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*An Inter-Lutheran Journal
for Practitioners and
Teachers of Pastoral Care
and Counseling*



CARING CONNECTIONS

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THE PURPOSE OF CARING CONNECTIONS

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries, and—not least—concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events, and opportunities of interest to diverse constituencies in specialized ministries.

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Editorial

The editorial board of *Caring Connections* is especially proud to share with our readers this special issue of the journal themed, Ministry with Returning Veterans. Nearly every pastor, chaplain, and pastoral care provider will at one time or another find her or himself providing ministry to returning veterans over the next months and years. The articles shared in this issue represent a resource of inestimable value for us all in caring for the unique needs of veterans returning from service in the Global War on Terror.

In 2004, my twin brother, Dr. Keith Massey, served in Iraq as a US government civilian official, during which time he survived a number of mortar attacks. He told me upon returning that people can have any number of reactions to such experiences, but no one emerges from it unchanged.

That is a common theme of the articles of this issue, that nothing is ever the same after experiencing the ravages of war. Family life is altered, relationships can be tested, faith can be shaken. The ministry of the Church can be a powerful source of healing for persons struggling with readjusting to life after these traumas.

Many persons turn to a pastor before or instead of turning to a mental health professional. For this reason, pastors need to be especially alert to how they can care for persons struggling with ailments such as Post Traumatic Stress Disorder and refer them to receive the necessary complementary care that only a mental health professional can provide. This issue of the journal will help pastors to begin to recognize their pivotal role in being a bridge to healing in this way.

In the fall of 2001, I served with the American Red Cross' Spiritual Care Aviation Response Team at Ground Zero. My work included serving shifts at sites associated with remains recovery at Ground Zero. Despite years working trauma at emergency rooms in Chicago, the experience impacted me significantly. I suffered constant nightmares and experienced intrusive waking imagery. I healed through a long process of a combination of care from trusted pastors and the treat-

ment of a psychologist. I share this all as encouragement for pastors to partner with mental health professionals. Pastoral care and mental health care represent complementary modalities of care, both of which have a crucial role in helping persons recover from trauma.

We deeply appreciate the work of the authors of this issue in sharing their perspectives on providing ministry among returning veterans. We commend their work to you to help to equip us all for the road ahead.

Caring Connections can be read in two places, both in its own dedicated website, www.caringconnectionsonline.org, and also on the Lutheran Services in America website. We plan to knit these sites together in exciting ways to create a rich resource and network for pastoral care providers. We are creating a resources center on the site. If you have any resources such as case studies, care plans, creative liturgies or any resource of interest to the pastoral care provider community, please share these with us for inclusion on the site.

If you have not already done so, we encourage you to subscribe online to *Caring Connections*. Subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website—no need to keep checking to see if a new issue is there. You will also help the editor and editorial board keep a clear idea of the level of interest our journal is generating. You can subscribe by clicking on the subscription link on www.caringconnectionsonline.org or by following the information appearing on the masthead (page 3) and also (in larger print) on page 28.

Caring Connections is the product of many partners. I would like to especially thank Chrissy Thomas for assistance with layout and publication. I would like to thank everyone at Lutheran Services in America, the Lutheran Church—Missouri Synod's St. Louis offices, and the Evangelical Lutheran Church in America's Chicago offices for their ongoing support and assistance with the journal.

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We would like to invite anyone interested in writing an article to please contact the editor, Rev. Kevin Massey. We would like to specifically request articles for upcoming issues on the following themes.

Winter 2007 "Spiritual Care and Pandemic Flu"

The threat of Pandemic Flu raises many topics of interest to pastoral care providers. Preparations on special pastoral care considerations and surge capacity planning will be presented.

Spring 2008 "Topics in Clinical Pastoral Education"

A variety of topics from the field of Clinical Pastoral Education are sought for this issue, including best practices in clinical education, recent student perspectives, and theological and clinical rationales.

Not Just the Soldier in the Conflict

“War creates chaos, on the battlefield and in homes of families.”

Have you noticed the number of articles that have lifted up how ‘the war’ affects families? As a Vietnam era young adult I remember well how the public’s negative sentiment about the war was transferred to the soldier/marine who fought the war. Thankfully, not so for today’s men and women in uniform and their families!

I have seen these articles in so many different publications and communication sources, including all major networks, national weekly magazines, denominational monthlies, news letters from discount stores, magazines from fraternal organizations, large and small city publications, and every newspaper (...often alongside death notification of soldiers or marines killed in action). These articles generally seek to raise our sensitivity to the sacrifices made by the families whose parent, sibling, spouse, parent, etc. has been deployed in or returned from the theaters of operation (i.e., Iraq, Afghanistan, Kuwait, etc.) Hopefully, such information increases our appreciation of the families’ roles and sacrifices, and we do not allow possible feelings and convictions about the politics and/or just-war issues control our sensitivities and responses to those who “wear the uniform” on behalf of us all.

The realities of the war that came in reaction to 9/11 were that the Reserves and National Guard bore much of the burden of fighting and supporting the war effort. These soldiers/marines and their families do not live on military bases with their in-place support systems. Rather, they live just down the street within the communities where most of us live. Yet, unlike on the military base, the homes around these reservists and guardsmen generally are not aware of the unique challenges and sacrifices that families are making. There is a saying in the Army Reserve: “The soldier decides to join the Army Reserve. His/her family decides if (s)he’s going to stay.” (As an Army Reserve Chaplain who accompanied a dozen death notification teams to deliver the sad news of ‘the ultimate sacrifice,’ I have a huge, indelible appreciation of what reservist families have given. In a very small way, I honor them with this article.)

New Normal

Deployment, re-deployment, and potential deployment again have become a rhythm of life for those “citizen warriors” and their families. A new normal (i.e., a year deployment every 4-5 years) has replaced the predictable weekend drill and two weeks of annual training. This ‘new normal’ for tens of thousands of reservists has included the



uncertainty of a family member ordered to the theater of operation, waiting as deployment orders change dates, anticipating phone calls or e-mails, wondering if “the whole truth” is shared, and living life at home (with its birthdays, anniversaries, ball-games, school events, illnesses, marriages, births, deaths, and the-beat-goes-on...). Thousands have endured losses of combat deaths, and tens of thousands are dealing with the effects of traumatic wounds—physical, emotional, and spiritual.

Deployment, re-deployment, and potential deployment again have become a rhythm of life for those “citizen warriors” and their families.

A senior chaplain reservist, devoted to duty, shared how both his mother-in-law and mother died and his wife had major surgery in his deployments. A higher ranking officer described how her husband sought the affection of another woman during her deployment, leaving her children confused and grieving and herself very angry. Divorce occurred, exacerbating family losses. A young enlisted soldier, anticipating his next deployment, described how he found a sense of purpose, place, and community during the deployment that altered his family who had been filled with doubts about his direction and lack of purpose prior to enlistment.

Funding Help for the Family Challenges

Significant funding from the Department of Defense has occurred to assist returning veterans and their spouses/families in re-adjustments. Some has gone to train chaplains in their shepherding and family-life programs. These programs have helped many who have taken advantage of them. An August 1, 2007, *USA Today* article, "Stress of war hits Army kids hard," quoted from a study in the *Journal of the American Medical Association*. The Army-funded study found child neglect was "almost four times greater during periods when the husbands were at war." It noted further that deployment "has been associated with increased stress among non-deployed parents, which may hamper their ability to appropriately care for their children." In a related Associated Press release on the same day it was announced that the Army will hire more than 1000 additional "family readiness support assistants" to help families of deployed active-duty, Army Reserve and National Guard units.

Deployments make changes in families. Redeployments (the return) often give evidence how the family functions have changed. Some changes may affect positive growth and healthier function. Sadly, many involve losses, are unwelcome, and are left with emotional cut-offs. The family change is both real and often unacknowledged. All provide possibilities of pastoral care and opportunities for shepherding by whomever "wears the Cross" in the lives of reservists and their families.

Shepherding Possibilities

Pauline Boss' research and therapy around loss, trauma, and resilience provide helpful insights and assistance for those who offer pastoral care and counseling for the soldiers/marines and their families in their adjustments after deployments. Her 2006 book, *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss*, added to her study in the 1990's on those who suffer losses without finality. She has offered a means to enhance understanding of the unique qualities of those reservists and guardsmen affected by military (re)deployments. This understanding involves honoring the sacrifices of families, lifting up the adjustment challenges, and identifying "what helps."

According to Boss, ambiguous loss is a heightened stressor that encourages denial of loss, freezes the grief process, and defies resolution. The ambiguity wears down people with its persistent stress and confusion that lie outside the person. Making adjustment or living well with this ambiguity is predicated on learning how to hold two opposing ideas at the same time. The goal that is often espoused and found in the military is control or mastery (i.e., emotional turmoil is disclaimed or pretended as removed) of ambiguous losses. Then, as lack of clarity and closure with the losses occur, the more maladaptive and distressed the person fre-

quently becomes. Reactions to "the unsettled" remain. Internal stress grows to the external factors. Therapeutic intervention (wise shepherding!) requires a) knowing the culture and speaking the language of those struggling with ambiguous loss, b) identifying what the ambiguities are, and c) replacing emotional ambiguity with resiliency (living with or engaging hopefully the reality of opposing realities).

Conflicted Realities

There are opposing realities that are challenges to resiliency for families of (re)deployed veterans. To name a few (look for the ambiguity!):

In deployment...the new normal of life *without* loved one vs. frequent communications via e-mail and/or phone of life *with* loved one (*is he or she not emotionally here VS. is he or she emotionally here?*);

The culture of the military environment focuses on the accomplishment of the 'mission.'

In redeployment...the difference between a veteran being physically present in safety and security after deployment BUT emotionally absent or still enmeshed in the realities of war (i.e., boredom-extreme vigilance, heighten insecurity, and heavy reliance on others to perform/do-their-duty) (*the physical body of the loved one may look the same, but the mind is elsewhere...what's real?*);

In redeployment...the words of promise that the "Army will take care of you" are NEGATED by the bureaucracy of what is seen, heard, and experienced that question the trustworthiness with what our government is saying/doing?) (*I want to be loyal soldier, marine, or family member VS how can I ignore 'what I know' about the difficulties of 'the system?'*)

In deployment and redeployment...reading the papers, magazines, and articles about "how great" families of soldiers-doing-our-nation's-war are BUT experiencing little, if any, sacrifices or interruptions from the American public (*I want to serve my country VS can't others just get a little out-of-their-comfort-zone to help also?*)

Shepherding Moments: Living with Ambiguous Realities

To know the culture and speak the language that go with the families of (re)deployed veterans grows in the conviction that we are all children of God. The culture of the military environment focuses on the accomplishment of the 'mission,' drawn from the policy and strategy of the civilian, elected government.

