, basal ganglia, and deep limbic systems.¹⁹ These are all demonstrated in Figure 1 found in the illustration area.

Of further interest is what Smith describes as Luther’s “most conspicuous fault, a hot temper and almost

¹⁶Ibid., 365.

¹⁷Martin Luther, *Tischreden*, trans. and ed. W. Hazlitt (1848), <http://www.lutherdansk.dk/Table-Talk/index.htm> (accessed April 13, 2010), DCCXXXIV.

¹⁸Denis R. Janz, *A Reformation Reader: Primary Texts with Introductions*, 2nd ed. (Minneapolis: Fortress Press, 2008), 84.

¹⁹Daniel Amen, *Healing the Hardware of the Soul: How Making the Brain-Soul Connection Can Optimize Your Life, Love and Spiritual Growth* (New York: Free Press, 2002) 193.

unbridled violence of language."²⁰ Luther also had unusual religious experiences such as doing battle with the devil at night.²¹ These sorts of incidents speak to a dysfunction with Luther's temporal lobe area - a region of the brain associated with violent thoughts and religious or moral preoccupation. Dr. Amen's work demonstrates case studies of individuals with unusual preoccupations with the devil and violent behavior who had temporal lobe dysfunction.²²

All of the aforementioned brain systems that may be indicated as involved in Luther's behaviors could culminate in a profile of an individual who is driven by a religious obsession that can be manifest with violent language, depression, and physiological anxiety. Some leaders of religious movements have had similar traumatic backgrounds. David Koresh, born Vernon Wayne Howell, lived in the home of a violent alcoholic and was moved in and out of different households as a child before becoming the

²⁰Preserved Smith, "Luther's Early Development in the Light of Psycho-Analysis," *American Journal of Psychology* 24 (July 1913): 362.

²¹Martin Luther, *Tischreden*, trans. and ed. W. Hazlitt (1848), <http://www.lutherdansk.dk/Table-Talk/index.htm> (accessed April 13, 2010), DCXXI.

²²Daniel Amen, *Healing the Hardware of the Soul: How Making the Brain-Soul Connection Can Optimize Your Life, Love and Spiritual Growth* (New York: Free Press, 2002) 72-74.

charismatic leader of the cult movement known as the Branch Davidians. What then are the spiritual components of Post Traumatic Stress and how might Luther have managed these?

Sinclair explains that "The most corrosive impact of horrific emotional trauma is to be found in the spiritual fabric of persons" and that "the condition of PTSD is spiritual at its deepest level."²³ Luther said as much when he first entered the cloistered life. "I felt that I was a sinner before God with an extremely disturbed conscience."²⁴ He seemed abandoned and forsaken by all - disoriented and unsure of what to believe.

In object-relations terms, Luther may have introjected a flood of bad objects to the point where he would simply say "I am evil". This would account for Fairbairn's use of theological terms in writing that what such a patient needs is not a psychotherapist but an evangelist. "They live," he says, "in a world ruled not by God, but by the Devil."²⁵ In such a traumatic state it is difficult for one to find

²³N. Duncan Sinclair, *Horrorific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder* (Binghamton, New York: Haworth Pastoral Press, 1993), 65.

²⁴Denis R. Janz, *A Reformation Reader: Primary Texts with Introductions*, 2nd ed. (Minneapolis: Fortress Press, 2008), 82.

²⁵William Ronald Dobbs Fairbairn, "The Repression and the Return of the Bad Objects" in *Essential Papers on Object Relations* (New York: University Press, 1986), 126.

peace and so we find Luther seeking the monastery. The hyper alert state often seen in PTSD manifests itself in extreme living evidenced by Luther's famous words,

I was indeed a good monk and kept the rules of my order so strictly that I can say: if ever a monk got to heaven through monasticism, I should have been that man. All my brothers in the monastery who know me will testify to this. I would have become a martyr through fasting, prayer, reading and other good works had I remained a monk very much longer.²⁶

Ultimately, Luther was ushered out of the monastic community by a mentor who saw an opportunity in Wittenberg to redirect his anxious energies away from his internal confusion and focus them in a disciplined life of study.²⁷ This may have been one of the most important spiritual and medical prescriptions in history. In the safe and encouraging environment of the academic community Luther began to gradually reveal his secrets in print. Luther's greatest secret may have been his extreme dread of judgment by God. Erikson illustrates this in his treatment of Luther's first mass as a priest where he recounts that he

²⁶Denis R. Janz, *A Reformation Reader: Primary Texts with Introductions*, 2nd ed. (Minneapolis: Fortress Press, 2008), 84.

²⁷Preserved Smith, *The Life and Letters of Martin Luther* (London: John Murray, 1911), 21.

"felt like fleeing the world as a Judas."²⁸ Yet, Luther kept his outward composure and completed the mass. This was a vivid example of how Luther began his healing journey by risking exposure of his deepest fears.

