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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 Office: Editor, Caring Connections, Lutheran Services in America, 700 Light St., Baltimore, MD, 21230, email: cweinrich@cfl.rr.com

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News, Announcements, Events: E-mail items to Judith Simonson at jsimonson@pennswoods.net or John Fale at John.Fale@lcms.org

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Editorial

Until members of the *Caring Connections* Board started talking about “moral injury,” I had not heard the phrase, or at least paid any attention to it. Indeed, it took me a while to comprehend its meaning and implications for our various venues of pastoral ministry. Thanks to editing the pieces submitted for this issue, my respect for military veterans and their families who are dealing with this problem has increased considerably. The variety of articles contained in this issue should bring you to an awareness not only of what moral injury is and the havoc it can wreak on the lives of military personnel and their families, but also identify ways that pastoral people can respond, make interventions and work to reduce the occasion when one’s moral standards are violated in the midst of military conflict or activity.

George Handzo, Senior Consultant for Chaplaincy Care, Leadership and Practice at Healthcare Chaplaincy in New York City, gives us definitions and additional information for understanding moral injury, particularly as related to but distinct from PTSD, a more familiar issue to many of us. Luther Seminary Professor Janet Ramsey draws on her experience of working with returning veterans who are wrestling with moral injuries, identifying spiritual resiliency as a primary resource for those seeking to minister to these people (By the way, Brian McCaffrey has given us a review of Janet’s book, *Spiritual Resiliency and Aging*, which she cites in her article). Professor Bill Russell, from Augsburg College in Minneapolis, shares a curious and fascinating historical perspective on Luther and his thoughts on issues related to moral injury. Amy Blumenshine, co-author of *Welcome Them Home – Help Them Heal*, offers the second of her two-part presentation (see the Summer, 2012 issue of *Caring Connections*) on “Our Militarized Society’s Cry for Help.” While part one focused on suicide among military veterans, this part looks at veterans’ emotional struggles with the impact of

moral injury on their lives after returning from conflict zones. Mark Schreiber, Director of Ministry to the Armed Forces for the Lutheran Church-Missouri Synod, identifies a Biblical and spiritual remedy for those suffering from moral injury. Kelly Denton-Borhaug, Chair of the Religion Department at Moravian College in Bethlehem, PA, pushes the envelope for us in reflecting on the relationship between what she calls America’s war culture and the churches’ efforts to address moral injury. Mel Jacob, recently retired Executive Director of Lutheran Counseling Services in Orlando, FL, describes his counseling ministry with Vietnam combat veterans and offers helpful perspectives on pastoral care issues that often arise in these counseling relationships. We sincerely hope you will find all these articles helpful in your particular work with military veterans, or in whatever interactions you have with these men and women.

You may have noted that I began the last sentence of the previous paragraph with the word “WE.” I had a very good reason for using that pronoun. We have a new co-editor for *Caring Connections*! Chaplain Don Stiger, Senior Vice President for Mission and Spiritual Care at Lutheran Health-Care, Brooklyn, NY, has consented to replace Kevin Massey in working with me on putting together future issues of our e-magazine. Here is a paragraph from Don:

The privilege of joining my good friend Chuck Weinrich as co-editor of “Caring Connections” is well captured in a quote from Ally Condie, “It is strange how we hold on to pieces of the past while we wait for our futures.” Indeed, one of the cherished “pieces” of my past occurred in 2002 as my time of service as the ELCA’s Director for Ministries in Pastoral Care, Counseling and Clinical Education was winding down. Several colleagues from the Inter-Lutheran Coordinat-

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editors, Rev. Chuck Weinrich (cweinrich@cfl.rr.com) or Rev. Don Stiger (dstiger@lmc.com). This is a regular item in each issue of *Caring Connections*, but we are particularly intentional as we invite articles for upcoming issues on the following themes.

Spring, 2013 “Violating Boundaries: Improprieties in Ministry”

Summer, 2013 “Phoenix, Aurora, Oak Creek, Sandy Hook: Pastoral Care in Response to Community Violence”

Fall, 2013 “Chaplaincy Involvement in Working with Advance Directives for Health Care”

Have you dealt with any of these issues? Please consider writing an article for us. We sincerely want to hear from you!

ing Committee and Chaplains' Network gathered in Minneapolis at the home of Bruce Pederson to begin the exciting process of creating a journal with a new kind of breadth and depth - one that would inform and nurture those professionally engaged in the arts of pastoral care, counseling and education. We envisioned a publication that would be inclusive of practitioners in all settings of ministry – institutional, parish, and academic. As an avid reader and beneficiary of "Caring Connections" for nearly ten years, I now feel very blessed to "return to the fold" and serve as its co-editor.

I welcome the opportunity to work with Don. We had occasion to work together back when I was in Milwaukee and he was at the ELCA Churchwide Office in Chicago. I have respected him for many years and look forward to collaborating with him.

I also delight to inform you that we have worked out an arrangement for Jeanean Merkel, from Lutheran Services of America, to take the place of Chrissy Thomas as Designer for the online journal that comes to you. Welcome, Jeanean! I was able to meet Jeanean briefly over the Christmas holiday, in Baltimore, and anticipate good things in our future work together.

Be sure to check the extensive information on Zion XV contained in the Events segment on page 34 of this issue. Since I will be presiding at the Third Zion Talent Show and Follies on Saturday evening, October 26, I am particularly interested in having you respond to the request for people willing to perform in front of colleagues in a setting other than a Committee appearance. Hmm. Might such a presentation be accepted as "Peer Review"? Regardless, let me know if you're willing to share your unique talents for that evening.

Finally, when the ILCC disbanded last year, the money from the "Give Something Back" Scholarship Fund was divided between the ELCA and the LCMS. If you recall, this endowment makes a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. Applicants must:

- Have completed one (1) unit of CPE.
- Be rostered or eligible for active roster status in the ELCA or the LCMS.
- Not already be receiving funds from the ELCA or LCMS national offices.
- Submit an application, along with a financial data form, for committee review.

Applicants must complete the Scholarship Application and Financial Data forms that are available from Judy Simonson (ELCA) or John Fale (LCMS). Consideration is given to scholarship requests after each application deadline, August 15 and February 15.

Spiritual Care and Moral Injury in Service Members

This article will summarize highlights of work done to date on spiritual care and moral injury with members of the United States military as seen mainly through the lens of Post-Traumatic Stress Disorder (PTSD).

Throughout this article, I will use “service members” as the generic term to identify members of any one of the US military services including Army, Navy, Air Force and Marines. Most of the material referenced can be found in greater detail in *The Handbook on Best Practices for the Provision of Spiritual Care to Persons with Post Traumatic Stress Disorder and Traumatic Brain Injury*: <http://www.healthcarechaplains.org/userimages/Spiritual%20Care%20PTSD%20Handbook1.pdf>.

It is important to note that moral injury has been widely discussed in several contexts, including sexual assault and the provision of health care—the latter being mainly in the nursing literature. While there are significant overlaps in cause, symptoms and spiritual interventions, moral injury in the military is focused on and arises from the particular context of the service member’s involvement in combat. In the military, moral injury is most often talked about as a subcategory of PTSD although, as I will discuss below, this can be a misleading characterization.

Definitions

Moral Injury:

The behavioral, cognitive, and emotional aftermath of unreconciled severe moral conflict, withdrawal, and self-condemnation. It closely mirrors re-experiencing, avoidance, and emotional numbing symptoms of PTSD. Unlike life-threat trauma, moral injury may also include: self-harming behaviors, such as poor self-care, alcohol and drug abuse, severe recklessness, and parasuicidal behavior, self-handicapping behaviors, such as retreating in the face of success or good feelings, and demoralization, which may entail confusion, bewilderment, futility, hopelessness, and self-loathing. (Litz, B, et al, 2009)

Moral Distress:

The painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting power structure, institution policy, or chain of command considerations (Corley,



et al., 2001) (Thus, moral distress in this context is largely a symptom of moral injury).

PTSD:

The result of exposure to events so overwhelmingly stressful and extraordinary that anyone who experiences them would be distressed. In the experience of the trau-

Non-anxious and non-judgmental presence is the primary skill the chaplain will use.

ma, the person usually fears for his or her life or the lives of others. This triggering traumatic event overwhelms the person’s ability to respond or cope adequately. For normal diagnostic purposes, PTSD has four components – the stressor, re-experiencing, avoidance, and hyper-arousal. All four components must be present for a diagnosis of PTSD.

As noted there has to be a specific stressor present and it normally involves mortal danger to the service member or someone else in the situation.

Re-experiencing can include:

- Recurrent and intrusive distressing recollections of the event, including: images, thoughts or perceptions;
- Recurrent distressing dreams of the event;
- Acting or feeling as if the event were recurring, which includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur upon awakening or while intoxicated;
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; and/or
- Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Avoidance/numbing can include:

- Efforts to avoid thoughts, feelings, or conversation associated with the trauma;
- Efforts to avoid activities, places, or people that arouse recollections of the trauma;
- Inability to recall an important aspect of the trauma;
- Markedly diminished interest or participation in significant activities;
- Feeling of detachment or estrangement from others;
- Restricted affective range; and/or
- Sense of foreshortened future.

