



Type: Book Chapter

Post-Traumatic Stress Disorder in the Book of Mormon

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Source: *2019 BYU Religious Education Student Symposium*

Published: Provo, UT; Religious Studies Center, Brigham Young University,
2019

Page(s): 131-150

Abstract: Discussions of mental health and trauma are becoming more prevalent in The Church of Jesus Christ of Latter-day Saints. Victims of Post-traumatic Stress Disorder (PTSD) can be directed to the scriptures and realize that characters within the Book of Mormon may have experienced PTSD as well and show how they might have dealt with PTSD. This article provides specific analysis on the lives of Nephi, Mormon, and Moroni, regarding PTSD risk factors, resilience factors, and symptoms displayed in the Book of Mormon. The Book of Mormon can therefore become an elevated resource for understanding Post-Traumatic Stress Disorder and a connection point for individuals facing this disorder.



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Post-Traumatic Stress Disorder in the Book of Mormon

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In the past decade, The Church of Jesus Christ of Latter-day Saints has released many articles, discourses, and stories regarding mental health and trauma.¹ This is likely due to the increase in awareness, medical understanding, and diagnosis in the past decade. In fact, the discovery of mental disorders is relatively recent, and advancements continue to be made that allow us to better and further understand how and why mental disorders develop. In particular, post-traumatic stress disorder (PTSD) is a newer diagnosis in the mental health field.

For individuals dealing with PTSD or similar mental disorders, feelings of isolation seep in that make them feel like they are alone in their situation. The primary purpose of this paper is to direct those who struggle with PTSD and its associated symptoms to the scriptures to demonstrate that individuals within the Book of Mormon may have experienced PTSD and show how they may have dealt with it.

To illustrate this possibility, I will first identify what PTSD is and how it is currently diagnosed. Next, I will cite historical work that demonstrates instances in which PTSD may have occurred in ancient history. Given this foundation, I will use the Book of Mormon as a primary source journal for the life of Mormon, Moroni, and Nephi to propose that they may have dealt with PTSD during their lifetimes. The purpose is not to provide official diagnosis, but rather to establish a connecting point between the Book of Mormon and those facing serious mental strains.

WHAT IS PTSD?

Post-traumatic stress disorder is an anxiety disorder from the “trauma and stressor-related disorders”² category that some people “can develop after a very stressful, frightening or distressing event, or after a prolonged traumatic experience.”³ PTSD was first recognized and introduced to the *Diagnostic and Statistical Manual of Mental Disorders* in 1980, although it was considered controversial at the time.⁴ Today PTSD is more widely recognized in society. When understanding and diagnosing PTSD, three areas are evaluated: risk factors, resilience factors, and demonstrated symptoms.

RISK FACTORS

Anyone can develop PTSD, but several risk factors increase an individual’s susceptibility to PTSD. Risk factors for PTSD include living through dangerous events and traumas; getting hurt; seeing people hurt or killed; feeling horror, helplessness, or extreme fear; having little or no social support after the event; dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home; having a history of mental illness or substance abuse; and witnessing another person go through these kinds of traumatic events.⁵ Other personal factors



such as previous exposure to trauma, age, and gender can also affect PTSD development.⁶

RESILIENCE FACTORS

In addition to risk factors, resilience factors can be put into account. Resilience factors help decrease an individual's susceptibility to PTSD. Some resilience factors that may reduce the risk of PTSD include support from friends, family, or a support group; learning to feel good about one's own actions in the face of danger; having a coping strategy; and having the ability to respond effectively despite feeling fear.⁷

SYMPTOMS OF PTSD

Symptoms of PTSD vary with each individual and may appear, disappear, and reappear over many years.⁸ However, general diagnoses look for any of these four symptom types of PTSD: reexperiencing symptoms, avoidance symptoms, cognition and mood symptoms, and hyperarousal symptoms. For PTSD diagnoses today, "an adult must have all of the following for at least one month: at least one reexperiencing symptom, at least one avoidance symptom, at least two arousal and reactivity symptoms, [and] at least two cognition and mood symptoms."⁹

Reexperiencing symptoms. Reexperiencing symptoms are when an individual feels like they are reliving the traumatic event, along with experiencing the original feelings of fear and horror associated with it. These symptoms can occur as nightmares, flashbacks, or triggered senses, such as a sound or smell that brings an individual back to the traumatic event.¹⁰

Avoidance symptoms. Individuals with PTSD will at times avoid situations, people, or conversations that remind them of the initial traumatic event.¹¹ For example, if an individual develops PTSD from experiencing a bombing while driving in a military

convoy, they may avoid watching movies with bombings, talking about the event with friends, or driving at all.