The military has learned that not just soldiers are sent to war, but also families. So, the language involves duty to mission, and the culture is centered in that mission-oriented goal that is accomplished in

an organized, respected chain-of-command. “Mission Accomplished” is prized! So, as example, family care is important because without it the soldier’s ability to perform his/her mission is compromised. Family programs are developed because someone significant in the chain of command has recognized their direct connection to the accomplishment of the mission. Although other motivations do exist, that is a reality in the military culture! Shepherding of those who live within the culture is greatly assisted, if not required, by sensitivity to this reality and utilizing “military speak” (i.e., realities of rank structure, orders, etc.). An incarnational possibility!

Recognizing losses (those that are clear or unclear of ambiguity) is not a sign of disrespect or lack-of-devotion to the mission. Within the crucible of performance of duty and accomplishing the mission the pastoral care giver enters to demonstrate availability to hear and receive the expressions of loss and grief. The effects are often not clear, and ambivalence arises. Quite frequently, it is the chaplain or care giver who has the bigger problem of living with ambiguity and communicates reluctance or resistance to hearing the stories of ambiguous loss. What may be sadly communicated is the importance of “mastery” (i.e., one is weak to even mention wrestling emotions or ambivalences about loss...) or “I don’t how to or even want to handle them” (i.e., don’t tell me anything I can’t fix...). Neither messages contribute to managing ambiguous forces or restoring the troubled spirit.

Shepherding Moments: Growing Resiliency

Resiliency and emotional/spiritual growth arise when the awareness of uncertainty, ambivalence, and ambiguity occurs. Words to that effect are identified. The speaking of them involves honesty, trust, safety, and valuing from the care giver behind the ears that hear. It is so, so important not to move away from the harshness of the stories that involve conflicting messages and ambiguous meanings. A reservist shared how he fired his weapon more out of fear than self-defense and, now, wonders if he wounded or killed needlessly and from personal weakness. Demonstrating a loss of self-respect and ambiguity from his “weak” moment, he confessed failure. Such confession was potentially beginning a trauma recovery journey and finding strength in the ability to hold two opposing forces (i.e., I don’t like me VS. I want to like me). In discovery of this ability the realities are not minimized, dissociated, or criticized; rather, they are allowed to be what-they-are.

Resiliency lies in the discovery of holding the opposing forces. It embraces ambiguity. These forces and emotions from unclear losses do not “blow us away,” and that is the staging-area of a new beginning. Such a place may be a shepherding moment of celebration and a reflecting/discerning

on a gracious God who brings new meaning, empowering acceptance, and hope. Resiliency growth takes a path of daily re-discovery. Grace comes, but not through our mastery of the forces. Grace and healing are intertwined.

The shepherd may hear regression or hesitancy to claim a new identity in the ambiguity, words of self-doubt may re-appear, expressions of losing-in-the-struggle may surface, and thoughts that the opposing forces are falling into each other. There is doubt. It is an allusion to believe resilience for the veteran/family member sent to war comes easily. Rather, the path to resiliency and meaning after loss(es) is discovered through a journey that reflects and discerns what is real and truthful. The Great Physician does heal!

Shepherding Graces

Lieutenant General Jack C. Stultz, Chief, Army Reserve; Commanding General, U. S. Army Reserve, revealing his humility and humanity, commented on family stress in a personal conversation the same week as the news releases. Using himself as example of deployments, beginning with Desert Storm and later two years with Iraqi Freedom, the Three-star General cited his own story. “War creates *chaos*, on the battlefield and in homes of families.”

Resiliency lies in the discovery of holding the opposing forces.

He continued that one would be naïve to think that there are not great challenges to “*integration*” back into home life. With, what appeared as, motivation out of devotion and respect for those reservists who wear-the-uniform and his own family’s experience, he spoke of programs and new funding, and indicated further “that more are needed” to help families in their integration, or adjustments, from the chaos of war. As a recently retired USAR chaplain who did wear the uniform for a number of years, I observed the General’s own journey of managing conflicting forces and the resiliency of his family. I was grateful (in the language of the military it was a silent prayer of “hoorah”) for how he was both modeling and utilizing his position of authority and great responsibility to aid the resiliency journey of our country’s reservists.

The shepherd observes, supports, and encourages the journey. Presence in the ambiguity is prized. It takes energy and time, and especially commitment for re-energizing and self-care (as we work on our own integration and resiliency). Amid the often harsh realities of conflicting forces that challenge adjustment, the re-deployed reservist and family grow even in the discomfort of the new normal. Is it not unlike a dying to a misplaced hope (of thinking I can master the forces of ambiguity) and a rising to a new normal of hope and discovery (of self-

acceptance, living with new realities, and growth amidst ambiguity)? Such a reservist or family member, in turn, models a story out of which all of us can learn and add meaning to our own resiliency journey or faith story in ambiguous losses.

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The Spiritual Care of Returning Veterans and Their Families

Some of the most difficult wounds to heal are not those that are physical but those that are emotional and spiritual.

Do you remember where you were and how you felt when you first heard or saw the news of the attack on America at the World Trade Center on September 11, 2001? I certainly do! I was mobilized and deployed as a Reserve Chaplain with the Third U. S. Army/Army Central Command only few days later. But while the images of the carnage of that attack are forever emblazoned in my mind, it is my feelings about that attack and all the events since regarding my service, both significant and not so significant, which affect me the most. Notice that I use the present tense here because I continue to be a changed person due to my deployment and redeployment experiences. Memories and their feelings, some very powerful, linger long after the dust has been washed out of your hair. *Change* is the major theme for both veterans and their families. This includes all phases - pre-deployment, the deployment and redeployment of the soldier. Some of these changes can be desirable resulting in emotional, spiritual and social growth. Others are not. Some of the most difficult wounds to heal are not those that are physical but those that are emotional and spiritual that, if not dealt with in a healthy fashion by an informed caring professional or lay person, can lead to significant problems for the rest of their lives. Understanding the changes that result from wounds and losses, as well as the new personal growth of such an experience is essential in providing appropriate, helpful and loving pastoral care to returning veterans and their families. My operational premise is that healing best occurs in the context of caring relationships. Moved by God's love, the church is in a unique position to provide both the context and catalyst in ministering to veterans and their families. What follows is a brief description of some of those changes based upon my own experiences as a Reserve Chaplain veteran and my ministry with returning soldiers who have been deployed during the Global War on Terrorism (GWOT). The purpose of this reflection is to offer some implications for providing quality pastoral care in a manner that promotes healing.

Change: Friend And Foe

While there are perhaps some exceptions, our society and the world for that matter, is in a constant state of change. Change becomes personally meaningful when it affects our quality of life, particularly our relationships. Our expectations and our



amount of control in influencing the development of a change are also important factors in our ability to accept it. A promotion, large pay raise, a "yes" of a marriage proposal are usually positive and welcomed changes regardless of whether or not it was expected or how much influence we had in bringing about this new circumstance. Later on the joy of those changes may diminish as the burdens and responsibilities become more apparent. However, when changes are more negative, a grief process ensues as we attempt to understand and come to grips with the new reality and the pain of that loss.

Moved by God's love, the church is in a unique position to provide both the context and catalyst in ministering to veterans and their families.

War is a crucible of high speed, dangerous and complex change that tests the mettle of every soldier's character, mental, physical and spiritual strength. Healthy coping skills become more of a matter of life and death, not only as an individual but, as a team member, the lives of others may depend upon your successful performance under duress. Change can be positive and healthy as it serves as a catalyst in attaining new levels of personal, professional and

spiritual growth. But change also has the power of binding-up our humanity negatively affecting the quality of life, particularly our relationships with self, others and God.

Everything Is The Same But Everything Is Different – A New “Normal”

Surprisingly, at least for me if not for most Vets, coming back from deployment was more difficult and took longer to adjust than going. I believe that there are a couple of reasons for this. First, the returning veteran is immediately faced with subtle (sometimes not so subtle) feelings of a disconnection within a familiar environment in which he/she formally felt very connected or at least comfortable. It is a disconcerting feeling where everything is the same but everything is different. Perhaps it is a similar experience of one coming out of a coma having lost time, history or collective community consciousness. One feels out of place in what used to be a comfort zone. With a mind still half in the combat zone and the other half in the civilian life it is being a part of two realms of consciousness. Returning to a parked vehicle without first performing a bomb search? Talking to people who are not “mission” focused – where am I? Do I need to be cautious of that guy coming out of that alley? The combat experience cannot be turned off like a water faucet. It takes time and considerable processing to both draw meaning and perspective to the experience and to shift gears and reintegrate back into the community that now feels strange. This strangeness is further amplified when the returning veteran realizes that some members of the society have not been affected by the war while others have made considerable sacrifices and endured many hardships.

Second, things are different at home. It takes time for children to “warm-up” again to the veteran and the spouse has grown comfortable with a more independent life style. The returning veteran often feels more connected with the military setting and out of place at home and work. The Army provides several very good programs that assist couples to reintegrate with each other but not every couple is able or willing. While a deployment will not harm a relationship that was good to begin with, it will often exacerbate the problems of a relationship that had problems to begin with. It is safe to say however, that a deployment is a stressor on all relationships.

Third, a returning Reservist also finds that the workplace has also changed. Even if the Reservist goes back into the same position as before the deployment, the nature of his/her job may have changed. The relationship dynamics has changed. Previous coworkers may have moved on or up. New people may have been added and see the Veteran as an “intruder.” Sometimes the attitude changes are subtle and may take months to come out after the vet is “welcomed” back. These types of changes affect all returning reserve veterans, particularly for mobilizations and deployments² of greater than a year.³ I personally know of several chaplains who left their congregation

within six months of their return from deployment. One chaplain reported, “They were in a different place and I was in a different place, so I left.” The familiar, “normal” work is no longer normal and becomes another stressor for the returning veteran.