PTSD and Moral Injury:

In the setting of military combat, according to Litz and colleagues, moral injury arises in several distinct circumstances which are important for both the relationship to PTSD and therefore the service members' eligibility for treatment, and the kind and degree of guilt and shame that will influence the plan for spiritual care. In some cases, the guilt may be for something the service member did or did not do that they think or imagine would change what happened in the situation. For example, a service member who was a unit commander will often blame himself for an incident in which some of his troops were killed or injured when, in reality, there was little or nothing more he could have done to prevent it. Here a Percentage of Guilt discussion (*Handbook*, p. 69) might be useful. A service member who kills enemy combatants under orders may feel a different kind of guilt or even shame even though they did the "right thing." Direct involvement in killing in light combat, even killing enemy combatants in battle, has been found to be a more significant predictor of PTSD than being in heavy combat without killing (MacNair, 2002). Finally, there is the thankfully rare instance in which the service member has either observed or even participated in the killing or mistreatment of non-combatants.

There are two important distinctions between classic PTSD as defined above and PTSD caused by moral injury. First, there may be no stressor present in which

the service member believes that their life or someone else's life is in danger. Second, since it is the presence of this stressor which gives rise to hyper-arousal (e.g. startle responses, etc), this symptom may not be present. From a chaplaincy standpoint, I think there is bad news and good news here. The bad news is that, because these differences can mean that the service member will not receive an official diagnosis of PTSD, they may very well not be able to receive treatment for their symptoms in the

Chaplains can accept the guilt and go on to the effective use of confession and forgiveness rituals.

military or VA medical systems. The good news is that this distinction can eliminate the pathologizing of moral injury. However, it is then incumbent upon us as religious leaders, both in the health care systems and in the faith communities, to step up and provide help for these service members who are suffering.

Guilt vs. Shame:

The distinctions between guilt and shame are well known to most chaplains and a full discussion is beyond the purview of this article. For our purposes here, guilt is likely involved when a service member says he or she has done something "wrong". Shame is likely involved when the service member says something like "I'm not the same person I was before." Many service members come back from deployment feeling like they are not the same person they were before and having trouble adapting to what for them will become the "new normal." They may feel like they have violated some of their most basic values.

Treatment

Judith Herman's Stages of Recovery

Maybe the most important section of the *Handbook* for chaplains to read is the section on Herman's Stages of Recovery (pages 22-29), particularly the first stage on safety. Those chaplains who have worked with psychiatric patients will have a better sense than the rest of us about the importance and difficulty of building a relationship with the service member in which the service member feels safe. We who are CPE trained and are accustomed to working with people who, while they may be physically ill, are in good mental health are more comfortable asking leading questions about emotions and other sensitive areas fairly early into our relationship. In this work, however, we have to remember that PTSD is an anxiety disorder in which relationship building must proceed with great care and absolutely follow the service member's lead. Non-anxious and non-judgmental presence is the

primary skill the chaplain will use. A slight intrusion into an area that raises the service member's anxiety higher than it already is may end the relationship.

Moreover, in the setting of moral injury the service member will likely be very concerned about being judged. Being in the presence of a member of the clergy often heightens this anxiety. Many service members are very aware that some religious groups, maybe including their own, have questioned the morality of the post 9/11 conflicts and a few have officially proclaimed them "unjust" wars. Service members in these denominations will be rightly concerned about how they are going to be perceived within their faith communities. So the safety that the chaplain needs to communicate must include moral safety as well as physical and emotional safety. It will be tempting to move on to Herman's second stage, remembrance/mourning. However, we need to be continually cognizant that one of the major features of PTSD is avoidance and it may take service members who have suffered moral injury some time before they can feel safe abandoning that defense against their pain.

Anxiety Reduction

Even during the safety phase, there are several strategies for anxiety reduction that chaplains can use to help service members reduce their anxiety, mitigate the effects of re-experiencing, and open themselves to remembrance and mourning. A great example is Jill Bormann's Spiritual Mantram Repetition (*Handbook*, p.80) which has been well tested with veterans, but any similar intervention the chaplain prefers, including centering prayer and various forms of chanting or breathing, will likely work as well. A major virtue of these interventions is that service members can use them on their own whenever they feel vulnerable, and they can assist with sleep.

Forgiveness

Lack of self-forgiveness has been found to relate to the severity of PTSD symptoms (Witvliet, et al, 2004). The problem for most mental health providers is that, to get to self-forgiveness, they have to reduce or eliminate the service member's guilt—guilt that in the mind of the mental health provider does not need to exist. Litz calls it "hypothetical guilt." Chaplains, on the other hand, can accept the guilt and go on to the effective use of confession and forgiveness rituals (*Handbook*, p. 64-70).

Grief Work

The service member who is fully into Herman's second stage of mourning is ready for grief work, another chaplaincy staple (*Handbook*, p. 55). While the process of grieving here is not different than other grief work, the chaplain needs to be aware that what the service member may be fundamentally grieving is the loss of who he or she used to be and will never be again.

Reconnection

Herman's final stage of recovery is reconnection. Again, it is important to keep in mind that the stages are usually sequential rather than simultaneous so it is important to give service members adequate time to grieve before trying to reconnect them. This process potentially means reconnection on several levels. It may include reconnecting to and reframing meaning in their life (*Handbook*, p. 50). It may mean reconnecting to God in a new way (*Handbook*, p 76, Reframing God Assumptions). It may mean reconnecting to the various communities of which they have been a part, including their religious community (*Handbook*, p. 78). In this reconnection, it may be important that we help as we can to prepare the spiritual community and help them to welcome the service member back, while understanding that he or she is different than the person the religious community may remember.

Summary

Chaplains and parish clergy have a unique role to play in helping the service member with PTSD rooted in moral injury. It may be that we are the most able—or even the only ones—able to help. Our help may be the difference between the return of the service member to health or a further descent into spiritual and emotional suffering. Thus, it is crucial that we prepare ourselves for the day when one of these service members seeks us out for help.

The Rev. George F. Handzo, with over 25 years in directing Chaplaincy programs, is widely regarded as an authority on the deployment and practice of professional healthcare chaplaincy. As Senior Consultant at HealthCare Chaplaincy and President of Handzo Consulting, he oversees projects devoted to the strategic assessment, planning and management of chaplaincy services and to developing evidence for the efficacy of chaplaincy care. He has authored or co-authored over 50 chapters and articles on the practice of chaplaincy care. George was Director of Chaplaincy Services at Memorial Sloan-Kettering Cancer Center and is a past president of the Association of Professional Chaplains. He is a graduate of Princeton University and Yale University Divinity School. He is a Certified Lean Six Sigma Master Black Belt.

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Spiritual Resiliency and Moral Injury: Community, Advocacy, and Care

Human beings become human because God became human. But human beings do not become God...God changes God's form into human form in order that human beings can become, not God, but human before God. Dietrich Bonhoefferⁱ

It was my last session with Doug, a 30-year-old veteran of the war in Iraq, and I was having mixed feelings. On the one hand, I was pleased about the dog he was getting through the Wounded Warriors program and about his wife's increased understanding of post-traumatic stress. His mood had improved, and he had agreed to attend a support group at the local VA hospital. On the other hand, I knew Doug had a long struggle ahead. The guilt, fear and grief he experiences daily will not disappear simply because he is motivated to work hard in therapy sessions, or even because he has a supportive wife—he has been carrying these burdens for too many years.

Dougⁱⁱ is one of the rapidly increasing numbers of wounded warriors in America today—men and women hurt in body, mind, and spirit. Worse of all, this veteran is wounded morally. First, he has survivor guilt—he believes he has no right to be alive while one of his relatives died in that same war. I am optimistic about his ability to make progress with this issue. But Doug also participated in the invasion of Baghdad, and that has left him doubting his own good character. He told me of an experience, under a violent and egotistical sergeant, that involved horrific events that could have been avoided “if only I had thought faster and found a way out.” Doug is mourning, every day. He feels he is somehow shrinking away. “What I want most of all is to get Doug back,” he told me several times. Bonhoeffer would say that what Doug wants is to become truly human before God.

Psychologist Jonathan Shay created the term “moral injury” to describe the damage to persons like Doug, returning soldiers who doubt their own humanity.ⁱⁱⁱ They are young men and women who go off to war and participate, to their horror and shock, in situations where a leader, who has been given legitimate authority over them, betrays a basic sense of right and wrong. What the enemy does to these warriors is seldom as harmful, says Shay, as their experiences of corrupt leadership. Using the



ancient stories of the Iliad and Odyssey, Shay has written extensively of the “mighty egotism” of deformed squadron leaders (reminiscent of Achilles), and how their depraved actions can shrink the moral horizons of a soldier for life, including his capacity to care for others.