Cognition and mood symptoms. Cognitive and mood symptoms include “trouble remembering key features of the traumatic event . . . [or] loss of interest in enjoyable activities.”¹² Individuals can also experience negative changes in beliefs or feelings. “The way you think about yourself and others changes because of the trauma.”¹³ For example, individuals may experience “distorted feelings like guilt or blame,”¹⁴ stay away from relationships, struggle to have loving feelings towards other people, or feel like “the world is completely dangerous, and no one can be trusted.”¹⁵

Hyperarousal symptoms. Hyperarousal is also described as “feeling keyed up”¹⁶ or “on edge.”¹⁷ People may be jittery or always alert and on the lookout for danger. This can also result in having difficulty sleeping.¹⁸ People “might suddenly become angry or irritable”¹⁹ or become easily startled.²⁰

The amount of research and studies regarding PTSD continues to grow since its recognition in 1980. Additional diagnostical studies of patients before 1980 continue to increase, including studies of PTSD in antiquity.

PTSD IN ANTIQUITY

Although PTSD was not first recognized until 1980, many modern studies confirm that PTSD symptoms also occurred in antiquity. This argument has been analyzed and discussed by many historians through the examples of Epizelus at the Battle of Marathon, Gaius Marius, and the literary symbolism found in the case of Achilles in the *Iliad*. In addition to these specific examples, the theory of universalism also supports the argument of PTSD symptoms occurring in antiquity.²¹

Epizelus fighting in the Battle of Marathon is one of the most commonly cited instances of PTSD in antiquity. The battle took

place in 490 BCE during the first Persian invasion of Greece. During that battle, Epizelus demonstrated sudden symptoms of PTSD. He reported being “stricken with blindness” after “the man at his side” was killed in war.²² His account is commonly cited as supporting evidence for PTSD in antiquity because of its early discovery and because of the clarity and specificity of his symptoms.

Gaius Marius was a Roman general born in 157 BCE. In Plutarch’s “Life of Marius,” Gaius Marius is described as being “worn out with toils, deluged . . . with anxieties, and wearied” when he returned from war.²³ He also “fell into a state of dreadful despair, and was a prey to nightly terrors and harassing dreams.”²⁴ These sleepless nights also lead Marius to give “himself up to drinking-bouts and drunkenness at unseasonable hours and in a manner unsuited for his years.”²⁵ Some reports say that Marius was “swept into a strange delusion. . . . [And] he would indulge in all sorts of attitudes and gestures, accompanying them with shrill cries and frequent calls to battle,” like he did during his time battling in the Mithridatic War.²⁶ The dreams, reenactments (both reexperiencing symptoms), and anxiety (a cognitive symptom) Marius experienced are definitive of PTSD.

In Homer’s *Iliad*, Achilles was also traumatized by war. After the death of Pátroklos, Achilles’s close friend, Achilles shows grief through “blunt self-mutilation, weeping, and loss of appetite; . . . [and] ‘gloom and anger.’” He also expressed the sensation of being “already dead,” which “may also be the prototype [for] the loss of *all* emotion that defines for combat post-traumatic stress disorder the prolonged state of numbness—the inability to feel love or happiness or to believe that anything matters.”²⁷ Although Achilles is mythical, Homer’s portrayal of his character demonstrates the presence of PTSD symptoms in ancient Greek society. Alan M. Greaves explains, “It does allow us to recognise

that such a portrayal must have struck a chord with the audiences for whom the Homeric works were composed and that PTSD-like traumatic stress conditions were probably such a widely observable fact of life in ancient Greece, that the realisation of their existence permeated the works of many writers, either consciously or inadvertently.”²⁸