Fourth, a deployment is typically high speed and intensive. The pace of activities leaves little time for reflection or the processing of grief. As a veteran returns, it may be his/her first opportunity to truly reflect upon his/her experience in the larger context of their life, relationships and the future. It is common for veterans to return angry, frustrated, cynical and maybe more than a little depressed. The chaos, the traumas of injuries to self and others, death of buddies and unit members, the dirt and grime, lack of privacy, noise and hyper-sensitivity needed for one’s security 24/7 all have a cumulative effect. These all contribute to a wide range of Post Traumatic Stress reactions, sometimes not recog-

It is a disconcerting feeling where everything is the same but everything is different.

nized for a long period afterwards. Even though the Armed Services and Veterans Administration may have good resources available, many returning services members choose not to utilize these services either because they are in denial of their need for them or are so fed up with the bureaucracy of the “system” that they opt to make try and make it on their own. This is one of the reasons why it is so important for the larger community and helping professionals in particular to become engaged in the process of welcoming back the returning veteran.

Moreover, despite great efforts to the contrary, the military system is not always fair to all soldiers. For a variety of reasons, some units or sections can be dysfunctional creating a climate that is less than professional, even hostile making it very difficult for soldiers to live. In addition to fighting the enemy and living in a hostile country, terrible things can and do happen internally which disillusion and frustrate even the best of the best. The service member may even feel responsible for some or all of the internal difficulties. The military setting is not always the best setting for a veteran to process how he/she “screwed up.” Many, if not most, returning veterans come home with baggage. Normal isn’t normal anymore.

The Rush To Overcome Change And Find Normal: Suck It Up And Move On

The returning veteran is typically eager, if not in a rush to get to “normal,” whatever that is. Frequently it shows itself in trying to “take charge” of the change(s) through compensative, indulgent behaviors, i.e. by rewarding his/her self with things and activities as an attempt to make up for lost time and many of the sacrifices that are required during a deployment. It is another way of dealing with real

and perceived losses. With the extra deployment cash some vets will go on spending sprees or adopt an unsustainable financial life-style that may ultimately result in further indebtedness.

Others may abuse alcohol. One soldier (who did not have a reputation as a heavy drinker), after a year of abstinence from any alcohol, had a “few” on the plane rotating him back from his deployment. The dehydrating effects of air travel exacerbated the effects of his drinking and so developed symptoms that mimicked a heart attack. The plane made an unscheduled landing where he was taken to the nearest hospital. His Commander was not pleased.

Sometimes the returning veteran is in such a hurry to “get to normal” that he/she skips the assessment phase and tries to pick up where he/she left off before the deployment and assume control again at home and/or on the job. The “now that I am back I am going to take over” stance usually doesn’t go down too well either at home or at work. When the spouse or coworkers push-back it leaves the service member further confused and alienated in the “new normal.”

The rush to normal is a strong pull, at least it was for me; but I have also observed that, for many others, it is a strong force as well. If I have one regret about my own redeployment (returning home from deployment), it is that I was too busy trying to reintegrate and get back to normal that I did not take sufficient time and effort to nurture my soul. After a brief two week vacation, I jumped right back into a high-speed job with many significant responsibilities and issues to catch-up on. I needed to debrief. I needed to process and reflect upon my experiences, both my losses, feelings and new growth. My deployment was a significant part of my life. I let logistics, time and “finding the right person who would understand” get in the way of my own emotional and spiritual growth. Over time I found such individuals but life and my adjustment might have been quicker and more thorough if I had done so earlier. Though I did not have serious traumas or deep secrets to work through, many do and do not access the military system for help. Many Reservists do not live near a military or VA site where such services are offered and so the logistical practicality of accessing care get in the way. Denial or minimization of the impact of such an experience is another common occurrence. The common military pattern is to “suck-it-up and move on.” The rush to normal is strong.

The military culture is a deeply mission driven, “nuts and bolts” environment. The humanity of the person, their family and feelings are secondary and left up to the Chaplain and Medical Services Corps to take care of. The experience of unconventional conflict such as the GWOT changes every individual involved, especially those who are deployed and their families. There is both loss and growth. To help heal the wounds of loss and to capture the growth from such experience it is vital that the returning veteran debrief, i.e. to talk out the experience with a variety of people, particularly with trained helping

professionals – pastors, therapists, counselors and service buddies as well as with friends and family. I believe that healing and growth from such experiences such as a deployment best occurs within the context of a caring community.

A Few Suggestions For Providing Spiritual And Emotional Care For Returning Veterans:

Aid the returning veteran in talking, i.e. in debriefing and processing the deployment experiences in the larger context of his/her spiritual and personal life. The service member has and continues to go through numerous changes that require reflection to promote healing and the discovery of growth opportunities that are both spiritual and personal in nature. It is helpful to provide numerous opportunities, both formal and informal to assist the veteran to process at his/her own pace and comfort. It is helpful if this process can begin as early as possible during or

The common military pattern is to “suck-it-up and move on.” The rush to normal is strong.

before the vet’s deployment with frequent communications by e-mail, letters or cards. One fellow regularly sent me jokes and amusements along with his well wishes and inquiries of how I was doing. I will never forget his caring. He does not know fully how often his little tidbits made my day more bearable in a difficult situation. The returning veteran needs to grieve, confess, celebrate, gain new perspective and make peace with the changes – the good, the bad and the ugly. Reflection in the context of caring relationships is a transforming process that allows both speaker and listener to affirm one another and to grow as people living in God’s grace.

Help the veteran to engage in a supportive community, and the flip side – assist the engagement of a community to support the returning veteran and his/her family. As suggested above, this is most helpful when initiated before and during the deployment not just as he/she returns. It is particularly important that a faith community is supportive of the service member’s family during the deployment. Unfortunately, many faith communities (friends as well), “grow weary of well-doing.” Aside from a few questions at church, often there is a drop-off of the practical and emotional support for the deployed member’s spouse. Sustaining the communication and support for both the service member and his/her family throughout all deployment phases promotes a healthier reintegration of the veteran’s return. This support needs to be invitational, at the ready and offered in such a way that the spouse sets the agenda. Often overlooked is the loneliness and emotional support that the awaiting spouse needs during the vet’s absence. He/she needs someone to talk to as well to process all the changes that are going on at

home. If the service component does not offer it, a faith community is in a wonderful position to offer a no-cost week-end marriage retreat (conducted by a professional marriage specialist) for the returning veteran and his/her spouse. Each has changed and their relationship may, in many respects need a tune-up. The faith community may invite the returning veteran to talk about his/her experience at a Bible class or men's group, not only for information, but as an aid in helping the vet to debrief. Many soldiers have accessed religious support services during their deployment. As they return, it is important to follow up on that new spiritual growth. Others may have come to question their faith and is again, an opportunity for ministry. The faith community may also consider "adopting" a single soldier, perhaps a friend of a deployed congregational member. Again, this would be most helpful at the beginning of the deployment. Nevertheless, deployments are particularly hard on single soldiers who may have little or no good support system. Anything that a congregation can do to support these veterans will go a long way in aiding the single veteran a successful reintegration into the changed civilian society.

Relate to the returning veteran as a whole person who has the capacity to enrich our society as a result of their experience. Returning veterans do not need fixing, but need affirmation and encouragement to heal from their losses and celebrate their newfound strengths and insights in overcoming the changes they experience upon their return. As cited above, healing is promoted when the returning veteran feels safe and among friends who care. In this context the vet can process and come to terms with the deployment experiences in the larger context of his/her life and relationships. I offer here two possible entrées in beginning the conversation that may lead to healing. My first suggestion is to help rediscover together thankfulness and grace within the deployment experience. My recently deceased uncle was a Prisoner of War for over 18 months in a stalag outside of Munich. He would never speak of his experiences of that time. Both his immediate and extended family we were strictly forbidden to ask him about anything to do with the war. It was the way he wanted it. This went on for over 40 years until my daughter, for a class paper wrote to him, asking him to relate a story about his experience during the war (she did not know of the prohibition). To my amazement, he wrote back to her telling one story that truly struck me as significant. It was a story of thankfulness and kindness. Like many others he was used as a slave laborer to clear rubble following the bombings of the city. He was nearly starved to death. At one point, an elderly woman approached him while the guard was not looking. She told him that if he wrote down the names and addresses of the prisoners in his work group she would write to them when she got to Switzerland. She did do this as he learned upon his return from the war. For him, relating this simple story broke the silence and, although delayed, allowed him to begin (or bring to a new

level) his healing process. It was the beginning of his opening up about the traumas he endured. The point is that every returning veteran is thankful for things we take for granted. For, the simple act of taking a shower brings on a feeling of gratefulness.

Returning veterans do not need fixing, but need affirmation and encouragement to heal from their losses and celebrate their newfound strengths.

The second suggestion is to begin the conversation by focusing on the strengths the veteran has shown during the hardships of deployment. Soldiers are typically very creative and adaptable in coping with the harsh demands of duty. They are usually proud of their service and find pleasure of telling the stories of how their team coped during difficult times. A good listener will identify and affirm these strengths which can become entrance points for talking about the more difficult issues of the deployment. The stress of an unconventional war where there are no true safe zones brings out the best and worst in all of us. It is important

War changes people. How we master those changes for the betterment of the returning veteran and our society is at the heart of the issue. Therefore, it is crucial that we take the time to creatively listen and affirm each other with all the creative supports we can muster as professionals and as religious communities.

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Notes

1. The intended use of the term "soldier" is generic and could be used interchangeably with "service member" or "veteran."
2. Reservists are mobilized for active duty for an operation such as "Operation for Iraqi Freedom" (OIF) or "Operation Enduring Freedom" (OEF) and may be stationed state-side or deployed overseas. Not all Reservists who are mobilized are deployed. Generally, those who are deployed endure far greater stress.
3. Since 2003 most mobilizations have been 18-24 months in duration.

The Body of Christ in the Presence of Their Pain

Can the body of Christ help those with Post Traumatic Stress Disorder? Yes, through hope, normalization and acknowledging Christ in the presence of their pain.