The story of creation, redemption and sanctification can be offered as a healing narrative for the morally hurt.

I've found Shay's categories helpful as I work with men and women like Doug who come to my office through the “Give an Hour” program, particularly when their burden has ethical dimensions. But, as a pastoral counselor, I am also concerned with how the story of creation, redemption and sanctification can be offered as a healing narrative for the morally hurt. Much of my own research

has been in the area of resiliency^{iv}, and I am finding that my questions about best practices with vets requires that I think more about how Christian ethics might inform both Shay's scholarship and resiliency work. I am not aware of research that specifically addresses both moral injury and spiritual resiliency, but with this article I hope to begin a larger conversation. How might we, as pastoral care givers, employ both recent work in the social sciences and Christian ethics to work with those morally injured persons who trust us with their stories and ask us to accompany them back into civilian life?

Hope for the morally injured

I worried, but I did not despair, when I said goodbye to Doug. I continue to hope that he will slowly find his way back, that he will someday be able to form healthy and whole relationships with those he loves, take responsibility for his own actions, and find a degree of inner peace. I know his next counselor will be important to him, but I also realize that this journey will take more than counseling—it will require reentry into the very society he currently resents and distrusts. I am convinced that, paradoxically, community is both Doug's problem and the solution to his problem. The community that sent him off to war, after failing to prepare him and his sergeant adequately, is the very same community to which he now returns. But he is also hungry for spiritual community—he wants to participate in groups of other wounded vets and in the local church his wife attends. An interest in spiritual community is the primary reason I am hopeful, for here—in spiritual community—Doug stands the greatest chance of being re-formed as an ethical and responsible person. In Christian language, in this location we are re-formed as part of the Body of Christ and become fully human before God.

Spiritual resiliency and spiritual community

Almost twenty years ago, while writing my dissertation, I created the term “spiritual resiliency” for a particular form of strength that appears after great stress or trauma. Both my research (with resilient older adults) and my clinical experiences (with survivors of all ages) have convinced me that *community* is at the heart of spiritual resiliency.^v Religious community provides much of the social, emotional, spiritual, and even physical sustenance for resilient survivors. It is, for them, both symbolic and actual—an everyday reality as well as an intangible abstraction. The term spiritual resiliency has caught on, and our finding on the centrality of community has been echoed in other scholarship^{vi}, but many questions remain about how spiritual resiliency might be enhanced in both clinical practice and in the larger community.

Spiritual resiliency is a sub-category of a more general term for the ability to thrive after adversity. Different

scholars emphasize different aspects of resiliency, but I believe that it includes recovery, resistance, and reconfiguration. Most significant, for the morally injured, is reconfiguration, which implies a process of assimilation (the ability to appraise threatening events as tolerable), and accommodation (the capacity to revise one's belief system as a result of stressful events). In the course of our research, my co-author Rosemary Blieszner and I met a particularly dramatic example of reconfiguration in a

Spiritually resilient adults tell optimistic, relational and imaginative stories.

morally injured person. Anna was a 76-year-old German woman who had, earlier in her life, participated in the Hitler Youth movement. Later, as a result of her increased spiritual resiliency, she became a very different person—a social activist who fought for world peace and ethnic justice.^{vii} When injured persons like Anna are reconfigured, they change their belief systems and their ways of relating to others. They not only recover from losses—they also resist being swept away by fear. They are like a tree that “changes its shape,” and is more resistant to future storms.^{viii} This form of resiliency is both beautiful and enduring, and it is what I am hoping Doug might achieve.

Characteristics of spiritually resilient people

In the course of our research project on resiliency, Rosemary Blieszner and I discovered dominant characteristics of persons whose strength was spiritually rooted. These characteristics are precisely those that have been destroyed in morally injured vets. All three traits are interwoven with the importance of community as the location for the process of becoming spiritually strong.

1. Hope and reality: Spiritually resilient adults tell optimistic stories, but their stories also reveal a coming-to-terms with the limitations and suffering that are part of human life. They are hopeful yet realistic. The plots of their stories move between freedom and destiny, and between optimism and acceptance. Community is key, for it helps to create hope, which in turn, colors reality even as it does not remove its painful consequences.
2. Relationality and differentiation: Spiritually resilient adults tell relational stories, but their interpersonal and communal relationships have been made possible because they have developed a mature sense of personal agency. They are connected yet differentiated. The plots of their stories move between individuation and participation, between agency and community. Again, community is vital, for it is constituted by

persons in relationship. This, in turn, creates an entity that cannot be fully understood as simply the sum of individual members.

3. Grounded creativity: Spiritually resilient adults tell imaginative stories of personal growth and transformation, but their stories also reveal a sense of self that is centered and rooted. They are creative, yet grounded. Their stories move between dynamics and form, between change and continuity. Community contributes to human creativity—creativity that is, paradoxically, both dynamic and grounded.

Pastoral care with the morally injured

How might we, as pastoral caregivers, assist veterans to move away from stuck stories, poor interpersonal relationships, and rigid ideologies into more flexibility, connectedness and imagination? That is, how might we accompany the morally wounded as they become more resilient? There are many conversations to be had about what might be done both in our pastoral care offices and beyond in the larger community.

Hope and reality: One basic task is to listen, and to listen without being judgmental or voyeuristic—even when we hear shocking details of deformed actions. It is, of course, nonsense to view morally injured vets as persons with inherent character defects, as some sort of ethical freaks. Moral injury can happen to anyone—the young man I counseled did not go into the war with a deformed moral character. Rather, he simply was not so lucky as the civilian population. I believe that his experiences in Iraq separated him from the larger community and his character began to change in response to situations for which he was not well prepared, and which he did not anticipate. “I had no idea!” he told me about his first days in battle. Yet I sometimes called Doug to account, because making excuses or denying the consequences of current irresponsible actions, either active or passive, does not help a client. How do we hold vets accountable and responsible while seeking to avoid communicating a harsh, judgmental attitude? This is not an easy task, and one wrong step can take away the trust we have been working hard to establish.

Relationality and differentiation: Relationships are difficult for the morally injured, particularly those where emotional availability is necessary, such as marriage. Here, too, spiritual growth can join psychological insight, because Christians have, as a marvelous resource, a highly relational faith. Our Grand Narrative includes stories of moral failures and hurt relationships (David, Abraham, etc), but also redemption and hope. If we listen for appropriate (kairotic) moments in our counseling sessions when we can suggest an intersection of the warrior’s story with scriptural stories, we can bring God’s invitation to repentance, forgiveness and renewal into the lives of the

morally injured. As Shay discovered, there is a timelessness to moral injury and to its causes, such as is found in Greek myths. But there are also powerful Christian narratives that go further to reveal the abundant grace of God. One story I find particularly helpful for the morally injured is that of Peter. His denial of Christ was surely a horrific moral failure, but it was followed by a re-entry into spiritual community. There is no more healing, relational moment in all of scripture than when Christ asks Peter, “Do you love me?” This question is one that Christ extends to each of us, and its relevance for vets like Doug is clear. “Come back into relationship with me,” Christ invites us, “and then feed my sheep.”

Grounded creativity: I wonder if we can even ask a morally injured vet to rejoin society if we are not able to critique our own social practices and advocate for radical change. This is what Shay has concluded, to my happy surprise. When I first heard the term “moral injury,” I was quite uncomfortable. I wondered if it implied a moral relativism that valued psychological health (feeling good) over ethical imperatives, including the radical responsibility required for our interpersonal relationships. But

Along with our efforts to give immediate pastoral care to men and women who are already injured, we must speak and write about this tragic issue and work tirelessly to prevent it.

I was relieved to discover that Shay himself had just the opposite in mind—he is primarily interested in prevention. An extended interview on his web site^{IX} reports an occasion when he made some radical suggestions regarding military practices. For example, he suggests extensive ethical education, a more humane process for moving people back into civilian life, commitment to keeping units together throughout a tour of duty (to build up accountability and community), leadership training at all levels, and family counseling between tours of duty. All of these, he is convinced, could decrease the rates of moral injury that are so rapidly increasing.

I see Shay as a model for those of us who work with veterans. Advocacy is no small part of our task; it is a courageous response to the question, “What is a moral person to do in a time of savage immorality?” Along with our efforts to give immediate pastoral care to men and women who are already injured, we must speak and write about this tragic issue and work tirelessly to prevent it. We were taught in seminary that advocacy is part of pastoral care, and this emergency provides us with an opportunity to do just that.

We sometimes need to work for change closer to home, namely, within our congregations and religious institutions. Many vets attended church before they went to war, but returning to the pew after war is not easy. Often the very mood in our worship services is distressing to them, and seems to have little to do with their experiences of harsh reality. Doug told me he often felt a sense of separation from other worshipers, whom he imagined as more righteous and judgmental. How might we take the experiences of the morally wounded (and others who see themselves as broken) into account as we plan worship and design education opportunities for our members? How might we become more truthful about war and its human cost?