Demonstrating the possibility of PTSD in antiquity through specific examples illustrates the plausibility of PTSD occurring throughout history, including in ancient America, and therefore allows for the opportunity to analyze the possibility of prophets and leaders in the Book of Mormon exhibiting characteristics of PTSD. Just as universalists would argue that human brains in antiquity and modern times would react similarly to trauma, I argue that human brains in antiquity would react similarly to those in the ancient American world.

PTSD IN THE BOOK OF MORMON

Like the cited figures of antiquity that experienced PTSD symptoms, individuals in the Book of Mormon were also susceptible to PTSD, and many of them likely struggled with PTSD. Although Book of Mormon scholars have not directly diagnosed individuals in the Book of Mormon with PTSD, some have made hinting remarks suggesting that conclusion.²⁹ This paper will initiate the analysis of possible PTSD symptoms in Book of Mormon individuals by examining the lives of Nephi, Mormon, and Moroni. These three individuals were chosen in particular because the Book of Mormon includes their personal accounts written in the first-person narrative, which makes them optimal primary sources to analyze. Although these characters are powerful examples of courage, patience, and spiritual strength, none of them can be labeled as perfect and insusceptible to mental disorders.

It is important to emphasize that the intention of this article is not to diagnose these characters with PTSD. Greaves effectively describes that “it is neither possible nor appropriate to try and retrospectively ‘diagnose’ a historical or literary character with PTSD” for both cultural and psychological reasons.³⁰ According to Greaves, there are cultural differences between now and antiquity that could affect development and expression of PTSD.³¹ For example, perhaps the perception of death could vary, considering religious differences or the commonality of death due to the differences in medicinal advancements across centuries. Nonetheless, “certain traumas may be seen as catastrophic almost by everyone, such as near death in the war front.”³² Many of the examples presented within this article regarding Nephi, Mormon, and Moroni arguably fall under this category, but it is important to understand that there may be deeper cultural ideologies at play than what we can currently perceive. Similarly, resilience and healing processes may vary culturally, but they can always relate to overarching factors, such as social support and coping strategies, that were addressed earlier.³³ Psychologically, Greaves explained that “the nature of PTSD as a psychological condition in itself means that it would be virtually impossible to identify in any historical context, even if better textual evidence were available.”³⁴ Despite cultural and psychological differences, recognizing the “prevalence [of PTSD] within human populations of all kinds and all periods” and “using a more general understanding” of PTSD conditions can allow us to draw noteworthy insights about PTSD from literary sources.³⁵ In other words, the purpose of this analysis is to suggest that these Book of Mormon characters were similarly able to develop PTSD as modern humans do, rather than provide a firm diagnosis.

NEPHI

Nephi was “a righteous son of Lehi and Sariah . . . and became a great prophet, record keeper, and leader of his people” (Guide to the Scriptures, “Nephi, Son of Lehi”). Throughout Nephi’s account, he describes several events and circumstances that could be considered PTSD triggering and personal emotions that suggest Nephi may have developed PTSD.

Risk factors. Nephi lived through many traumatic experiences, including the abuse he received from his brothers Laman and Lemuel. For example, “Laman and Lemuel did speak many hard words unto [Nephi and Sam], . . . and they did smite [them] even with a rod” (1 Nephi 3:28). Later they “[bound Nephi] with cords, for they sought to take away [his] life, that they might leave [him] in the wilderness to be devoured by wild beasts” (1 Nephi 7:16). Nephi was also emotionally abused when Laman and Lemuel murmured and complained against Nephi building a boat (1 Nephi 17:17–22) and again physically abused when they tied him up “and [treated him] with much harshness” while sailing to their promised land (1 Nephi 18:11). Laman and Lemuel’s anger continued to “increase against [Nephi], insomuch that they did seek to take away [his] life” until the Nephites separated from the Lamanites (2 Nephi 5:2). However, this still did not stop Laman and Lemuel’s attempts to kill Nephi and the Nephites. Within the first ten years of their separation, the Nephites “had already had wars and contentions with [their] brethren” (5:34). These experiences match the risk factors of “getting hurt” and “living through dangerous events,” and many of these events were even life threatening.³⁶