Post-traumatic stress disorder (hereafter referred to as PTSD) is an anxiety disorder brought on by either a single life threatening event (Improvised Explosive Device) or multiple events over an extended period of time (a traumatic tour of duty in a war zone). PTSD is an “object-relations” event in that the individual ascribes meaning to the incident as life-threatening and traumatic. PTSD symptoms can be caused by physical events such as a concussion or other forms of head trauma (this is referred to as mTBI or TBI [mild Traumatic Brain Injury or Traumatic Brain Injury]). PTSD so devastates an individual that normal coping skills, healthy relationships, and even faith are severely jolted and in some cases destroyed.

Because of war, violence in our country and the general sinful condition of humanity, PTSD is no longer a specialty area for pastoral care. The Center of Disease Control in Atlanta estimates that 20% of the adult population will witness a violent act in their lives. The statistics are higher if one lives in a major metropolitan area. The Body of Christ has members who suffer from spiritual and emotional trauma. Clergy throughout the Church provide pastoral care to those with PTSD, PTS (Post Traumatic Stress) and COS (Combat Operational Stress), mTBI and TBI. The purpose of this article is to discuss “best practices” that help those in our congregation who suffer from the result of violence, trauma, and horrific life changing events.

First and foremost, providing pastoral care to those who have PTSD, PTS, COS, mTBI and TBI is centered in the concept of “Cure of Souls.” Pastoral care is to reach out to God’s people by way of this “Cure of Souls” (Seelsorge and Privatseelsorge). It is the same way that we approach those who suffer from the multiplicity of symptoms brought on by PTSD. In “Cure of Souls,” pastors willingly bring Christ as they “move toward” and “walk with” one who suffers, just as Christ comes to us. It is Jesus’ “grace undeserved” and passion on the cross that assists those who suffer so deeply. The “Cure of Souls” is the pastor’s credential to enter the world of a combat veteran who suffers from PTSD. The Office of the Keys, given by Christ, authorizes clergy to listen to the individual as they talk of: loss, pain, isolation resulting from war, violence, or witnessing a horrific death. In turn, the pastor brings the full force of Christ-centered sacraments of the Lord’s Supper and the power of confession. The Holy Spirit uses “Cure of Souls” to bring about peace for the veteran and their family.

Second, the Lutheran Church recognizes the



dynamic of the multidisciplinary approach (combining faith and medicine) to bring about healing. Pastors know that bringing God’s word of hope to those that are ill can help those to heal. This is also the case of those that suffer from a host of physical illness and emotional pain. If you would like more information on the impact of faith in medicine and the studies that demonstrate this, consult Dr. Harold

The theme of God in the midst of suffering is a line of continuity that moves through church history.

Koenig, Duke University, and his research on this subject. It is compelling that by connecting with one’s faith, symptomology decreases and one is restored to health. It is important that the Church continues to harvest this collaborative area of faith and healing. By joining together with the medical

disciplines of psychology and psychiatry, faith in the midst of illness brings about healing.

Another approach that clergy bring to those who suffer is the power of God's Word. Scripture is filled with hope. Passages such as God being a "refuge" (Psalms), of his people being "more than conquerors" (Romans), of Jesus declaration of judgment dispensed/judgment served by saying "it is finished" (John), are broad brushstrokes to the potential depth illustrated when God comes to us and enters our world of pain. God loves us and seeks to change and transform us. It is important to point out from Scripture that God enters the world of suffering with those who suffer as opposed to turning away. Passages concerning Job, King David, Elijah, the crucifixion, even the "road to Emmaus" helps the veteran realize that God comes to us regardless of our feelings and life experiences. Biblical truths help the veteran with at least two important components of bringing pastoral care to those with PTSD: normalization of feelings and reduced isolation.

The theme of God in the midst of suffering is a line of continuity that moves through church history. In his distinction of the Theology of the Cross versus Theology of Glory, Luther wrote at great length about his deep personal feelings of distress and relationship to Christ. Luther was troubled by the building schism of the Church, the death of friends resulting from the Protestant Reformation, the death of his daughter Magdalena, distress at the state of the German clergy, and of course, constant threats of death and imprisonment. The symptoms he describes are indicative to what one experiences when under extreme stress. Luther, over 400 years ago, uses the term *Anfechtung*, to describe modern symptoms of anxiety: night sweats, heart palpitations, headaches, stomach problems, and periods of depression. Soren Kierkegaard wrote about *Anfechtung*, of both Luther's and his own. Bonhoeffer like Luther and Kierkegaard looked to his faith when alone and depressed. He too understood that God visits us in our loneliness and isolation. Martin Marty believes that Luther understood his relationship with God as his own interpretation of Jacob wrestling with the Angel. It is this wrestling that can be of such help for veterans. Encourage the veteran with PTSD to continue in the struggle: in treatment, in worship, to remain faithful in their families, to not self-medicate, and to not respond at home the way one reacts in combat.

The concept of Law and Gospel has application to those that have PTSD. To know that we have a condition, that is our very nature, not just actions, is helpful for the veteran. A person suffering from an anxiety disorder has a tremendous amount of stress placed upon them. The desire to become perfect and acceptable is a burden too great to bear. Faith is needed to lift this off their shoulders. Realizing that we are helpless to save ourselves and that God sends his Son, the Christ, for hope, is a message of peace to those who have suffered from war. Consider the

level of pain that the veteran carries. Killing a child who may be an enemy insurgent, feeling helpless as a vehicle is engulfed in an inferno from an explosion... your friends burning to death inside, never getting enough sleep because of harassing rocket fire (lack of sleep brings a host of bad decisions), providing security after a horrific explosion in a crowded market and seeing the carnage. A veteran becomes so desperate to detach from the pain, they will do anything to cope. Some try to purge the memory with alcohol; others try to not think about the pain by filling the mind with pornography, overly excessive video gaming, and violent music. Some become "shopaholics;" others use anger to keep people away. Some become depressed and turn to suicide... this is the world that Christ's redemptive promises reach.

Anger as a Symptom

Chaplain: So Sam, how are you today? Do you mind if I come in? (I'm hoping to dialogue with him, he has been very angry. Sometimes Sam wants to talk, and other times he waves me off.)

Sam: Well, chaplain you know I'm not particularly religious, but I'll talk with you. I'm getting ready to go on a pass. (Pause.) I had a talk with God the other day. I think we're cool.

Chaplain: Oh, and what did you say to God. (I'm hopeful for something positive.)

Sam: I called him a f***ing b*****d for taking my g*****n leg away. I told him that I want nothing to f***ing do with him. So we're cool. (Sam says this in a calm demeanor, flat and distant yet clear.)

When talking to veterans about coping skills it is important to convey two important points. The first is that their illness does not absolve them of "bad behavior." It is important to make clear that the veteran is not allowed to abuse spouse or children, to commit violence against themselves or anyone. Using the contract technique may be helpful. Some have been using unhealthy coping skills for a long time. Most veterans know what is unhealthy and what is appropriate. Second, many have been away from home for a long time. Time is required to reintegrate back into their families and civilian world. It is important to talk with the veterans about the difference between coping skills in a war zone and coping skills in the United States.

The following is informational only and not intended for a pastor to use without proper training, supervision and certification, all of which have room for pastoral care in consultation with the veteran and the care provider. From a medical perspective there are five treatment approaches to PTSD: Pharmacotherapy, Psychotherapy, Exposure Therapy, Desensitization and Eye Movement Desensitization Reprocessing (EMDR). Pharmacotherapy is treatment which uses drugs to help in the treatment of PTSD. Psychotherapy uses psychological techniques. Exposure Therapy is a

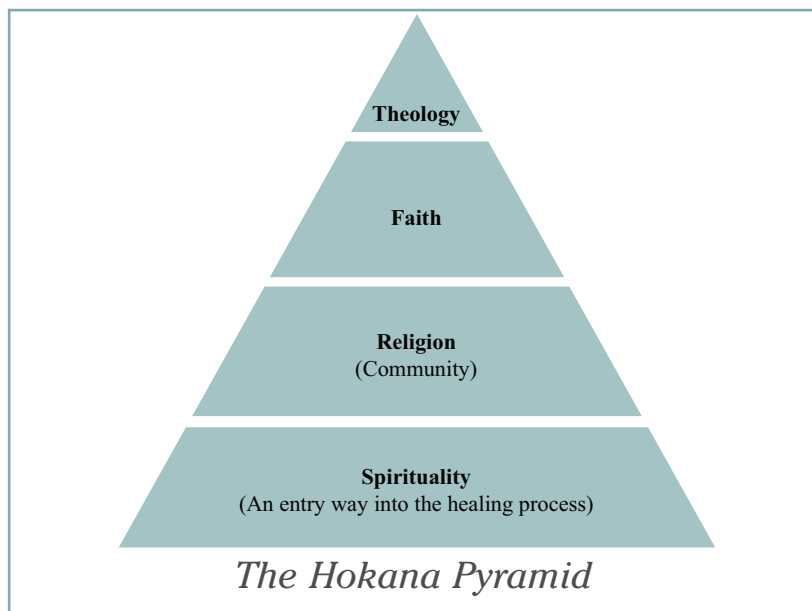
technique in which the veteran retells the event that brought about the trauma. Again, this is a technique involving a trained practitioner and is in a controlled environment. Desensitization is a technique that seeks to separate the physical responses from the emotions. Eye Movement Desensitization Reprocessing (EMDR) a technique that combines physical movement of the eyes while retelling of the event and coaching by the therapist. All of the above categories have provided help for the veteran. Our role as pastors is to encourage the veteran to get treatment, stay in treatment make sure that the veteran talks to the provider about what is working in their treatment and what is not. If possible, to collaborate with the veteran and the therapist. The therapist would use one of the techniques listed and the pastor, in consultation can use pastoral care approaches.

The Hokana Pyramid is a helpful tool to illustrate pastoral care for those with PTSD. It is intended to move in an upward direction, sharpening the thought process of the veteran to a point where they can articulate their theology. At the base is Spirituality. Spirituality is a cornerstone of pastoral care with those who suffer from PTSD. By way of definition, Spirituality is not an arbitrary word. Spirituality is something that everyone has and possesses. It is part of our humanity that the Apostle Paul speaks of in Romans. The use of the term, “spirituality” is intended to mean positive, God-created, energizing and moving in a favorable direction. Spirituality is only an entryway for healing and certainly not the final step. Religion is understood to mean organized spirituality, community-centered with rituals and shared beliefs. It is at this juncture that many veterans are challenged by a loving God in the light of their illness.