But, it was in Luther's pursuit of grace that he found genuine relief. "Writing about traumatic events can produce physical and psychological health benefits, especially when individuals use language to transform emotionally laden events into meaningful narratives."²⁹ At his post in Wittenburg Luther poured himself into his preparations for his lectures and found his salvation in the words of Scripture.

Consistent with modern understanding of PTSD treatment, Luther answered his feelings of loss and desperation as he began to challenge the abusive indulgence

²⁸Erik Erickson, *Young Man Luther: A Study in Psychoanalysis and History* (New York: W. W. Norton & Company, 1958), 139.

²⁹Julie J. Exline, Joshua M. Smyth, Jeffery Gregory, Jill Hockemeyer, and Heather Tulloch, "Religious Framing by Individuals With PTSD When Writing About Traumatic Experiences," *The International Journal for the Psychology of Religion* 15 (2005): 17.

doctrines perpetuated by men like Johann Tetzel as evidenced by Thesis 28 among his Ninety-Five Theses.³⁰

Luther's writing reflected his discoveries in Scripture that began to free him from his prison of shame - the trauma of rejection by God.³¹ As with modern day therapeutic practice, Luther processed his emotionally troubling thoughts as the Holy Spirit guided him towards grace. Further, modern research demonstrates how framing negative experiences in positive religious terms yields positive growth both mentally and physically.³²

This once endangered young man found a spiritual solution to his childhood trauma. His self treatment, or theologically stated his salvation by grace through faith, gradually moved Luther towards integration. In summary, I agree with Sinclair's remark that PTSD is a spiritual

³⁰Denis R. Janz, *A Reformation Reader: Primary Texts with Introductions*, 2nd ed. (Minneapolis: Fortress Press, 2008), 90.

³¹Martin Luther, *Tischreden*, trans. and ed. W. Hazlitt (1848), <http://www.lutherdansk.dk/Table-Talk/index.htm> (accessed April 13, 2010), II.

³²Julie J. Exline, Joshua M. Smyth, Jeffery Gregory, Jill Hockemeyer, and Heather Tulloch, "Religious Framing by Individuals With PTSD When Writing About Traumatic Experiences," *The International Journal for the Psychology of Religion* 15 (2005): 19.

diagnosis as evidenced by Luther's self treatment.³³

Luther's drive for redemption motivated by a need for grace that was hardwired with a brain on fire may have been the vital ingredient that bound the early Reformation together.

³³N. Duncan Sinclair, *Horrorific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder* (Binghamton, New York: Haworth Pastoral Press, 1993), 65.

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Illustrations

SPECT Scans from Dr. Daniel Amen's Clinic.

<http://www.amenclinics.com/clinics/>

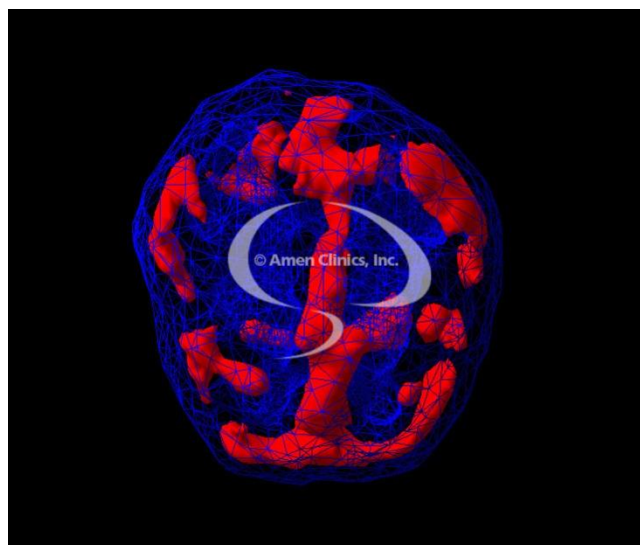


Figure 1 SPECT scan of a patient with PTSD

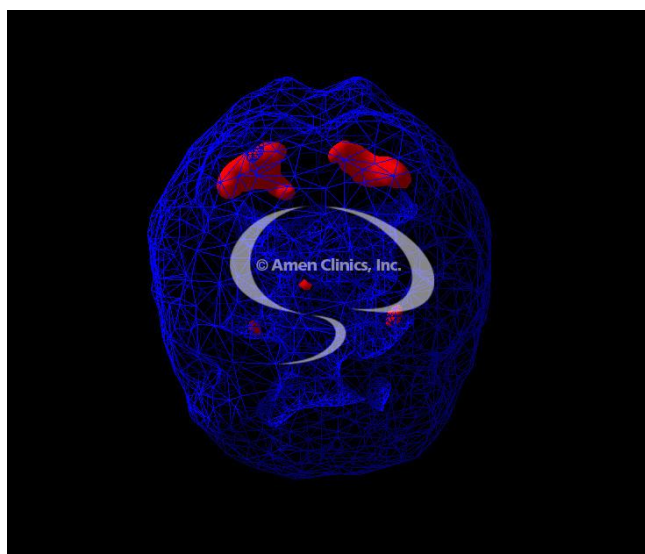


Figure 2 SPECT scan of a healthy brain

Appendix

Amen Brain System Checklist

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover or parent) rate you as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable

OTHER SELF

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Fails to give close attention to details or makes careless mistakes |
| ___ | ___ | 2. Trouble sustaining attention in routine situations (i.e., paperwork, chores) |
| ___ | ___ | 3. Trouble listening |
| ___ | ___ | 4. Fails to finish things |
| ___ | ___ | 5. Poor organization for time or space (such as room, desk, paperwork) |
| ___ | ___ | 6. Avoids, dislikes, or is reluctant in tasks that require sustained mental effort |
| ___ | ___ | 7. Loses things |
| ___ | ___ | 8. Easily distracted |
| ___ | ___ | 9. Forgetful |
| ___ | ___ | 10. Poor planning skills |
| ___ | ___ | 11. Lack clear goals or forward thinking |
| ___ | ___ | 12. Difficulty expressing feelings |
| ___ | ___ | 13. Difficulty expressing empathy for others |
| ___ | ___ | 14. Excessive daydreaming |
| ___ | ___ | 15. Feeling bored |
| ___ | ___ | 16. Feeling apathetic or unmotivated |
| ___ | ___ | 17. Feeling tired, sluggish or slow moving |
| ___ | ___ | 18. Feeling spacey or "in a fog" |
| ___ | ___ | 19. Fidgety, restless or trouble sitting still |
| ___ | ___ | 20. Difficulty remaining seated in situations where remaining seated is expected |
| ___ | ___ | 21. Runs about or climbs excessively in situations in which it is inappropriate |
| ___ | ___ | 22. Difficulty playing quietly |
| ___ | ___ | 23. "On the go" or acts as if "driven by a motor" |

- ___ 24. Talks excessively
- ___ 25. Blurts out answers before questions have been completed
- ___ 26. Difficulty awaiting turn
- ___ 27. Interrupts or intrudes on others (e.e., butts into conversations or games)
- ___ 28. Impulsive (saying or doing things without thinking first)
- ___ 29. Excessive or senseless worrying
- ___ 30. Upset when things do not go your way.
- ___ 31. Upset when things are out of place
- ___ 32. Tendency to be oppositional or argumentative
- ___ 33. Tendency to have repetitive negative thoughts
- ___ 34. Tendency toward compulsive behaviors
- ___ 35. Intense dislike for change
- ___ 36. Tendency to hold grudges
- ___ 37. Trouble shifting attention from subject to subject
- ___ 38. Trouble shifting from task to task
- ___ 39. Difficulties seeing options in situations
- ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ 42. Needing to have things done a certain way or you become very upset
- ___ 43. Others complain that you worry too much
- ___ 44. Tend to say no without first thinking about question
- ___ 45. Tendency to predict fear
- ___ 46. Frequent feelings of sadness
- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low Energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored

- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism

- ___ ___ 88. Bites fingernails or picks skin
- ___ ___ 89. Short fuse or periods of extreme irritability
- ___ ___ 90. Periods of rage with little provocation
- ___ ___ 91. Often misinterprets comments as negative when they are not
- ___ ___ 92. Irritability tends to build, then explodes, then recedes, often tired after rage
- ___ ___ 93. Periods of spaciness or confusion
- ___ ___ 94. Periods of panic and/or fear for no specific reason
- ___ ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ ___ 96. Frequent periods of déjà vu (feelings of being somewhere you have never been)
- ___ ___ 97. Sensitivity or mild paranoia
- ___ ___ 98. Headaches or abdominal pain of uncertain origin
- ___ ___ 99. History of a head injury or family history of violence or explosiveness
- ___ ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ ___ 101. Periods of forgetfulness or memory problems

Answer Key

For each of the areas listed below, add up the number of answers that were scored as three or four. A cutoff score is provided with each type.

Prefrontal cortex dysfunction, questions 1-28

- Highly probable 8 questions with 3 or 4
- Probable 6 questions with 3 or 4
- May be possible 4 questions with 3 or 4

Anterior cingulated system hyperactivity, questions 29-45

- Highly probable 10 questions with 3 or 4
- Probable 7 questions with 3 or 4
- May be possible 4 questions with 3 or 4

Basal ganglia hyperactivity, questions 46-69

- Highly probable 10 questions with 3 or 4
- Probable 7 questions with 3 or 4
- May be possible 4 questions with 3 or 4

Deep limbic system hyperactivity, questions 70-88

- Highly probable 10 questions with 3 or 4
- Probable 7 questions with 3 or 4
- May be possible 4 questions with 3 or 4

Temporal-lobe dysfunction, questions 89-101

- Highly probable 8 questions with 3 or 4
- Probable 6 questions with 3 or 4
- May be possible 4 questions with 3 or 4