In addition to these events, Nephi’s experiences with Laban could be considered traumatic. Laban tried to kill Nephi and his brothers (1 Nephi 3:25), which corresponds to the risk factor of “living through dangerous events.”³⁷ Nephi killing Laban would

also be a traumatic event because it relates to “feeling horror” and “seeing people hurt or killed” (1 Nephi 4:10, 18).³⁸ Seeing people killed or killing another human being, “especially close kills where the reality of one’s responsibility cannot be doubted,” is a consistent trigger for PTSD.³⁹

Another risk factor is “dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.”⁴⁰ Many of these traumatic events took place in short sequences, particularly in 1 Nephi 3–4.⁴¹ During this short period of time, Nephi and his family left their home and moved to the wilderness (1 Nephi 2:4). Additionally, Laman and Lemuel’s efforts to kill Nephi as described in 2 Nephi 5 took place shortly after Nephi had lost his father, Lehi (2 Nephi 4:12). Although these events may not be considered traumatic independently, they could have had an amplifying effect on the other traumatic events that were taking place.

Symptoms. Nephi displayed cognitive symptoms on several different occasions—specifically overpowering sorrow and shame for wickedness. For example, in 1 Nephi 15:4–6, Nephi became overcome with grief “because of the hardness of [his family’s] hearts,” and he required a moment of contemplation to regain control of his emotions before he could speak to his family. In 1 Nephi 17:18–19, Nephi was “exceedingly sorrowful” after Nephi’s “brethren did complain against” him. This instance of deep sorrow in particular could be strongly correlated to Nephi’s experience with trauma since many of Nephi’s traumatic experiences included abuse from Laman and Lemuel. Much later, Nephi rhetorically asked, “Why should my heart weep and my soul linger in the valley of sorrow, and my flesh waste away, and my strength slacken, because of mine afflictions? And why should I yield to sin, because of my flesh? . . . Why am I angry because of mine enemy?” (2 Nephi 4:26–27). These strong emotions of

sorrow, anger, and shame serve as another possible symptom of PTSD.⁴²

MORMON

Mormon, in particular, is a powerful scriptural hero. He was a “Nephite prophet, military general, and record keeper in the Book of Mormon” and was primarily responsible for preparing the Book of Mormon as a scriptural record for its latter-day use (Guide to the Scriptures, “Mormon, Nephite Prophet”). Mormon’s account near the end of the Book of Mormon describes many catastrophic and traumatic events that correlate to events common to causing PTSD.

Risk factors. Mormon’s life was filled with possible PTSD inducing experiences. From the Book of Mormon, we can identify many triggers that relate to risk factors. As mentioned before, one of the risk factors is “seeing people hurt or killed.”⁴³ Mormon faced this form of trauma more than nearly any other Book of Mormon figure.⁴⁴ For example, as Mormon led the Nephite armies, “there was blood and carnage spread throughout all the face of the land” (Mormon 2:8). Mormon later states that “it is impossible for the tongue to describe, or for man to write a perfect description of the horrible scene of the blood and carnage which was among the people, both of the Nephites and of the Lamanites” (Mormon 4:11). The dead’s “flesh, and bones, and blood lay upon the face of the earth, being left by the hands of those who slew them to molder upon the land, and to crumble and to return to their mother earth” (Mormon 6:15). Mormon also personally experienced injury and viewed widespread death: “My men were hewn down, yea, even my ten thousand who were with me, and I fell wounded in the midst; and they passed by me that they did not put an end to my life. And when they had gone through and hewn down all my people save it were twenty and

four of us, . . . and we having survived the dead of our people, did behold on the morrow, . . . the ten thousand of my people who were hewn down” (6:10–11). This is one instance that would undoubtedly be considered traumatic.