Lack of trust, a symptom of PTSD, begins to show itself at this point. It is important to encourage the veteran to link into a community of faith. It is important for them to be active and participate in their community. Faith is the person’s individual beliefs shared and not shared with the community. It is a matter of what, where, and why to believe, held dear to the veterans heart. All three tiers lead to one’s theology. If the veteran can discuss their theology in an organized manner then pastoral care is well on its way in helping the veteran.

One pastoral technique that the author uses calls on three tools in ministry: a multi-disciplined approach (work with medical providers), use of writing and confessional prayer in the context of “Cure of Souls.” [Journey, use of theology]. As part of the post-graduate research, the author divided 24 veterans with PTSD into 3 groups. The first group wrote about time management (“What are you planning on doing this weekend) [Null hypothesis]; the second group was asked to journal about their most traumatic event. The last group was to write a confessional prayer to God in full disclosure about their most traumatic event. Using the Spiritual Well-

being scale the results were measured. All three groups were interviewed by the author after the writing was completed and encouraged to see the author if they exhibit signs of deteriorating symptoms. Of the three groups, the written confessional prayer group had a significant positive change in their Spiritual Well-being while the other two groups showed less change. Thus writing helps, and writing about time management seems to have a positive outcome for veterans. Thus journaling is healthy and can lead to healing. Bringing in the use of confession and a dialogue with God in written form leads the veteran to restoration and peace. Part of the success in all categories may be in the elevated trust level of the veteran from all three groups or the use of “Cure of Souls” to all groups.



There are a few pastoral care approaches to help veterans with PTSD. This area of study is a wide-open frontier. A handful of chaplains laid the ground work for this area of pastoral care. Chaplains Melvin Jacobs wrote about spiritual aspects of PTSD only a few years after it was declared a diagnosis. Chaplain William Malady, who suffered from PTSD, wrote about his journey of war and how it disrupts one’s relationship with God in “Out of the Night.” Chaplain Dal’ene Fuller-Rogers brings the use of theology, theodicy, and suffering, while at the same time speaks of forgiveness, understanding and the need for clergy boundaries.

The collaborative team of Flannery, Preston and Weaver are proponents of a collaborative model tied to the health care community. They point out that clergy are the first professionals that someone talks to when they have a problem. They recommend that pastors assist veterans to recognize the signs and symptoms of PTSD. Their work really shines through for pastors as they recommend the power of liturgy and the local congregation, as well as formal and informal prayer. Weaver, specifically, under-

scores the need to work with the medical community. He has a recommended technique for clergy to use if they feel a member may need medical care. (Be careful not to use as diagnosis but referral). RAP-132: 1 Re-experiencing symptoms, 3 Avoidance symptoms, 2 Physical arousal symptoms. This is a workable technique for clergy. Depending how one interprets the Diagnostic Systems Manual IV TR (DSM-IVTR), there are over 24 symptoms linked to PTSD. I have heard some psychiatrists say there are as many as 35.

Another area that pastors can help bring faith to healing is in group work. This can be a wonderful opportunity to help bring about healing through prayer, Scripture and belief in God. Volunteer to be a guest at an AA group. As pastors we have a healthy perspective on topics such as grief, hope, belief, and trust, just to name a few. You can ask to provide a class on spirituality and religion. Bringing faith to the forefront may not only bring them into a positive relationship with Christ but help them see through their addiction.

A few final thoughts concerning pastors and providing care with those that have PTSD. Be careful how you express your politics concerning the war. Remember, many veterans have a lack of trust in institutions. You represent an institution. "Are you are against the war or are you against me?" Conversely veterans become distrustful of those who equate patriotism with belief. Some have very strong feelings about the war and its' cost. When talking one-on-one with a veteran, ask them about their thoughts and feelings. Look interested in their response and be careful to challenge what they have to say.

This article was not intended to be an exhaustive study and analysis of Pastoral care and PTSD for our returning veterans. It is intended to demonstrate that as clergy we have an opportunity to be active, vital players in the healing of our Soldiers, Sailors, Airmen, Marines, Coastguardsmen and Department of Defense Civilians who put their lives on the line in defense of our nation and the freedoms we enjoy.

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How the Church Can Help

1. Have a plaque honoring those who serve.
2. Have a veteran thanksgiving service and invite your veterans to attend.
3. Never forget the spouse and family members of the veteran. Many are proud of their service, but some are resentful that they were not home, missed important events, or may have been inattentive when they were home.
4. Include service personnel in the corporate prayers every Sunday.
5. Pray for those (use sensitivity, permission) that suffer from mental illness, alcoholism and such. Some studies indicate that mental illness affects 20% of our congregation members.
6. Many veterans respond well to organization, encourage their participation in the functional workings of the congregation.
7. Call on veterans and their families.
8. If members of the church express concern about a veteran having trouble adjusting, speak to the veteran. Sometimes acting out is a symptom of desiring help.
9. Prerach a sermon series on topics relating to emotions. "Looking to God for Answers", "Coming to Terms with Loss."
10. Not talking about the problem (drinking, abuse, outbursts of anger) allows the stigma of potential illness to deepen. The "300 lb gorilla" becomes the indestructible "mighty Kong."
11. To say "we are grateful" carries weight with the veteran. Remind the veteran that their experience, good or bad, may never be fully understood, but the church is grateful.
12. Do you have a literature rack? Put information out that helps the veteran. Make sure it includes contact numbers.

Points to Remember

1. Believe in what you are doing. It is hard to convince someone that prayer and a sacramental life is beneficial if you are not practicing.
2. PTSD is a medical condition. Get the veteran professional help. Save their life as well as their spiritual well-being.
3. Their time to share is their pain and not time to share your pain.
4. Pastoral counseling with a veteran revolves around trust.
5. Do not be late or miss an appointment. Trust and safety are big issues. The message you send is that you cannot be trusted and the veteran is not of value to your time.
6. The power and efficacy of the Holy Spirit through one's theology, religion and faith is a supreme component in bringing a veteran home and healing from war.
7. Normalization of experience is important when working with a veteran suffering from PTSD. Veterans need to know that what they are going through is a perfectly normal response to an abnormal event.
8. Once a veteran trusts you, the "floodgates of pain" and pent up hurt are loosed. Contract ahead of time for a 60-minute session, or free your schedule for an additional hour.
9. If the veteran is lost in "war stories" listen for a time, but eventually ask, "How is it that I can help you?"
10. "No shows" for an appointment occur. PTSD can be overwhelming (addiction, family tension, depression, physical pain). During the initial session ask, "Is it o.k. if I call you? I'm concerned about you."
11. Hope. Encourage the veteran to enter, continue treatment, to attend worship services and see you on a regular basis.

War Wounds Begin to Heal at the New Normal

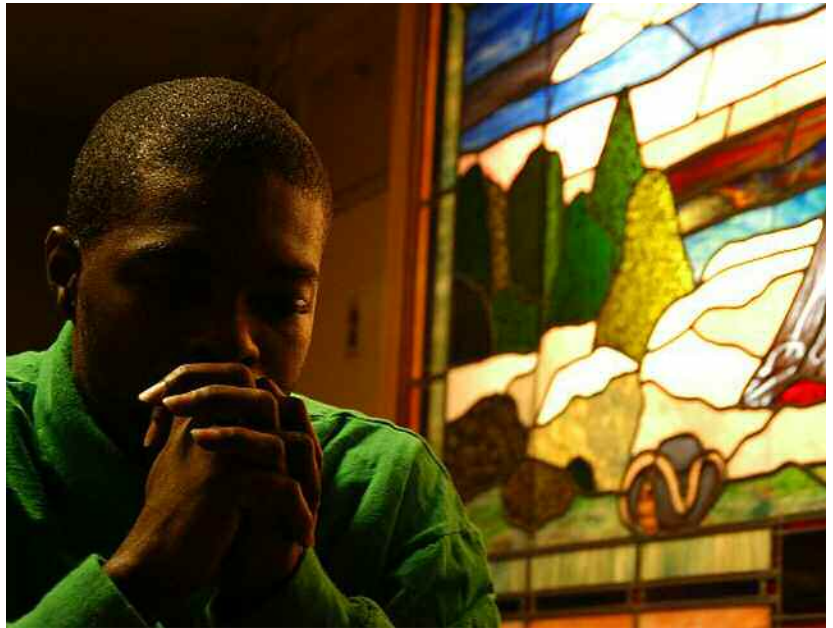
It is in the area of safe, secure, and supportive relationships that we in the church have the most to offer.

We are a nation at war, and war is inherently ugly, messy, and traumatic. One can not go to war and come back the same person. You can not experience combat and expect to come back to the old normal. The hope realized in those who work with veterans is that, with time and supportive relationships, returning warriors reach a new normal. This is our mantra at the US Army Chaplains Family Life Training Program at Fort Benning, Georgia. Here our combat veteran chaplains daily counsel fellow Soldiers returning from downrange and their Family members. The good news is that most combat veterans find a new normal.

The current protocol for those who have symptoms of combat stress and post traumatic stress includes interventions such as medication, rest, cognitive-behavioral therapies, group work, EMDR (an information processing therapy), exposure therapy and supportive relationships. It is in the area of safe, secure, and supportive relationships that we in the church have the most to offer. What we offer in terms of fellowship, community, love and the knowledge of a loving God may be the most valuable resource any trauma victim has to get through to the new normal.

Veterans innately know that their healing is connected to relationships. When a recent client was asked to name what was aiding in his recovery, he stated a litany of all the important people in his life which included his faith community. Those people included his battle buddies, who while downrange immediately surrounded him to express care and blessings each morning as he prepared to travel the roads in search of IED's. Many veterans use the powerful bonds formed in battle to help them process their emotional wounds. With time families and friends back home become part of the process. Not using important relationships for their healing seems to have just the opposite effect on veterans and can be a sign that combat stress is moving toward the diagnosis of PTSD.