Conclusion

There is no “cookie-cutter treatment” for moral injury, just as there is none for treating post-traumatic stress (cf. Shay’s interview^x). It’s a formidable task, requiring that each pastoral care giver remain both knowledgeable about recent psychological insights and also open to the Spirit. Each morally injured person has a unique story and deserves the best we have to offer. A profound sense of humility is necessary—but, on the other hand, we will not be helpful if we fall into despair. In the process of facilitating resiliency, each caregiver is merely one mid-wife among others. We do well to remember our place among a larger group of caring colleagues—nurses, family members, friends, and especially fellow vets. I know, for example, that the peers Doug will meet at the VA and the wounded warriors he writes to on line will be more important in his healing process than the individual work he has done with me. And that’s just fine. I know this young man appreciated my support—it was, perhaps, a representation of the acceptance and care he urgently wants from the American people. But that support is being reconfigured in and by a spiritual community that will ultimately enhance his resiliency and heal his moral injuries. I hope Doug finds the courage to participate in a spiritual community. I hope he will allow God to change him into the beautiful, redeemed human form that is his birthright. I hope that someday he will find what he so desperately needs—self-worth, dignity and peace.

Janet Ramsey is Professor Emeritus of Congregational Care Leadership at Luther Seminary. A licensed marriage and family therapist, she is a Diplomate in the American Association of Pastoral Counselors. A co-founder of Network, the journal that preceded Caring Connections, she is a former nursing home chaplain and parish pastor. Ramsey is first author of two books on resiliency (see below) and of numerous book chapters and articles related to pastoral care.

ⁱ 2005. *Ethics*, p. 96. Minneapolis: Fortress press.

ⁱⁱ Details and the correct name are not given here, of course, to protect this man’s privacy.

ⁱⁱⁱ See further, an extended interview with Shay at: <http://www.pbs.org/wnet/religionandethics/episodes/may-28-2010/jonathan-shay-extended-interview/6384/>.

^{iv} Ramsey, J.L. & Blieszner, R., 2012. *Spiritual Resiliency and Aging: Hope, Relationality, and the Creative Self*. Amityville, NY: Baywood Press.

^v Ibid.

^{vi} Koenig, 2000. ‘The importance of religious community to older adults.’ *The Gerontologist*, 40, 112–115

^{vii} Ramsey & Blieszner (2012).

^{viii} Lepore, S. J., & Revenson, T. A., 2006. ‘Resilience and Posttraumatic Growth: Recovery, Resistance, and Reconfiguration.’ In L. Calhoun & R. G. Tedeschi (Eds.), *The Handbook of Posttraumatic Growth: Research and Practice* (pp. 24–46). Mahwah, NJ: Erlbaum.

^{ix} See further, www.pbs.org/wnet/religionandethics/episodes/may-28-2010/jonathan-shay-extended-interview/6384/.

^x Ibid.

Martin Luther's Consolation: An Approach to Pastoral Care for the Morally Injured¹

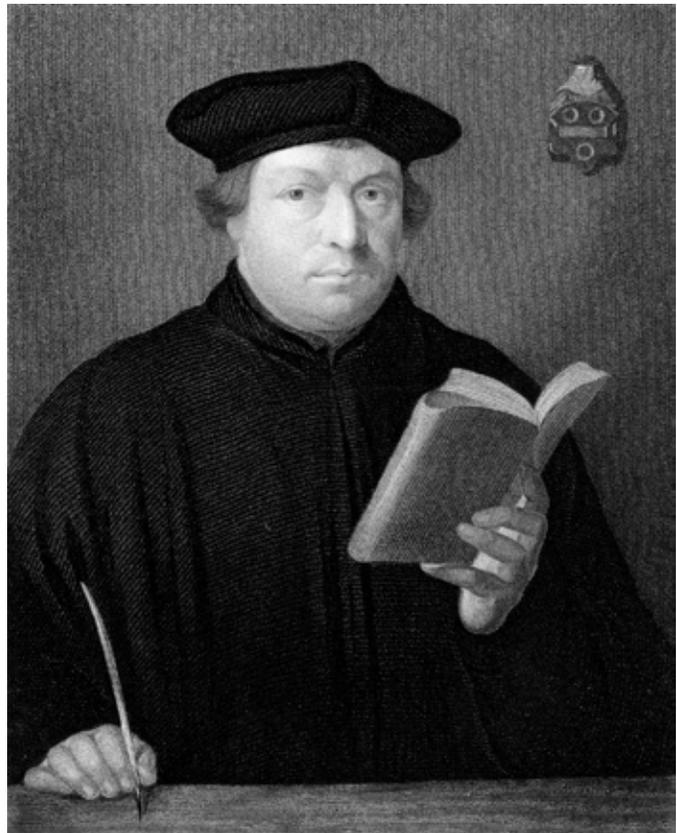
In 1541, Martin Luther (1483-1546) wrote a profound and accessible description of how pastoral caregivers might console persons who had “perpetrated, failed to prevent, borne witness to, or learned about acts that transgress deeply held moral beliefs and expectations.”²

Insofar as these dynamics apply across the centuries and more broadly to situations where one has, “transgressed one’s basic moral identity and violated core moral beliefs,”³ then we can see in the Reformer’s work how he connects his core understanding of the gospel to a situation akin to what emerging research describes as “moral injury.”⁴

Because this document demonstrates so succinctly the pastoral application of Luther’s theology in such a context, it warrants the fresh translation included here: “Martin Luther’s Consolation for Women Whose Pregnancies Have Not Gone Well.”⁵

I. The Context of Luther’s Consolation

For the Reformer, theology was not merely an esoteric, speculative exercise. He knew that ideas mattered. He had experienced the profound impact of late medieval theological systems on the concrete life of the church—on the



¹This article is dedicated to John W. Karlgaard and his parents.

²This is an adaptation of the definition of Moral Injury employed by Shira Maguen and Brett Litz, “Moral Injury in Veterans of War,” *PTSD Research Quarterly*, VOLUME 23/NO. 1 • ISSN: 1050-1835 • 2012, page 1.

³Rita Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston: Beacon Press, 1992), xiv

⁴Maguen and Litz, page 3.

⁵Below is a new translation of Ein Trost den Weibern, welchen es ungerade gegangen ist mit Kindergebären in *Luthers Werke*, vol. 53 (Weimarer Ausgabe), pages 205-208. The translation here is by the author and is included in *Martin Luther’s Basic Theological Writings*, 3rd edition, edited by Timothy Lull and William R. Russell (Fortress Press: Minneapolis, 2012), pages 283-285. *The American Edition of Luther’s Works*, vol. 43, pages 246-250, published a translation of this piece in 1968, under the title, “Comfort for Women Who Have Had a Miscarriage.”

*Although for nearly four centuries,
historians and theologians
tended to neglect
this dimension of Luther’s work ...
his theology was essentially pastoral.*

Mass, church hierarchy, and monasticism.⁶ Indeed, out of that experience, he sought to reform what the church believed, taught, and confessed.⁷ From Luther's perspective, the influence of Scholastics like Thomas Aquinas and Nominalists like Gabriel Biel⁸ corrupted the message of Christ and led to theological conclusions that could not "work" in the down-to-earth context of everyday life.⁹

Therefore, when Luther's colleague and friend, John Bugenhagen,¹⁰ asked him to critique a draft of his interpretation of Psalm 29, the elder Reformer read Bugenhagen's book with a pastoral eye. Luther noted that, because the text deals with infant baptism, it would benefit from a section on the issues raised by problem pregnancies—specifically babies that die before baptism. Bugenhagen agreed. So Luther wrote an addendum for his friend's book. Bugenhagen entitled it, "Martin Luther's Consolation for Women Whose Pregnancies Have Not Gone Well" and published it in 1542. Luther's "Consolation," then, is an appendix that has outlived the larger work to which it was originally added.

The Reformer's interest in a cogent pastoral response to "problem pregnancies" grows out of his ongoing commitment to pastoral care ("Seelsorge," "cura animarum"—the care of souls).¹¹ Although for nearly four centuries, historians and theologians tended to neglect this dimension of Luther's work, recent scholarship recognizes his commitment to the practical dimensions of Christianity—that his theology was essentially *pastoral*.¹²

⁶Luther critiqued these three Roman Catholic institutions in *The Smalcald Articles of 1538* (Kolb-Wengert, Book of Concord), pages 302ff.

⁷The phrase, to "believe, teach, and confess" occurs some 60 times in *The 1580 Book of Concord*, the authoritative collection of Lutheran Confessional Writings: Robert Kolb and Timothy Wengert, eds., *The Book of Concord* (Fortress Press: Minneapolis), 2000

⁸For an accessible analysis of recent scholarship on the relationship between Scholasticism, Nominalism, and Luther, see David C. Steinmetz's review essay, "Aquinas for Protestants," in the Aug 23, 2005 *Christian Century*.