Aside from the physical forms of harm that Mormon faced, he also experienced emotional and spiritual strain that could be seen as risk factors. The people of Nephi had become very wicked, and Mormon felt spiritually responsible for them as a prophet.⁴⁵ He experienced “a continual scene of wickedness and abominations” since his youth (Mormon 2:18) and “saw that the day of grace was passed with [the people of Nephi], both temporally and spiritually” (2:15). This relates to the risk factor of “seeing people hurt or killed,” since Mormon’s religious views perceived wickedness as spiritual death (Alma 12:16; 40:26). Seeing his people separate themselves from God created feelings of helplessness, which is another risk factor. For example, Mormon’s “soul had been poured out in prayer unto [his] God all the day long for them; nevertheless, it was without faith, because of the hardness of their hearts” (Mormon 3:12). As Mormon invited the Nephite people to change, he “did cry unto this people, but it was in vain” (3:3). Similarly, Mormon described himself as “an *idle* witness to manifest unto the world the things which I saw and heard” (3:16; emphasis added). Living through war and being isolated emotionally and spiritually from his people are significant risk factors, and it is very possible that they could have led to Mormon developing PTSD.

Symptoms. As we examine Mormon’s account further, we see that he also exhibited possible symptoms of PTSD. Some of the most evident are cognitive- or mood-related. Feelings of helplessness can be considered both a PTSD risk factor and symptom. Therefore, depending on when Mormon developed PTSD, the factors discussed previously that relate to feeling helpless

could be considered symptoms rather than factors.⁴⁶ An additional expression of hopelessness occurs later in the dialogue, when Mormon explicitly states: “I was without hope” (Mormon 5:2). Joseph M. Spencer states that “the tone of the text is one of impotence.”⁴⁷ Mormon also may have experienced avoidance symptoms. For example, Mormon at one point refused “to be a commander and a leader of [his] people” (Mormon 3:11). It is plausible that Mormon did this partially in order to avoid situations or people that reminded him of traumatic events.⁴⁸ By analyzing the risk factors and symptoms Mormon may have experienced, it is clear that the traumatic events he went through may have led to him developing PTSD. And unfortunately, this is also true for his son Moroni.

MORONI

Moroni was “the last Nephite prophet in the Book of Mormon” and the son of Mormon (Guide to the Scriptures, “Moroni, Son of Mormon”). He faced many of the same traumatic situations that Mormon did, in addition to other experiences after Mormon’s death. However, Moroni’s response to these events differs from the reaction that Mormon demonstrated.

Risk factors. Like Mormon, Moroni was also participated in the final battle at the Hill Cumorah described in Mormon 6:10–11, where there were only twenty-four Nephite survivors. After that battle and “as 23 of those 24 are hunted down and killed by the Lamanites, Moroni finds himself alone, surrounded by death, destruction, and wickedness, and faced with the difficult task of completing his father’s work.”⁴⁹ This clearly demonstrates many different risk factors Moroni faced, such as living through dangerous events, getting hurt, seeing people killed, and having no social support after the event.⁵⁰ After Mormon’s death, Moroni continued to live alone for years, where “[he had] not friends nor



whither to go” (Mormon 8:5), which may have contributed even further to the risk factor of “having little or no social support after [a traumatic] event.”⁵¹ He also spent his time in isolation and constant fear of death, wondering “whether they [would] slay [him]” (8:3).

An additional risk factor is “witnessing another person go through these kinds of traumatic events.”⁵² Secondary traumatic stress disorder, or compassion fatigue, can be developed when an individual is exposed to a trauma victim that recounts traumatic events or demonstrates PTSD symptoms. The exposed individual can develop compassion fatigue and then display symptoms similar to PTSD themselves.⁵³ Considering Mormon’s intense exposure to trauma, it is likely that Mormon’s symptoms and stories could have traumatized Moroni to a degree, even before Moroni faced his own traumatic events.