In the last ten years we have seen an explosion of knowledge about the brain. Neurobiology has given us tremendous insight into the most complex part of our being – the mind. We now know, through modern instruments that can map and explore the processes of the brain, that trauma events come to reside in the same part of the brain that hosts the pictures, images and feelings of our cherished relationships. Though we do not understand the connection there, it is widely recognized that having strong relationships (strong attachment figures) in our lives not only makes us more resilient to trauma,



but aids in our recovery from the same.

Pioneers in attachment theory, such as John Bowlby, opened the world's eyes to the importance of secure parental figures in healthy development of human beings. Susan Johnson, a Canadian therapist, has developed a modality called Emotionally Focused Couples' therapy, based on the importance of attachment theory. It seems to be particularly effective where trauma has influenced a person's relationships. The aim of the therapy is to reinstate a deep meaningful connection within the relationship, which in turn have a powerful effect on the resolution of trauma symptoms. As Susan Johnson has shared in training with our chaplain residents, "When the dragon comes in the middle of the night and we have someone to hold us, we will get better."

The first issues which entering students commonly engage me are issues of transition.

Any chaplain who has worked with the wounded will tell you that it is not uncommon for soldiers to cry out for their mothers in the midst of horrific pain and injury. It has been wired into us that we need to have those who have loved and cared for us there during traumatic circumstances. In the brain it is a short distance from the place of unbelievable pain and the place where love and safety are stored. We do a tremendous ministry of healing when we can be

deeply available to those who have experienced the horrors of life.

I know from my own combat experience, as a part of the invasion of Iraq and the taking of Baghdad, that that which sustained me most were the relationships I carried deep within my soul. It was that familiar voice of God in Christ, the long supportive voices of my parents, the remembered tender words of my wife and the echoes of the joyous laughter of my sons that gave me a sense of safe being in the midst of overwhelming loss and grief. Those are the voices that give strength through every adversity. Those are the voices that have been most healing to me upon my return. Those are the same voices I will carry to the grave and into the resurrection.

The sense of being okay when the entire world is in the throes of hell seems only to come if we have experienced deep human connection through our relationships, through our community, and through our God. The strongest Soldiers I have known have been those who were most connected to their God and His people. What you do to promote secure relationships as congregations and as proclaimers of the Gospel of Christ is the greatest gift you can offer to returning veterans. A loving God who forgives, heals, and holds those broken by the world, the flesh and the devil is invaluable to a wounded warrior.

Time is another great redeeming factor. Trauma work is very akin to grief work and has an individual time table. Like grief it cannot be hurried, but must be waited on. When it comes to the healing of trauma, the old expression of “time heals all,” has a bit of truth to it. The vast majority of Soldiers will begin to see improvement in symptoms within a short time after their return; others may take years.

In one sense, all of us are on a journey to the new normal. Trauma is a part of this violent world. Our greatest resource is and always has been – faith in a loving and caring God who is at work through His people. Our Soldiers and their Families need our support and love. It is not always easy for military families to receive a warrior home. It is even more difficult when that warrior is experiencing symptoms that cause him or her to push the family away. Everyone in that situation needs our emotional holding.

It is a great honor to be the director of a pastoral counseling training center that works with war veterans every day. What we do here is only a small part of the healing process. It takes a village – a safe, loving, supporting village – to be the crucible in which people who have experienced horrendous acts can begin to find the new normal. Congregations and communities matter to the well being of returning Soldiers. When your ministry is done well, you are a major part of the treatment team. You are a voice of the new normal.

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A Partner in Ministry

Because our chaplains are embedded with the military, they live first hand the experiences of our people who serve.

As I travel around the country in my capacity as Assistant to the ELCA Presiding Bishop for Federal Chaplaincy Ministries, I meet people in all expressions of the church who are concerned for our military members. That concern is shown by the frequent telephone calls our office receives inquiring about what individuals or congregations might do to support our service members.

That concern was demonstrated in a joint document crafted by the LCMS Ministry to the Armed Forces and the ELCA Bureau for Federal Chaplaincy Ministries, "Proposal By The Evangelical Lutheran Church In America And The Lutheran Church – Missouri Synod On Care To Chaplains And Congregations During Deployment," in which six goals were set forth to assist congregations, pastors and pastors' families when a pastor is deployed as a reserve military chaplain.

That concern was demonstrated at the recent ELCA Churchwide Assembly in Chicago when the assembly overwhelmingly approved (*Yes-1,023; No-3*) the following resolution:

"To urge all congregations and other expressions of the ELCA to provide a welcoming and supporting environment for returning military veterans and further urge the Conference of Bishops to partner with the ELCA Bureau for Federal Chaplaincy Ministries to explore means by which this church effectively might provide healing ministries to military veterans and their families."

Obviously there is a strong impulse to provide for the needs of our military people. The mandate from the ELCA assembly is unmistakable. And so the question arises, "What are the means by which we might effectively provide healing ministries to military veterans and families?"

There is one ministry already in place in our church bodies that is truly the front line of that care, our military chaplains. Because our chaplains are embedded with the military, they live first hand the experiences of our people who serve.

"Chaplain, do you have a minute?" That start of a conversation, which often leads deeper into issues that are troubling the questioner, is one that has undoubtedly been repeated thousands of times in the history of U.S. Armed Forces chaplaincies. That question has been asked when the chaplain is out visiting aircraft maintenance troops in the middle of a frigid North Dakota winter night; or during the heat of the day when the chaplain is spending time with a group of Seabees digging a fresh water well in Al Anbar province, Iraq; or following a memorial service for a fallen soldier in Afghanistan. No



matter where they are found, it is the chaplains' accessibility and ubiquitous presence with the Soldiers, Sailors, Airmen, Marines, and Coast Guards that opens the doors and allows the conversation to begin.

As ministers of the gospel of Jesus Christ we proclaim God taking on our flesh and dwelling with us. The profundity of that truth is that the God of Abraham, Isaac, and Jacob does not stand on the sidelines observing us in our day-in and day-out needs, but has jumped into the messy existence of our lives.

Embracing our service members is the work of the church; the whole church.

The military chaplaincies are able to reflect that example of our Lord. It is more than slipping on a uniform; the chaplains assume the lifestyle of service men and women. The chaplain, along with all other military members experiences military discipline, inconvenience, and the potential for hardship. On the other hand, as a military chaplain, one is not just permitted to "go along for the ride" with the Soldiers, Sailors, Airmen, Marines and Coast

Guards; the chaplain is expected to be with them through all the experiences of their lives. It is a 24/7 ministry. The Army has an expression it uses to describe that lifestyle; it is “muddy boots.” Muddy boots means being with those we serve wherever they are.

The genius of the military chaplaincy is that constant presence with those being served. Retired ELCA Army chaplain Conrad (Connie) Walker, the “Leapin’ Deacon,” has made over a thousand parachute jumps with soldiers. When asked why he jumped out of airplanes he replied, “It makes a very good pulpit.” Because the chaplain lives the GI lifestyle alongside those who are being served, he/she has a level of credibility with the service member that is difficult to attain outside of the service.

A number of years ago when I was assigned to an air base in Germany one of our pilots was killed in an aircraft accident. The pilot’s wife, also a military member, was deployed to Sarajevo at the time. Military regulations require that casualty notifications are made in person, not by telephone. As is the norm in these situations arrangements were made for a notification to be made by the senior Air Force officer at the deployment site. While the notification was being made, an airplane was dispatched from her home base to bring the widow home.

The installation commander sent her supervisor and me to accompany her back to our base. The presence of the chaplain as an in-residence caregiver was natural and normal because the chaplaincy is fully integrated into the military community. The armed forces has learned from years of experience in dealing with tragic news that face to face human contact is the necessary way to provide care to those who are left behind.

The experiences of our chaplains in and around Iraq and Afghanistan echo the importance of their presence with the service members who are placed in harm’s way. No matter what the branch of the service, chaplains are there with them. The Air Force states in their chaplain instructions that chaplains are a visible reminder of the holy. That’s good as far as it goes, but it is really more than that.

When Paul says that we, the church, are the body of Christ, that ministry of incarnation extends far and wide wherever God’s people are found. When the chaplain prays, “Though I walk through the valley of the shadow of death, I will fear no evil, for thou art with me,” with a group of soldiers about to go on a mission, that chaplain represents a tangible presence of God, and a reminder that God does not abandon them. When the chaplain looks out at a group of marines from behind a makeshift altar of stacked crates and declares, “As a called and ordained minister of the church of Christ and by his authority, I therefore declare to you the entire forgiveness of all your sins, in the name of the Father, and of the Son, and of the Holy Spirit,” the chaplain brings healing to broken souls. When the chaplain

distributes the body and blood of Christ to a group of sailors assembled on the hangar deck of an aircraft carrier in the Persian Gulf, it is a reminder that nothing in all creation can separate us from the love of God in Christ Jesus.

That powerful tangible reminder of God’s presence in our world creates a safe space for the service member to find some refuge and solace even in the most hellish moments of life. It is that presence and accessibility that enables a chaplain to develop relationships with military members that can lead to ministry. The same young people who might never engage a civilian pastor in a conversation concerning issues in their lives tend to see the chaplain as a natural presence, a part of the unit, and a resource to tap when a need is felt. The chaplain is readily understood to be one with whom a confidence may be shared. Indeed, in many instances the chaplain is understood as the only trustworthy confidant.

That powerful tangible reminder of God’s presence in our world creates a safe space for the service member to find some refuge and solace even in the most hellish moments of life.

Many of the privacy rights that the average American citizen takes for granted are essentially given up when an individual joins the military. In the world of the United States military, there are few options for confidential communication; even a military member’s medical or mental health records are subject to scrutiny. Historically, career military members tend to be reticent to seek help from a mental health practitioner for fear of jeopardizing career advancement.

In the face of that, the military services have put a legal protective fence around communication with a chaplain. If that communication is given in trust, and is made either as a formal act of religion or as a matter of conscience, it is protected communication. The privilege against disclosure belongs to the individual making the disclosure; therefore, the chaplain is not free to release the communication without the consent of the individual. As a result, often the first person and sometimes the only person a troubled military member will seek out is the unit chaplain. The institutional presence of the chaplain combined with the legal protection of privileged communication come together to create a very effective pastoral care environment.

I have spent some considerable amount of space describing something of the nature of military chaplaincy. That happens to be my primary area of expertise. But it is important that we as Lutheran pastoral caregivers strive to understand how we might join our particular ministries together to face a huge task that is set before us.