⁹Gerhard Forde, *Where God Meets Man* (Augsburg, Minneapolis, 1972).

¹⁰Bugenhagen, a close associate of Luther, served as pastor of the City Church of Wittenberg. In addition, Bugenhagen occasionally lectured at the university and worked for years with Luther as part of Wittenberg's ongoing Bible translation team. Bugenhagen officiated at Luther's wedding in 1525 and preached the sermon at the Reformer's funeral in 1546.

¹¹Interestingly, this traditional language of pastoral care seems to connect with the current discussion of moral injury: e.g., "The Soul Repair Center" at Brite Divinity School.

¹²Cf., Hans-Martin Barth, "Pecca fortiter, sed forties fide... Martin Luther als Seelsorger," *Evangelische Theologie* 44, 1984, 12; Alexander Jensen, "Martin Luther's 'Sin Boldly' revisited: A Fresh Look at a Controversial Concept in the Light of Modern Pastoral Care," *Contact* 137, 2002, 1; and Timothy Wengert, ed., *The pastoral Luther: essays on Martin Luther's practical theology* (*Lutheran Quarterly Books*, 2009).

When pregnancies do not go well, the trauma can be far-reaching for all involved. And in Reformation Europe, the questions raised were posed with acute intensity. "Medical science," such as it was, could mix superstition and ignorance into a rather strange and unhealthy potion. Therefore, pregnancy and childbirth were rife with risks for both mother and child. As a consequence, pregnancies too often did not go well. And ill-trained pastors and misinformed lay folks tried to make some sense out of the crisis.

*Luther bases Christian consolation
on the promises of
a God who recognizes
"our sighs too deep for words" ...*

II. "Martin Luther's Consolation for Women Whose Pregnancies Have Not Gone Well"

Afterword:¹³

Too often, devout parents (particularly women), seek consolation from us because their babies are in danger. When, without their will and against their intention, they suffer the agony and heartache that come when the birth turns out badly—when something goes wrong with the pregnancy and, for example, the baby dies during delivery or is stillborn.

We ought not to frighten or sadden such mothers with unkind words. It is not their carelessness or neglect that caused the birth of their child to go wrong [One must distinguish between them and a woman who resents being pregnant, deliberately neglects her baby, and even goes so far as to strangle or destroy it].

Generally speaking, let us talk with grieving mothers like this:

First, we may not and cannot know the hidden counsel¹⁴ of God in such a case—why, after every possible care had been taken, God did not allow the child to be born and

¹³This title indicates the origin of the piece as an appendix or addendum to Bugenhagen's larger work on the Psalms.

¹⁴The Reformer's use here relates to his understanding of "the Hidden God, "deus Absconditus." Cf., John Dillenberger, *God Hidden and Revealed: The Interpretation of Luther's Deus Absconditus and Its Significance for Religious Thought* (Philadelphia: Muhlenberg, 1953) and Forde, Gerhard, *On Being a Theologian of the Cross: Reflections on Luther's Heidelberg Disputation*, 1518. Grand Rapids, MI: Eerdmans, 1997.

baptized. Still, these mothers may find comfort and have faith. God's will is at all times better than our will, even though in the midst of our darkness it looks much different. They need not doubt. God is not angry with them or with others who are involved. This is a trial of one's ability to endure.¹⁵ Also, we know that this kind of case has occurred since the beginning of time. Indeed, Scripture also cites examples of it, as in Psalm 58.¹⁶ St. Paul even calls himself an *abortivum*,¹⁷ "a miscarriage" or "one untimely born."

Second, because the mother is a Christian and a believer, she may hope that God will accept her deep desire to have her child baptized as an effective prayer. True, a Christian in deepest despair does not dare to name, wish, or hope for the help (as it would seem to her) that she would absolutely and gladly purchase with her own life. And were that possible, find comfort in such help. However, the words of St. Paul properly apply here: "Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought [that is, as was said above, we dare not express our wishes], rather that very Spirit intercedes for us with sighs too deep for words." And further, "God, who searches the heart, knows...the mind of the Spirit..." etc.¹⁸ Also Ephesians, "Now to him who by the power at work within us is able to accomplish abundantly far more than all we can ask or imagine."¹⁹

One should not despise Christians as if they were Turks, pagans, and heathens.²⁰ God regards them as precious and their prayer is powerful and great. They have been sancti-

fied by Christ's blood and anointed with God's Spirit. Whatever Christians sincerely pray, especially in the unexpressed yearning of their hearts, becomes a great, unbearable cry in God's ears. God must listen. As he said to Moses in Exodus 14, "Why do you cry out to me?"²¹ And Moses had not even whispered a word, because his great need made him so anxious and shaky. His groans and the deep cry of his heart divided the Red Sea and dried it up, led the children of Israel across, and drowned Pharaoh with all his army,²² etc. This and even more can be accomplished by a true, faithful longing. Even Moses did not know how or for what he should pray—not knowing how the deliverance would be accomplished—but his cry came from his heart.

Isaiah did the same against King Sennacherib.²³ Other kings and prophets likewise accomplished inconceivable and impossible things by prayer, even to their amazement afterward. Before that, however, they would not have dared to expect or wish so much of God. This means we can receive things far higher and greater than we can understand or pray for (as St. Paul says in Ephesians 3, etc.).²⁴

Also, St. Augustine declared that his mother prayed, sighed, and wept for him. She did not desire anything more than that he might be converted from the errors of the Manicheans²⁵ and become a Christian.²⁶ As St. Augustine puts it, God granted her "chief desire" (*cardinem desiderii eius*)—what she longed for with unutterable

*Intellectual systems, whether
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cannot explain suffering.*

¹⁵Luther's word for "Trial" ("Versuchung") is the word he used to translate the Lord's Prayer, "...lead us not into temptation..." For Luther, such trials and temptations come from the world and/or the devil, not from God.

Cf., also, Romans 5: 3-5, "And not only that, but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us."

¹⁶Psalm 58: 8, "...like the untimely birth that never sees the sun."

¹⁷I Cor. 15:8. Luther uses a Latin word, *abortivum* (from the Vulgate) rather than his own translation, "unzeitigen Geburt"—presumably because his audience was more familiar with the Vulgate.

¹⁸Romans 8:26-27

¹⁹Eph. 3:20

²⁰"Turks," for Luther, symbolized, "Muslims." The Reformer understood Islam as a religion based upon "Law"—if one did good deeds, one would be rewarded by God; if one did bad deeds, one would be punished by God. Ergo, thought Luther, Islam would teach that a problem pregnancy would be a sign of Divine punishment. Non-believers ("pagans and heathens") could only look for explanations in the realm of cause and effect—with the grieving mother a likely target for judgment.

²¹Exodus 14:15

²²Exod. 14:26-28

sighs: that he would become a Christian. And St. Augustine became a teacher above all others in Christendom. Next to the apostles, Christendom has none that is his equal.

Who can doubt that those Israelite children, who died before they could be circumcised on the eighth day, were yet saved by the prayers of their parents, in view of the promise that God willed to be their God? God has not

²³Cf., Isaiah 37:4

²⁴Ephesians 3:20

²⁵As a young man Augustine (354-480) adhered to a North African version of the philosophy of the Persian teacher Manes (ca. 215-275). The Manicheans' appeal to Augustine lay in their claims to rationalism and intellectual rigor—which led them to emphasize a strict dualism of light vs. darkness, good vs. evil.

²⁶*Confessions*, 5: 8ff.

limited his power to the sacraments, but has made a covenant with us through his word.

Therefore, we ought to speak differently and in a more consoling way with Christians than with pagans or wicked people (the two are often the same), even in such cases where we do not know God's hidden counsel.²⁷ As Jesus says in Mark 9, and he does not lie, "All things can be done for those who believe,"²⁸ even if they have not prayed, or expected, or hoped for what they would want to see happen. Enough has been said about this. Therefore we must leave such situations to God and take comfort in the thought that God surely has heard our unspoken yearning and done all things better than we could have asked.

In summary, see to it that above all else you are a true Christian and that you teach a heartfelt yearning and praying to God in true faith, be it in this or any other trouble. Then do not be dismayed or grieved about your child or yourself. Know that your prayer is pleasing to God and that God will do everything much better than you can comprehend or desire. "Call upon me," he says in Psalm 50.²⁹ "In the day of trouble; I will deliver you, and you shall glorify me." For this reason, we ought not to condemn such infants. Believers and Christians have devoted their longing and yearning and praying for them. Nor ought we to consider these babies as the same as others for whom no faith, prayer, or yearning are expressed on the part of Christians and believers. God intends that the divine promise, and our prayer or yearning, which is grounded in that promise, should not be disdained or rejected, but be highly valued and esteemed.

I have said it before and preached it often enough: God accomplishes much through the faith and longing of another, even a stranger who has no personal faith. And this is given through the channel of another's prayer. In the gospel, Christ raised the widow's son at Nain because of the prayers of his mother apart from the faith of the son.³⁰ And he freed the little daughter of the Canaanite woman from the demon through the faith of the mother apart from the daughter's faith.³¹ The same was true of the king's son, John 4,³² and of the paralytic and many others of whom we need not say anything here.