Symptoms. According to Morgan Deane, Moroni “carried both physical and psychic wounds with [him] for the rest of [his] shortened [life].”⁵⁴ Moroni wandered for many years,⁵⁵ which could be considered an avoidance symptom. Moroni also expresses exaggerated negative evaluations of his writing ability (see Mormon 8:12, 17; 9:31–34; Ether 12:23–25). “Moroni seems to have two kinds of imperfections in mind: first, the human frailty of himself and his people; second, his own shortcomings as a writer, difficulties that bother him while he is completing his translation and abridgment of the record of the Jaredites.”⁵⁶ Even though these are Moroni’s perceptions of himself, he is still able to write sermons, such as his message in Moroni 10, which is described as “particularly elegant and equal to any writing found in the scriptures”⁵⁷ and includes “one of the most well-known and often-read passages of the Book of Mormon.”⁵⁸ It is obvious that Moroni had a powerful and confident writing style, which shows that his

feelings of weakness were indeed distorted or exaggerated as a possible cognitive symptom of traumatic stress.

Through the analysis of the records these leaders left behind, it seems likely that they experienced symptoms of PTSD similar to individuals today and the individuals depicted in the ancient sources previously analyzed. Despite the possibility of experiencing symptoms of PTSD, these leaders were still able to accomplish what was asked of them through the help and guidance of the Lord.

GOD PROVIDES RESILIENCE

As was mentioned at the beginning of this article, development of PTSD also depends on certain “resilience factors” that can treat or decrease an individual’s susceptibility to PTSD. In Christian theology, Jesus Christ’s Atonement provides strength to endure our mental strains. In the Book of Mormon, several sermons confirm that belief. For example, Jacob taught that Jesus Christ “cometh into the world that he may save all men if they will hearken unto his voice; for behold, he suffereth the pains of all men” (2 Nephi 9:21). Alma also explained that Jesus Christ “[took] upon him the pains and the sicknesses of his people . . . that he may know according to the flesh how to succor his people according to their infirmities” (Alma 7:11–12). Complimentary to the belief that through the Atonement the Lord will “ease the burdens which are put upon your shoulders, . . . [and] visit [his] people in their afflictions,” there are evidences of the Lord providing sources of resilience to these prophets in the Book of Mormon (Mosiah 24:14).

Nephi had several sources of resilience given to him by the Lord. Despite the abuse he faced from Laman, Lemuel, and their followers, Nephi also had strong family support, including his father, Lehi, and his righteous siblings Sam, Jacob, and Joseph.



It should not be considered a coincidence that Zoram, Laban's servant brought from Jerusalem, became "a true friend" and supporter to Nephi for all of his life (2 Nephi 1:30). Mormon and Moroni were ministered to by the Three Nephites, who became a form of social support for them while living in isolation and hiding (Mormon 8:11).

These examples show us that religion can be used as a positive coping mechanism for trauma. Nephi, Mormon, and Moroni all shared testimony of the healing power of the Atonement.⁵⁹ We can also apply the Atonement to our own trials. Latter-day prophets and apostles have repeatedly addressed the fact that the Lord can help us directly with our mental health.⁶⁰ This resilience can be developed through personal confirmations from the Spirit, communication with the Savior, and personal blessings from the Lord.

Along with applying the Atonement, the Lord also encourages seeking medical attention for mental illness. In the apocrypha, Ben Sira explains, "Give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success" (Ecclesiasticus 38:12–13). Elder Jeffrey R. Holland taught that "our Father in Heaven expects us to use *all* of the marvelous gifts He has provided in this glorious dispensation," which includes seeking "the advice of reputable people with certified training, professional skills, and good values."⁶¹ Although medical attention to mental illness is not addressed in a Book of Mormon setting, it is certain that the medical care and professional help accessible today is a powerful tool that PTSD-diagnosed individuals should take advantage of in conjunction with the religious support described in this paper.⁶²

CONCLUSION

Readers of the Book of Mormon commonly idealize the different characters of the Book of Mormon in a way similar to the depictions of Arnold Friberg: strong, powerful, and muscular men. Though it is valuable to praise and honor these men, it is also important to recognize that the prophets in the Book of Mormon are human beings: fallible and susceptible to weakness just as we are. Doing this allows readers to recognize the Lord's hand in helping his people become resilient to trauma. In this light, the Book of Mormon can become an elevated resource for understanding post-traumatic stress disorder and a connection point for other individuals facing this disorder.