Our nation is attempting to reabsorb literally thousands of combat veterans back into society. And as we do that and we as caregivers become more and more aware of the stressors in their lives, it is important to be mindful that military chaplains are a resource even in the civilian sector. Those communities that have National Guard or reserve chaplains in their midst would do well to solicit their assistance in providing care to our returning veterans.

Some returning veterans are uncomfortable, not able, or disinclined to divulge their problems with anyone who hasn't "been there, done that." The reserve component chaplains who have been mobilized themselves and experienced first-hand the horror of the battle-zone are a resource to reach out to those who have returned broken. The other reality of the returning chaplains is that many of them are suffering from some of the same trauma that the other military members are, and they too are in need of healing. The model of the chaplain as a wounded healer is probably most *à propos*.

As we as representatives of our church bodies strive to create a welcoming, healing space for our returning veterans it is essential that we reach out to them as caregivers who are partnering together. Some of us come from traditional parish ministries, some from specialized counseling ministries, some from military chaplaincy ministries, and some from a combination of the above, but what we do, we do as Christ's church, with a multiplicity of gifts. The needs and numbers of our returning veterans continue to swell, and will continue for years to come.

Embracing our service members is the work of the church; the whole church. No one expression of pastoral ministry is adequate to meet the needs of all who are suffering. Our military chaplains, because of their unique relationship to members of the uniformed services, have natural entree into the lives of those they serve, but the ministry they provide cannot satisfy all of the needs. Let all of us who have been called to this ministry of Word and Sacrament seek ways in which we may join together and bring healing to those who suffer as a result of war.

The Rev. Darrell Morton is assistant to the presiding bishop for Federal Chaplaincies of the Evangelical Lutheran Church in America. Morton has served as a pastor in the Lutheran church and as an active duty chaplain for about 25 years. He is on the clergy roster of the ELCA Metropolitan Washington, D.C., Synod and is a member of St. Matthews Lutheran Church, Lakeridge, Va.

Morton graduated from California State University, Los Angeles, in 1971. He earned a master of divinity degree from Lutheran Brethren Seminary, Fergus Falls, Minn., in 1975, and became certified for ordination in the ELCA at Luther Seminary, St. Paul, in 1977. Morton and his wife Wendy have four adult children.

Caring for Stressed Marriages in the Army Reserves

The assumption that things will be as they once were is almost never true.

In recent years the pressures on Army Reserve families have grown exponentially. Historically, service in the reserves or the National Guard meant a weekend a month and two weeks in the summer. Now it almost certainly means mobilization and deployment. Tours may last for up to 18 months, with second and third tours of duty becoming more common. My wife and I remember our anxiety about mobilization from the First Gulf War, when we both jumped every time the phone rang. For me, that call never came, but the hospital unit in which I served was cannibalized, as the Army handpicked the most necessary personnel. In fact, the commander and I spent one Christmas afternoon saying farewell to a number from our unit who were being deployed. More recently, the medical brigade where I finished my reserve career was placed on alert and then received mobilization orders. For one morning I was planning to go to Iraq, until the senior administrator pointed out that I was too old. (Most Protestant chaplains face an MRD, or Mandatory Retirement Date, at age 60.) Once again, however, I spent significant time with soldiers and units that were on their way to Iraq or Afghanistan.

For those families where one of the spouses has been deployed, there are a whole series of new challenges. One is maintaining regular contact with the spouse, even with the benefits of modern technology. More serious, however, is that the non-deployed spouse now becomes responsible for all of their affairs: family, legal, financial. If the deployed spouse had always done the finances, the spouse back home now has to learn...and quickly. If a car or an appliance has to be repaired, there is no one else to take care of it. There are also the challenges to the marriage itself, since the old evil foe does not cease his work in times of warfare.

If all goes well, however, there is often a rosy-glassed anticipation of homecoming, but this often turns out to be a fantasy. The assumption that things will be as they once were is almost never true. Even for the marriage, this is more a time of courtship than it is a resumption of what the relationship had previously been. The non-deployed spouse has now become more independent. He or she may also be more accustomed to handling the paperwork and is not always eager to hand the responsibility back. The rhythms of the household have changed, and neither spouse nor children are necessarily ready to accept another person into their dynamics.



There is also the reality of the experience of war. Some soldiers are already frustrated at having missed family milestones or at not having been there in a time of crisis. Others are withdrawn when they return. Coming home at the end of the workday, they proceed immediately into the darkest and quietest room of the house, where they can be alone. Others will always take the seat closest to the nearest escape point, remembering what it was like to

There are also the challenges to the marriage itself, since the old evil foe does not cease his work in times of warfare.

have to be ready for incoming mortar rounds. Often communication between the spouses is at a minimum. Over time, as the Army discovered, more and more military marriages came to an end.

In 2001, responding to the rising divorce rate, the Office of the Chief of Chaplains of the U.S. Army instituted an active-duty program to address a number of family issues. BSRF, or Building Strong and Ready Families, had major components in finance, legal issues, health and wellness issues, and primarily the marriage relationship. For this last component, the Army used PREP, the commercial

Prevention and Relationship Enhancement Program, to strengthen marriages within the armed forces.

In 2003 my assistant and I were one of two Army Reserve Unit Ministry Teams selected in a national competition to receive BSRF training with active duty components. We were then to pilot the program in the Army Reserves. We spent a week at Fort Gordon, GA and then, in conjunction with the 77th Regional Readiness Command, began putting together a series of weekend seminars focused specifically on those families where one of the spouses had been deployed.

I have now served as lead instructor for seven of these marriage enrichment retreats, including several after my retirement. In 2004 I spoke about the program at the Chief of Chaplains Senior Leadership Training Conference. In the audience that day were PREP's own Howard Markman and Scott Stanley. In addition, I have been interviewed on MSNBC regarding the Army's support for its families, especially in a time of war. I have also written about the issue in an editorial for the religion page of a local newspaper. The Army Reserves has now trained a large number of other chaplains and assistants, and some commands are initiating programs not only for married couples but also for single soldiers. There is also now an expanded program called Strong Bonds-Strong Families (see www.strongbonds.org), and PREP has just introduced PREP for Strong Bonds, a new curriculum "specifically tailored...to meet the unique challenges facing Army Couples today" (see www.prepinc.com for this and other materials).

One of the key benefits of the PREP materials is the opportunity for the couples to work on communicating in a structured way. The program even requires trained individuals to coach the couples as they work through their assignments. Additional topics include danger signs, goals and expectations, safety and structure, communication filters, negative communication and constructive griping, problem solving, ground rules for the relationship, core beliefs, fun, friendship, sensuality and sexuality, forgiveness and commitment. Couples often chuckle at the fact that the chaplain is going to talk to them about sex. Just as often they are rather taken aback when he tells them that, in the Judaeo-Christian tradition, being male and female is one of the very good gifts of God at creation.

One of the things I emphasize to these reserve couples is that the skills learned in PREP are but one set of tools in the toolbox. Just as we do not use a screwdriver when a hammer is required, so a couple would not need special communication skills simply to carry on a routine conversation. But having the skills allows the couple to use them when an issue is high-conflict, when tensions increase and tempers rise. In almost every case, participants have reflected that PREP's Speaker-Listener Technique is useful, and they have often committed themselves to practicing it and using it when they need to.

Something we chaplains and assistants have discussed is the challenge of having to offer a religion-neutral program. PREP has addressed this by offering Christian and Jewish versions of its materials, but we have no similar luxury in open-enrollment retreats. Yet we are, after all, chaplains and chaplain assistants, and our language is flavored with words that have religious meaning, and we can illustrate our points with stories one may find in the Scriptures. In addition, if there are enough staff, we make on-site counseling available for those who want it, and they know they are talking to a chaplain.

As this command has offered additional retreats, it has tweaked the original BSRF program and PREP in a number of ways. A Friday night to Sunday afternoon retreat is not sufficient time to cover all the components of BSRF, so it has dropped the legal, financial and health-wellness components in order to focus specifically on the marriage relationship. It has added a "mandatory" date night into the format, with explicit directions to the couple about topics that are off limits that evening. It has also added a time for group reflection, where the deployed and non-deployed spouses are separated to give them a chance to share experiences and to discover that they are often not alone. Many have talked about the stresses, the challenges of family discipline, the need to develop greater independence. Yet one of the most interesting discoveries from these breakout sessions was that some spouses affirmed deployment as the best thing that ever happened to their marriages.

Programs such as BSRF, PREP, and Strong Bonds are not panaceas. Many challenges remain. In addition, the Army's motivation for supporting these programs may not be merely altruistic. A soldier facing high stress in a marriage is likely inefficient and even dangerous, a clear detriment to the military mission. But these programs do demonstrate the Army's commitment to support its troops, their spouses and their families and to address the incredible stresses created by mobilization and deployment.

Ronald Jones, a previous contributor to Caring Connections, is pastor of St. Paul Lutheran Church in Raritan, NJ. From 1980-2005 he served as a reserve chaplain in the United States Army, with positions in armor, civil affairs, and medical units and with active duty installations. He retired with the rank of Colonel. His wife Katherine has also played an active role in the programs referred to in the article, coaching, critiquing his teaching and making sure he is telling the truth about their 31-year marriage.

The Journey of Traveling Together

We travel a road where the destination is less important than the journey of traveling together.

Throughout our nation, troops are returning home from the war in Iraq and Afghanistan. Their adjustment from military to civilian life has its challenges. My focus in this article will be on providing pastoral care to the returning veteran. I shall reinforce basic principles of pastoral care in engaging the returning veteran. As a chaplain, I am most familiar and comfortable with pastoral care rather than spiritual care. Pastoral care is shaped by the cross and has a rich history within the Christian Church. God's love is revealed and incarnated in Christ. This determines the pastoral care we give. When I use the term pastoral care, I am referring to either a lay person or pastor representing the Christian community who gathers in worship and cares for one another. Not anyone can do this. Pastoral care is a ministry of the church with the person who is chosen carefully evaluated, trained (Stephen Minister, Befriender, CPE), commissioned and supervised. Within pastoral care the pastoral visit is primary.