In this "time between the times," the Reformer recognizes the pain of loss and guilt in human life.

III. Notes on Luther's Pastoral Care

We can learn much from the Reformer's proposal here. Most notably, Luther does not rationalize or explain such painful events logically. He does not call them "God's will"—nor does he attribute them automatically to something that the people involved brought upon themselves.³³ Intellectual systems, whether profound or superficial, cannot adequately explain suffering.³⁴

Yet, writes the Reformer, the Scriptural God's presence and promise remain sure, even in the midst of inexplicable tragedy. For Luther, Christian consolation rests on God's grace, revealed in Jesus Christ—the God who knows first-hand the absurdity, senselessness, abandonment, and horror of human suffering.

Luther bases Christian consolation on the promises of a God who recognizes our "sighs too deep for words," as prayer of the heart. And, in the end, when the Crucified One returns, even our suffering will be redeemed. Although the end is sure, present suffering is real and agonizing.

In this "time between the times," the Reformer recognizes the pain of loss and guilt in human life. For Luther, personal tragedy, and the suffering that accompanies it, does not stem from a lack of faithfulness or some moral failure. Nevertheless, when deep sadness reduces the sufferer to inarticulate groans, Luther affirms the presence of the God who "searches the heart."

²⁷Luther uses this phrase, "hidden counsel," above (see note 6).

²⁸Mark 9:23

²⁹Psalm 50:15

³⁰Luke 7:11–17

³¹Matt. 15:22–28

³²John 4:46–53

³³Here we see Luther's "theology of the cross," in distinction from "theologies of glory" that try to claim too much for themselves—even to explain the inexplicable. Cf., *The Heidelberg Disputation of 1518* (LW 31:35–69; WA 1:353–374)

³⁴Stanley Hauerwas, *God, Medicine, and Suffering* (Grand Rapids: Eerdmann's, 1990), 2

IV. Conclusion

Luther here addresses a painful reality that touched virtually every family and person of 16th century Europe—and the pain continues today, with what moderns call, “the problem pregnancy” (from pre-term labor and the threat of it to genetic abnormalities, from birth defects to miscarriages). These realities, in any age, can throw those who endure them into a tailspin of guilt and grief, pain and violation.

The Reformer’s consolation provides realistic hope in the midst of such tragedy. And his words need a fresh translation for the 21st century. The *American Edition of Luther’s Works*, in 1968, called this piece, “Comfort for Women Who Have Had a Miscarriage.” A close look at the text shows that Luther had in mind broader issues than miscarriages.

The reader is encouraged to take a closer look at the text to discover how what the Reformer has written can also speak to our current concerns with moral injury in the context of war.

William Russell serves as pastor of Augustana Lutheran Church in Minneapolis and adjunct professor of religion at Augsburg College. He has published extensively in Reformation and Luther studies. He recently edited Martin Luther’s Basic Theological Writings, 3rd edition (Fortress: 2012). Russell holds the M.Div. from Luther Theological Seminary and Ph.D. from the University of Iowa.

Self-Inflicted Harm Among Military Veterans: Our Militarized Society's Cry for Help: Part Two

Has Rachel Lost the Ability to Weep for Her Children?¹

Part One of this article, published in the prior edition of *Caring Connections*, addressed the problem of suicide among military veterans.

We looked at the high and growing rate of early deaths as the tip of the iceberg of the suffering of our military veterans and their families. Self-inflicted harm is but one of the tragic by-products of military-related invisible suffering. Too often veterans and their families cope with diminished lives with very little surcease of sorrow.

Using the lens of moral injury, this Part Two seeks to ponder the impact on society of the harm done to the humans our nation “calls” into the military. While I am newly among those who warn against thoughtless use of religious language in relation to the work of the military (see Rev. Dr. Kelly Denton-Borhaug in this issue), I do think that as a nation we make a covenant with those we send to war in our names.

This is the way it is supposed to work:

According to the tenets of just war discourse, we ask our fellow Americans to risk in war both their own current and lifelong happiness, as well as the happiness of those who love them, only when war is absolutely necessary, and when we feel confident that military force will be successful in accomplishing our goals.

When we do send them into harm's way, we make sure that they are well-prepared with training and well-supported materially so they have the best chance of succeeding, whole in body, mind and spirit.

When some are nevertheless wounded in body, mind, or spirit—which is predictable—we covenant to care for them and their dependents to the best of our ability, fixing what can be fixed and sustaining lifestyles of dignity in cases of long-term disability.

Let me be clear. It is wrong to stereotype every veteran as “troubled.” Each veteran is unique. They differed from one another before they entered the military and differ-



Moral injury brings a rupture of relationship in all that matters (community, loved ones, God), along with a numbing and estrangement from one's own feelings and soul.

ent things happen to them while they're in the military. People also respond in different ways due to their life circumstances. Because of this, we have to be careful not to make assumptions about any individual—not every one is

¹ Mt 2:18

suffering. There is no dispute, however, that too many are paying a steep personal price.

To fulfill our covenant responsibly, we have to be able to see and feel what is happening. Moral injury brings a rupture of relationship in all that matters (community, loved ones, God), along with a numbing and estrangement from one's own feelings and soul.

One military chaplain looked at me in anguish as he blurted, "The truth is, what we are sending our people to do is hurting them greatly!"

One hears the common refrain: he/she was never the same after the war. Post Traumatic Stress Disorder (more recently being shortened to PTS to avoid the stigma of disorder) has become the bucket into which can be tossed all post-military behavioral problems. As my colleagues in this issue show so well, however, PTSD is a physiological response to mortal danger. A far greater number suffer from wounds of conscience and soul; we the nation have sent them to moral danger.

Most veterans struggling with moral issues can never articulate what is troubling them. As a society, we have not made them the space; we hardly have the vocabulary. We don't seem to have the attention.

Training recruits to overcome their consciences and their deliberative faculties is an intentional part of the current "muscle memory" training. Iraq veteran Camilo Mejia is among those who have written about the aftermath of "muscle memory" actions. He also is among the many who have described detainee abuse and other cruelties as Standard Operating Procedure (SOP) during their deployments. The addiction treatment centers are also now hearing about such cruelties from their veteran patients. But many veterans continue to stuff or repress their experiences.

As one veteran explained, "There are things I haven't told my therapist because I don't think my therapist could handle it."

The tendency is to try to seal the compartment of moral pain and cover it over as though it doesn't exist.² Maintaining that compartment (a "prison of the soul"?) can lead to arrested moral development, among other diseases. Richard Rohr is among those who point out, "If we do not transform our pain, we will be sure to transmit it."

Social scientists can show how emotional and behavioral problems diagnosed as PTSD are transmitted through families. Criminologists can show that many veterans break laws, some quite violently. Bullying behavior is rampant.

² Complicated with psychological denial, veterans fear—with reason—a whole range of recriminations.

³ Military Sexual Trauma merits further discussion, see http://www.mpls-synod.org/files/programs/vets/vets_interacts/2012_may.pdf and http://www.mpls-synod.org/files/programs/vets/vets_interacts/2012_jun.pdf.

Dr. Mic Hunter, a therapist who specializes in Military Sexual Trauma³, had disturbing information when he spoke at one of our Veterans' Ministry roundtables. The military, prisons, and sports are considered the most dangerous places for sexual assault. Hunter pointed out that some environments allow predators to become smarter and more dangerous assailants because they can commit these crimes with impunity, with no accountability.

"Once you learn how to de-humanize anyone, it's easier to do anything to them," noted Hunter. You learn that

The tendency is to try to seal the compartment of moral pain and cover it over as though it doesn't exist.

"it's okay to use violence to get what you want. As a country, we've endorsed that," he continued.

These are all very painful concepts for anyone to contemplate. The scope, gravity and overwhelming pain are beyond any individual's capacity to handle. We need each other and we need the Holy. Over and over in my work, I've been assured that the Holy is always seeking for us to come to an awareness of our relatedness and to recognize the beauty of each human life.

As Lutherans, our heritage reminds us that institutions are always in need of reform. As Lutherans, we've been called to speak truth to power. As Lutherans, we respect princely authority, but for those of us of German Lutheran heritage, like me, we're painfully aware of how that trait has been exploited and abused in recent history. I remember the defendants at Nuremberg who claimed that they were just doing their jobs and following orders.

My perspective comes from my last seven years of addressing the suffering of veterans and their families, as well as my personal history, so my view is skewed by the stories I've heard. You can hear those stories, too. Many brave people have painfully articulated their experiences. See the listing at the end of this article for links to a few of those stories.

But you may not want to know more. Apparently, most Americans are choosing not to know more. As many care providers have told me, "I couldn't continue to do my job if I thought about that."