NOTES

1. Some examples include Chris Taylor, "His Grace: Persevering with PTSD," *Mormon Channel Blog*, 26 May 2015, <https://www.mormonchannel.org/blog/post/his-grace-persevering-with-ptsd>; Clagh H. Jensen, "About Trauma," *Ensign*, February 2008, 49; "Jelena's Story," Gospel Media, <https://www.churchofjesuschrist.org/media-library/video/2016-06-0016-jelenas-story?lang=eng>; "Life after War and Overcoming Post-traumatic Stress," Mormon Channel, <https://www.mormonchannel.org/watch/series/his-grace/life-after-war-and-overcoming-post-traumatic-stress>; Stephanie L. Miner, "Self Reliance: Understanding PTSD," *Mormon Channel Blog*, 8 November 2015, <https://www.mormonchannel.org/blog/post/self-reliance-understanding-ptsd>; "Mental Health," The Church of Jesus Christ of Latter-day Saints, <https://www.churchofjesuschrist.org/mentalhealth?lang=eng>.
2. Anushka Pai, Alina M. Suris, and Carol S. North, "Posttraumatic Stress Disorder in the *DSM-5*: Controversy, Change, and Conceptual Considerations," *Behavioral Sciences (Basel, Switzerland)* 7, no. 1 (February 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5371751/>.



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3. "Causes: Post-traumatic Stress Disorder (PTSD)," NHS, 27 September 2018, <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/causes/>.
4. Pai, Suris, and North, "Posttraumatic Stress Disorder."
5. "Post-Traumatic Stress Disorder," National Institute of Mental Health, <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>; "Posttraumatic Stress Disorder (PTSD)," Kids-Health from Nemours, reviewed by Shirin Hasan, July 2018, <https://kidshealth.org/en/parents/ptsd.html>.
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10. "PTSD Basics," PTSD National Center for PTSD.
11. "PTSD Basics," PTSD National Center for PTSD.
12. "Post-Traumatic Stress Disorder," National Institute of Mental Health.
13. "PTSD Basics," PTSD National Center for PTSD.
14. "Post-Traumatic Stress Disorder," National Institute of Mental Health.
15. "PTSD Basics," PTSD National Center for PTSD.
16. "PTSD Basics," PTSD National Center for PTSD.
17. "Post-Traumatic Stress Disorder," National Institute of Mental Health.
18. "Post-Traumatic Stress Disorder," National Institute of Mental Health.
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21. Anthony Riches, "Did Roman Soldiers Suffer PTSD?," Magazine of the Historical Writers' Association: Historia, 29 September 2017, www.historiamag.com/roman-ptsd/.
22. Herodotus, *The History of Herodotus*, trans. George Rawlinson (New York: The Dial Press, 1928), 346.
23. Plutarch, *Plutarch's Lives*, trans. Bernadotte Perrin (London: William Heinemann; New York: G. P. Putnam's Sons, 1920), 9:593.
24. Plutarch, *Plutarch's Lives*, 593.