The Pastoral Visit: Setting it Up

Setting up the pastoral visit requires us to be available. We need to be willing to take the time needed to build a good relationship. This does not happen overnight or with just one phone call. In being available, we allow the veteran to set the schedule. What works best for them? This means we are committed to regular contacts over an extended period of time. To make that happen may involve failed attempts and repeated efforts. Persistence and flexibility are necessary traits. It is not enough to ask "How are you doing?". We find out how the veteran is doing by being available and committed to spending time with him or her. The pastoral visit is a personal visit. This is a hands shaking, eyes seeing and ears hearing one to one visit. The cell phone and the computer are technological aids that make the personal visit possible, not a substitute for them. To set up the initial visit, and most likely the follow-up ones, we need to be the initiators. We do not wait for the veteran to return our phone call or email. If that were the case, I predict that 95% of the time it will not happen. One of the strengths of pastoral care is our reaching out to people. Most people see that act itself as caring.

Roadblocks

Roadblocks to the pastoral visit rise up. Suspicion comes naturally to the veteran because of their military training and war experience. To be suspicious is necessary for their survival. The enemy is unknown. Returning home, the veteran does not



easily or quickly shed that suspicion. To trust the wrong person has the potential for disappointment, great harm or even death. What adds to the mistrust is the strong civilian opposition to the war. What that means for pastoral care is that we need to keep clear the difference between our opinions about the war and our support of the returning veteran.

Pastoral care transcends politics and patriotism.

Pastoral care transcends politics and patriotism. Representatives of the church have spoken out against the war in Iraq and Afghanistan. Even though support for the veteran is affirmed, that does not automatically defuse the skepticism the veteran may have about our pastoral care. In addition, if their pastor or members of the parish have not been

in ongoing contact with the veteran during their deployment, that needs to be immediately addressed upon their return. For those of us who have not served in the military, we have no idea what the men and women have faced. We are the outsiders. Most likely we shall be tested. Trust needs to be earned. The bottom line is that those of us who reach out to the veteran have the responsibility to build that trust.

Land Mines

In the pastoral visit, landmines need to be identified and avoided. When it comes to pastoral care, we cannot be judgmental about the war, combat actions or civilian casualties. Most of us have not been there. We do not know firsthand what the veteran faces or lives with. To pass judgment will have the door slammed shut and padlocked. Closely aligned with being judgmental is giving advice. That is to be avoided like the plague. Again, we have not been there. We do not know what it is like to make life or death decisions in split seconds, to witness horrific war-time acts on the battlefield, to be deployed in a war zone for an extended amount of time or to live with the fear of being redeployed.

The lack of confidentiality is to be prevented. Confidentiality is basic to pastoral care. When violated, trust is betrayed. Trust is intrinsic to caring. When we are uncertain about whether or not to keep certain concerns confidential, we talk with the veteran. We share conversations with another only with their permission. The only exception is when the person is a threat to harm self or others.

Another land mine is loss of boundaries. We are to be clear what our purpose is. Before each visit, we need to consciously remind ourselves what our purpose is for coming. (e.g. In this visit I am here for us to get to know each other.) Along with that, we need to be clear what is not our purpose. (e.g. I am not here to solve the veteran's problems or be their therapist.)

Expectations of ourselves and of the veteran can lead us astray. They get in the way of listening and caring. When we have predetermined what should happen, we can no longer be where the veteran is. To avoid that, we need to be conscious of the expectation we have both of ourselves and the veteran. Do I want the veteran to like me? Do I expect that in this visit the veteran will "bare his/her soul"? Do I expect that I will help the veteran? What do I mean by "help"? Our need to "take care of" someone gets in the way of caring. Remembering for whom we are here and focusing on the veteran help keep expectations in check. Connected to expectations is asking questions. "Why" questions can easily put the veteran on the defensive. For whose benefit are we asking questions? Many times our own curiosity determines what we ask. We wait for the veteran to decide what to share with us, especially personal war experiences.

Building the Relationship

The connection between the veteran and the pastoral care provider is more than just two persons coming together. We not only represent the community of faith, we also restore and build that connection. The veteran may have been isolated and even alienated by what was or was not done. For that reason, we need to provide a safe and welcoming environment.

We need to be conscious of the expectation we have both of ourselves and the veteran.

We find out from the veteran where and when they would like to meet. Each person is different and the level of safety may vary from one time to the next. We get to know each other by intentionally remaining with topics that are safe and by discovering what the veteran likes or does not like. In getting to know each other, we build trust. That takes time. How long? We do not know the timeline. To be honest and genuine will mean at times acknowledging our failures and mistakes. We are not going to always say the right thing at the right time. When that happens and we are aware of it, then bring that out into the open. We may or may not have to apologize. That allows the veteran to see that we too are human. What an honor that the relationship can get to that point where we can affirm that as human beings together we are also part of the people of God.

The Pastoral Visit: Listening

Listen, then listen, and then listen some more! To listen is to be actively involved in picking up the depth, intensity and significance of what is being shared. We listen in order to hear. We hear in order to understand. That is the closest we can get to "understanding" what the veteran has gone through. At the same time we admit to ourselves that we shall never fully or completely understand what they have experienced. We listen to hear what the veteran is saying. We listen to hear what the veteran has gone through. We listen to understand what the veteran is going through. Through listening, we bring healing. Listening is a sacred mission of pastoral care. That is a gift from God to them through us.

Listening allows the veteran to set the agenda. We go where he or she chooses to go or not go. Many years ago when I was starting out in chaplaincy ministry, I remember what a psychiatrist said to our Clinical Pastoral Education group at the University of Minnesota Hospitals. Referring to cancer patients, he said, "The person will only tell you as much as he or she senses you are comfortable with." Not only do we work on being comfortable in listening to what is said but also to what is not said, in other words silence. We do not have to fill in empty spaces with words. We become comfort-

able in being together in silence. The writer of Ecclesiastes is right on in telling us there is "...a time to speak and a time to be silent." Listening full of care enables us to determine that right time. When we speak, our response is to what we hear from the veteran rather than what we want to say.

When Jesus arrived in Bethany too late to prevent his friend Lazarus' death, He heard the anguish and deep disappointment in Mary and Martha's words, "Lord, if You had only been here." In hearing that, Jesus was "deeply moved in spirit and troubled." That is listening in its fullness when we too are deeply touched by what we hear.

Conclusion

We travel a road where the destination is less important than the journey of traveling together. Sometimes we are forced to take detours, hit potholes and brake as we come upon sharp curves. The road is far from being straight and smooth. In providing pastoral care, we with the community of faith travel the road together with the veteran in the conviction that we are not abandoned. God's spoken Word of Promise is now fulfilled in the flesh and blood of Christ among us. As Christ incarnates God's love to us, we too make human Christ's love for others. As Christ's disciples today, that makes our care pastoral.

ADDENDUMS

Pastoral Care: Areas of Concern

Within pastoral care and counseling, these are the areas of concern that need ongoing response and further development: signs and symptoms of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD); the moral, psychological and spiritual impact of war, combat, evil, killing; guilt and shame; the pastoral use of Confession and Absolution both individual and corporate; the effect of ongoing exposure to violence; the challenges to reintegration within the family, church, community and society.

Pastoral Care: Referrals

The pastoral care provider needs to be alert to the following signs for referral:
Explosive outbursts of anger
Substance abuse

Risk-taking (e.g. reckless driving)
Losses due to anger, sleep and memory problems (e.g. job loss and school failure)
Domestic violence
Inability to establish/ maintain intimate relationships
Depression
Hyper-vigilance
Intrusive memories
Nightmares
Guilt
Intense anxiety and panic
Chronic headaches
Sensitivity to light or noise
Changes in behavior
Trouble concentrating
Mood changes; irritability
Confusion
Trouble concentrating
Feeling unusually tired
Self-imposed isolation
Emotional shut-down
Sexual dysfunction

Neil Hering graduated from Concordia Seminary, St. Louis, in 1967; then took a year of CPE at the University of Minnesota Hospitals; after that, Neil received a call to become the first fulltime Protestant Chaplain at the University of Minnesota Hospitals and was there from 1968 to 1980. Neil was with Lutheran Social Service and chaplain at Friendship House, a treatment center for sexually abused teenage girls, from 1980 to 1982. Neil served as a chaplain with the State of Minnesota at Oak Terrace Nursing Home from 1982 to 1990. Finally, Neil was chaplain at the Minnesota Veterans Home, Minneapolis, from 1990 to 2007, and is now retired. email: hering_neil@yahoo.com

New and noteworthy

Give Something Back Scholarship

The application deadline is February 15, 2008 with the awards made in April. Awards are given to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. More information and necessary application forms are available on both the ELCA and LCMS web-pages.

Continuing Chaplaincy Education Credits

Association for Professional Chaplains members have received word that the current Continuing Chaplaincy Education Credits program has been cancelled. *Caring Connections* had secured the privilege of offering these credits by reading the journal. We will follow closely attempts by the board of APC to relaunch any form of recognized continuing education credits and ensure that *Caring Connections* will be part of any future system. In the meantime, one can still submit time spent reading the journal as part of the regular self-reported continuing education required for membership in the Association.

Recent and upcoming events

How to Subscribe

Inter-Lutheran

- October 12-13 Inter-Lutheran Coordinating Committee meets in St. Louis, Missouri
- October 24-27 ACPE Conference to be held at the Adolphus Hotel in Dallas, Texas.
- April 22-23, 2008 LSA Chaplains' Network Pre-Conference to be held in St. Louis, Missouri
- April 23-25, 2008 LSA Conference to be held in St. Louis, Missouri

Subscribers to future issues of *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* will be notified by e-mail when each issue is published. We hope you will subscribe. The process is simple: go to *www.lutherservices.org*, select *Networks*, then select *Affinity Networks*, then select *Chaplains' Network*, then select *Resources*, then select *Caring Connections* and register on that page. You will need to provide your name, your organization's name, your e-mail address, and your ZIP code. Subscribers and nonsubscribers alike will also be able to access this issue of *Caring Connections* electronically by visiting the LSA website.

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling welcomes your submissions of news germane to specialized ministries as well as announcements of forthcoming events. You may e-mail news items and announcements to one of the *Caring Connections* news editors: John Fale at *John.Fale@lcms.org* or Bryn Carlson at *bcarls@covcable.com*