As pastoral care providers, we are all aware of the consoling narratives that sufferers often employ to cope, such as, "God must have wanted little Timmy to lead the angelic choir." No sensitive person would challenge an individual's coping narrative. We must be cautious, however, that our coping narratives and coping techniques do not

enable policies that lead to more deaths. Perhaps little Timmy would be alive today if he'd been immunized. We must act wisely to save the other children from unnecessary suffering.

William Mahedy, military chaplain of beloved memory, "The voice of the veteran is raised in protest against the prevailing currents of our culture; it unmask[s] our delusions. It is a voice of prophecy we fail to heed at our peril. The vets remind us that we also sit in the shadow of darkness, imprisoned by our own moral confusion and stress, each in our own private space immersed in our personal concerns with little relationship to community. We who have been able to trivialize even war can do little else with moral seriousness. The voice of the vets is a call to discover a deeper ethic, a richer way of life; it is a voice of healing."⁴

Finally, I quote Fr. Michael Lapsley.⁵ He has come back from near death in his own assassination-ravaged body to help others around the globe heal. In Minnesota, he has led Healing of Memories workshops for American military veterans. He warns, "The Soul of America is infected with unending war and militarism, and it's being felt in the bedrooms of the nation."

Following Jesus, I ask, "What does it accomplish to gain (dominate) the whole world and lose the soul?"⁶

Amy Blumenshine, MSW and Lutheran (ELCA) Diaconal Minister, convenes the Coming Home Collaborative and the bi-monthly veterans ministry roundtable lunches. Amy is a co-author of the book, Welcome Them Home – Help Them Heal: Pastoral care and ministry with service members returning from war.

More stories from veterans:

Books:

- *None of us were like this before: American soldiers and torture*, Joshua E.S. Phillips,
- *What it's like to go to war*, Karl Marlantes. (Also Bill Moyers interview)
- *Packing Inferno*, Tyler Boudreau

Other Media:

- Videos of VA successes <http://maketheconnection.net/stories-of-connection>
- Poignant 16 minute film that shows the suffering related to military moral injury, see <http://mediastorm.com/publication/the-marlboro-marine>. The documentary sensitively follows the life of a Marine whose photo became famous for his vacant "1000 yard" stare during the battle of Fallujah.
- Dexter Filkins wrote in the *New Yorker* ("Atonement," Oct. 29, 2012) about a troubled Iraq veteran who seeks out the family whose men he killed in 2003. Interviews with Filkins and the veteran, Lu Lobello, can be found in other media, like this NPR podcast, www.npr.org/2012/10/23/163472609/iraq-vet-seeks-atonement-for-early-war-tragedy
- This is a link to the Soul Repair Center's resources page: http://www.brite.edu/programs.asp?BriteProgram=soulrepair_resources

⁴ *Out of the Night: The Spiritual Transformation of Vietnam Vets*

⁵ See http://www.mpls-synod.org/files/programs/vets/vets_interacts/2012_aug.pdf and http://www.mpls-synod.org/files/programs/vets/vets_interacts/2010_july.pdf

⁶ Paraphrase of Mark 8:36, Luke 9:25, and Matthew 16:26

Remedy for Moral Injury

St. Crispin's Day, October 25th, 1415. Agincourt, a small village in northwest France near the Normandy coastline, will soon become the scene of a terrific slaughter between the armies of King Henry V of England and the finest warriors of the French army under King Charles VI.).

The French, by any extant narrative of the battle, outnumbered the English at least six to one. They were cocky and self-assured of victory. They spent the night before the battle in drinking and indulgence. The English, on the other hand, were in a somber mood, seeking divine assistance in prayer for their desperate situation. King Henry V received the Mass no less than three times that evening.

As the sun rose upon Agincourt, 25,000 French men-of-war and 1,000 cavalry faced off against 1,000 English men-of-war and 5,000 archers. The field of battle was a rain-soaked muddy field thickly wooded on both sides funneling down toward the English line. Four successive arrow-clouds launched from 5,000 English archers marked the opening moment of Agincourt. The volleys were meant to provoke the French cavalry into battle. It worked. The French cavalry, aggravated and stung by piercing arrowheads, charged through 300 yards of muddy, hoof-sucking mud as the English lines advanced toward them. The English had implanted sharpened stakes in the soft ground to impale the charging horses. Countless horses stumbled upon the stakes opening lacerated bellies as the nimble English archers ceaselessly pummeled the attackers with arrows and swords. The French cavalry panicked falling from their steeds. Their horses fled the field of battle and charged right back into their own lines. Repulsed but far from beaten, the French recovered and formed up their men-of-war into three attacking columns. The night before battle the French had shortened their spears and lances to increase their agility on the battlefield. This was a fatal mistake. The French columns pressed forward in tight formation by an enormous mass of men into the narrow field of battle. At the moment of bloody collision, the English attacked the French perimeter on all points with their longer lances and spears. The French had no space to maneuver. An unimaginable bloodbath and slaughter ensued. The French men-of-war with no room to maneuver, fell backward upon themselves, wounded, while the English warriors and archers took full advantage of the confusion and disarray, piercing, slashing and hacking their way to victory. The French men-of-war in the rear were unable to



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discern the action on the front line of battle. In the heat and din of battle, they pushed their comrades relentlessly forward into the merciless English slaughterhouse from which there was no escape. By the time the sun had set on the blood-drenched fields of Agincourt over 7,000 of the finest and noblest Frenchmen lay dead and dying, piled as high as a horse's shoulder. Of the English dead, the losses numbered only a few hundred.¹

From this infamous battle William Shakespeare immortalized the bloodletting in his play "King Henry V" with

¹John Keegan, *The Book of War*, (New York: Penguin Putnam, Inc. 1999), 52-60.

these words spoken by the King:

We few, we happy few, we band of brothers. For he today that sheds his blood with me shall be my brother, be he ne'er so vile . . . And gentlemen in England, now a-bed, shall think themselves accursed, they were not here, and hold their manhood's cheap, whiles any speaks that fought with us upon Saint Crispin's day.

The phrase "Band of Brothers" has been immortalized and glorified in plays, books, TV mini-series, films and numerous writings as a most apt moniker for all who fight, side by side, on the field of battle. In the crucible of combat the shedding of blood is a bond forged among the combatants that contains all the power of a religious conviction, sealed by bloody sacrifice and memories that will not fade away. Veterans have been transformed on the field of battle, for life. Their devotion to duty, the values and code by which they live, the creeds that define their behavior all have the power and intensity of any religion or religious experience. Honor, courage and commitment are not slogans but shared core values that bring life or death on the battlefield.

Can any human being shed the blood of another in war with impunity? Can the life of another be stricken permanently by force from the history of the earth without moral consequence or injury? Does the simple answer that "our cause is just and righteous" provide all the moral protection necessary to prevent harm to the conscience of the warrior who takes the life of another in war? Chaplain Herm Keizer² writes in "The Military Chaplain" that in December 2009 the mental health professionals of our Veteran Affairs defined and described for the first time a wound of war called "moral injury." Moral injury is not PTSD, which can be generally defined as recurring fear reactions to identifiable trauma in war with symptoms such as flashbacks, hyper-vigilance and nightmares. Moral injury is an inner conflict, Keizer writes, based upon a judgment of having inflicted harm actively, such

as killing, or passively, failing to prevent harm to fellow comrades-in-arms. The judgment and ensuing internal tension arise from the human capacity for empathy and self-reflection mirrored against the authority of the natural law written upon the human heart by God, namely, "Thou shalt not kill," and reinforced by society. The individual conscience must react with this internal code in light of the behavior of the warrior in battle, for the conscience is never still. If the warrior measures his core values against the behaviors waged in war and comes up short, his feelings can spawn a profound crisis of moral injury to his soul, which can then launch a host of de-

Moral injury is not PTSD.

structive attitudes, depression, addiction, violent behavior and suicide. When present with PTSD, moral injury becomes the gasoline for a towering inferno.

Not all warriors leave the battlefield with PTSD or moral injury. For many the embedded coping mechanisms of active faith in God, family and community bring the warrior back to a new normal after the battle, but for thousands of others³ the war inside the head goes on and on and on. How much can be attributed to moral injury? The cure for moral injury requires a different set of counseling skills than that which is provided by a VA mental health professional. Enter the church as the community of God on earth with the Word of healing, comfort and absolution to all the bloodletting slaughter of war to penetrate, cleanse and restore the conscience of the warrior from the battlefield.

In the summer of 1941, Professor E.W. A. Koehler delivered a series of lectures on the conscience and its functions.⁴ Conscience, he asserts, is a universal phenomenon. He defines conscience as a "knowledge one has together with himself" linked to a moral and ethical authoritative norm. Conscience is not an otiose quality hidden in the soul, sometimes active, sometimes passive, but rather a faculty of judgment ever active that operates on the "basis of such knowledge and conviction as we have and that would bring our lives into conformity with the same."⁵ Conscience is not equally active and sensitive in all, but it is congenital, distinguishing mankind from the brute beast not only by the powers of thinking and reasoning but also by behavior in light of moral considerations. This is the basis of Paul's appeal to the Gentiles in Romans 2: 14, 15. Among the many attributes that Koehler adds to the definition of conscience is this trenchant insight, "Conscience is infallible."⁶ Conscience is infallible, not in the sense that it never errs, but rather that its proper function is always to prompt and urge the person to obey and conform to the light that one has. Conscience acts infallibly in this manner. Conscience can be disregarded.