25. Plutarch, *Plutarch's Lives*, 593.
26. Plutarch, *Plutarch's Lives*, 595.
27. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Atheneum, 1994), 49–53.
28. Alan M. Greaves, “Post-Traumatic Stress Disorder (PTSD) in Ancient Greece: A Methodological Review,” in *Warfare and Society in the Ancient Eastern Mediterranean*, ed. Stephen O’Brien and Daniel Boatright (Oxford: Archaeopress, 2013), 97.
29. Lisa Bolin Hawkins and Gordon Thomasson, “I Only Am Escaped to Tell Thee: Survivor Witnesses in the Book of Mormon,” FARMS, Preliminary Report (FARMS, 1984); “How Can the Book of Mormon Survivors Give Us Hope?,” *Book of Mormon Central*, <https://knowhy.bookofmormoncentral.org/content/how-can-the-book-of-mormon-survivors-give-us-hope>.
30. Greaves, “Post-Traumatic Stress Disorder (PTSD),” 98.
31. Greaves, “Post-Traumatic Stress Disorder (PTSD),” 98.
32. Padmal De Silva, “Post-Traumatic Stress Disorder: Cross-Cultural Aspects,” *International Review of Psychiatry* 5, nos. 2 and 3 (1993): 224.
33. De Silva, “Post-Traumatic Stress Disorder,” 224–25.
34. Greaves, “Post-Traumatic Stress Disorder (PTSD),” 89–90.
35. Greaves, “Post-Traumatic Stress Disorder (PTSD),” 89.
36. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
37. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
38. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
39. Aislinn Melchior, “Caesar in Vietnam: Did Roman Soldiers Suffer from Post-Traumatic Stress Disorder?,” *Greece & Rome* 58, no. 2 (October 2011): 217.
40. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
41. This would include Laban’s attempt to kill Nephi, Laman and Lemuel’s verbal and physical abuse of Nephi, and Nephi killing Laban.
42. “Symptoms of PTSD,” Anxiety and Depression Association of America, <https://adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/symptoms>.

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43. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
44. The only other individual I would give his recognition to is Mormon’s son, Moroni.
45. The same could have been said about Nephi and Moroni despite not being explored in this article. The heightened responsibility within all of their leadership roles could likely have added additional strain to Mormon as well as Nephi and Moroni.
46. See the previous paragraph or Mormon 3:3, 12, 16.
47. Joseph M. Spencer, “On the Dating of Moroni 8–9,” *Interpreter: A Journal of Mormon Scripture* 22 (2016): 145n17.
48. “PTSD Basics,” PTSD: National Center for PTSD.
49. Gary Layne Hatch, “Mormon and Moroni: Father and Son,” in *Fourth Nephi: From Zion to Destruction*, ed. Monte S. Nyman and Charles D. Tate Jr. (Provo, UT: Religious Studies Center, Brigham Young University, 1995), 105–15.
50. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
51. “Post-Traumatic Stress Disorder,” National Institute of Mental Health.
52. “Posttraumatic Stress Disorder (PTSD),” KidsHealth from Nemours.
53. “Compassion Fatigue,” The American Institute of Stress, <https://stress.org/military/for-practitionersleaders/compassion-fatigue/>.
54. Morgan Deane, “Experiencing Battle in the Book of Mormon,” *Interpreter: A Journal of Mormon Scripture* 23 (2017): 252.
55. H. Donl Peterson, “Moroni, the Last of the Nephite Prophets,” in Nyman and Tate, *Fourth Nephi*, 235–49; see Moroni 1:3.
56. Hatch, “Mormon and Moroni.”
57. Hatch, “Mormon and Moroni.”
58. Referring to Moroni 10:3–5, Greg Wilkinson, “Reading and Receiving: An Interpretation of Moroni’s Promise(s),” *Religious Educator* 17, no. 1 (2016): 82–91.
59. For Nephi, see 1 Nephi 11:31. See also that according to McCasland, “demon possession . . . is an ancient expression for mental illness.” S. Vernon McCasland, *By the Finger of God* (New York: Macmillan, 1951),

- v. For Mormon, see Moroni 7 (especially verse 3). For Moroni, see Moroni 10:32–33.
60. Jeffrey R. Holland, “Like a Broken Vessel,” *Ensign*, November 2013, 40–42; M. Russell Ballard, “Stay in the Boat and Hold On!,” *Ensign*, November 2014, 89–91, paragraphs 4–5; Quentin L. Cook, “Hope Ya Know, We Had a Hard Time,” *Ensign*, November 2008, 102–5.
61. Holland, “Like a Broken Vessel,” 41.
62. There are many resources located at <https://www.churchofjesuschrist.org/mentalhealth>, including Alexander B. Morrison, “Myths about Mental Illness,” *Ensign*, October 2005, 31–35; and Shanna Ghaznavi, “Rising Above the Blues,” *New Era*, April 2002, 30–34.