²Herm Keizer, "The Moral Injuries of War," *The Military Chaplain*, Spring, 2012. Chaplain Herm Keizer is a retired Army Chaplain Colonel with over 30 years of military service. Chaplain Keizer is a highly decorated veteran, twice wounded in Vietnam. He is the former endorsing agent for the Christian Reformed Church in North America.

³The estimate of Vietnam Veterans with PTSD and related issues is 30%, for the short Persian Gulf War, 9-24%, lifetime occurrence estimated for all wars, 10-30%. Current studies of returning veterans from Iraq and Afghanistan indicate that 1 in 5 warriors are in treatment for PTSD and related issues, which would correlate numerically to over 100,000 troops and climbing.

⁴E.W. A. Koehler, "Conscience," *Concordia Theological Monthly*, V. 13, No. 5, 1942, pp. 337-364.

⁵Ibid. p. 340

⁶Ibid. p. 351

It can be deadened over time but come roaring back later in time. One can be conflicted in conscience, not knowing the best path to pursue or enslaved to a wrong moral norm but inevitably, once the person has acted, the conscience will judge the behavior and commend or condemn what we know to be right at the time. Conscience bears witness to the knowledge of the Law and our obligation under the Law. The voice of conscience, if obeyed, forms the essence of *justitia civilis* for any society. Who would dare to live in that society where all its inhabitants exercise their life toward their fellow man without a conscience? Conscience restrains and commends behavior, but it is not the ultimate healing cure because the natural depravity of man often hinders and prevents man from doing what his conscience demands. The remedy for moral injury must come from a source greater and more powerful than simple obedience to the voice of conscience.

If Koehler is right on conscience, then the Christian counselor and military chaplain have a unique insight into the nature of the soul and the healing process available only through the cross of Jesus Christ. At the cross and only at the cross, the Lord proclaims to the entire world, "You are forgiven!" This gracious, eternal, ever-present absolution is not granted with conditions, nor is it a Santa Claus absolution freely given and cavalierly administered to a soul in anguish, "You're forgiven . . . dismissed . . . next!" Rather, this absolution is apprehended and seized by faith alone as a gracious promise of God to heal the conscience and soul of each person people stricken by their sins, guilt and shame. This apprehension by faith is a journey of the soul, ever confessing and ever securing the greater reality of God's indisputable action in Christ Jesus for the healing of the warrior's soul. This is the remedy for moral injury—a remedy that lasts a lifetime. The warrior must be convinced that the cross of Christ is greater than any act of violence suffered or inflicted. Christ did not die for peccadillo sins or for a stubbed toe. He died for all the brutal atrocities that mankind has heaped upon itself. War is an awesome and terrible thing to consider. In war there is often unintended collateral damage and survivor's guilt. The cross of Christ is greater than our feelings, greater than life, greater than death. This is the preeminent absolution the warrior must seize and believe with a death-defying grip that will never surrender. Does the chaplain care enough to penetrate the heart of the combat warrior with the Word of God or will he surrender to trite and mundane fixes that only aggravate the mistrust of the veteran toward the counselor?

Combat is not a football game. Losers lose with their lives and winners lose with their souls. "Thou shalt not kill" is still the code ingrained upon every human heart in any society. It takes a supreme act of consciousness for

the warrior in combat to distinguish between senseless murder and killing in combat in defense of a nation, a just cause, and a way of life. Warriors need time to heal from the haunting images and numbing violence of war. Combat assaults the psyche, and confuses the ethics. Over time this can devastate the warrior's mental health not because the original cause to fight was unjust, but precisely because the warrior's evaluation of killing in warfare can change over time.⁷ The reasoning within his own soul never ceases. Healing and cleansing are needed time and time again from the hands of a skilled Christian counselor and chaplain.

Vets talk to vets; that is, they are most willing to talk with someone who has shared their world of combat, someone they can trust. Chaplains must earn that right before the veteran will unveil the troubles of his/her soul. All chaplains are non-combatants. They do not carry a weapon. They do not kick in doors. They do not search and destroy and they do not shoot the bad guys. Chaplains do not inflict violence, but they may suffer violence due to their proximity to the war zone and field of fire. The combat veteran might easily conclude that the chaplain has nothing to offer, but the skilled chaplain will seek to earn the trust of the warrior, listen and weep with those who weep, until both stand at the foot of the cross looking into the eyes of the Redeemer and understand that here, and only here, in the long, war-scarred history of warfare will blood spilt for a just cause have an absolute and final victory to cleanse and heal every soul. This is the remedy for moral injury within the brotherhood of combat arms "band of brothers."

Mark J. Schreiber, CAPT, CHC, USN (Ret.), is Director, Ministry to the Armed Forces of The Lutheran Church-Missouri Synod. A graduate of Concordia Theological Seminary, Fort Wayne, Ind., with a Master of Divinity degree in 1977, Chaplain Schreiber has served continuously, on active duty and as a reservist, for 25 years. He holds an earned Doctor of Ministry degree in theology from Faith Evangelical Lutheran Seminary, Tacoma, Washington, and is currently a PhD student at Concordia Seminary, St. Louis, in systematic theology.

⁷Karl Marlantes, *What it's like to go to war*. (New York: Atlantic Monthly Press, 2011). Marlantes graphically describes a combat assault upon a hill in the jungles of Vietnam north of Da Nang, 1969, where he killed two North Vietnamese Army (NVA). Today, 40 years later after this one single incident during an entire year of combat, he revisits the scene in his own mind, turning back the clock and imagining, if the tables were reversed, what the horror of war would be like if his own son had died in that foxhole instead of the NVA. Cleansing from the cross is not one-time absolution. Cleansing and forgiveness to be effective must occur again and again to return the warrior to sanity and good health.

Sacrifice, Moral Injury, and the Work of Healing after War

When we speak about the work of military service members, about what it means to be a citizen, and the meaning of patriotism generally speaking, does our emphasis on “sacrifice” really help or hurt?

As congregations prepare to observe Veterans Day in November, or Memorial Day at the end of May, or as they strive to be places of healing and hope for those returning from war, congregational leaders, chaplains and others can exercise leadership and faithfulness by making this an opportunity to think more deeply about a word that we often use uncritically: “sacrifice.” Many Christians understand Jesus’ death on the cross as a sacred sacrifice and necessary act that paves the way for the salvation of the world. However, in a U.S. climate that is dominated by a permanent war economy, not to mention two U.S.-led wars that have lasted over ten years, religious language of “sacrifice” tied to war in our culture plays at best a highly ambiguous role.

I have argued that the language and practices of “sacrifice” are like a sacred canopy over the actual horror and waste of war. We have been told over and over, “war is a necessary sacrifice.” When our service members die in war, it is proclaimed that they have “made the ultimate sacrifice” (this is precisely the same language many Christians use to describe what Jesus did on the cross). Our political leaders of both parties readily refer to “the sacrifices of war” as worthy of our devotion and honor. Such language has a way of attaching a quasi-religious sensibility to the reality of war, in essence making it somehow sacred. Sacrificial language and frameworks from specifically religious settings slip into civil religious and nationalistic portrayals. For instance, one popular Facebook attachment commonly used by people to promote their own patriotism at times of national commemorations such as Veterans Day, asserts that we should remember “that only two forces have ever agreed to die for you; Jesus and the American soldier . . . one died for your soul, the other for your freedom . . . pass this on!” Protected by the sacred canopy created by the intertwining of war, sacrifice and models of Christian salvation, war becomes something that is more difficult for us to protest, or ask serious questions about, or resist. Sacrificial war-culture distracts us from critical assessment of the military industrial complex. It makes it exceedingly difficult for us to honestly face the moral injury experienced by many



In order to understand what really is at stake with moral injury, we must trace it to its roots in militaristic and national civil religious formations of identity.

military service members. To question the sacrifices of war is akin to challenging something sacred; some people feel it is almost like speaking heresy.

Yet, as Vietnam veteran and philosopher of war Camillo “Mac” Bica has emphasized, the experience of moral injury is inextricably linked with acculturation into “the warrior mythology,” the formation through which young men (and increasingly women) are linked to “a long line of chivalrous warriors ready to sacrifice life for God, country and comrades” (Brock: 2012:19). In other words, in order to understand what really is at stake with moral injury, we must trace it to its roots in militaristic and national civil religious formations of identity. So-

ciologist Kathleen Barry has underscored that members of the military are socialized for “expendability” (Barry: 2011). The warrior mythology, with its emphasis on transcendent self-sacrifice, is key to this process. From Basic Training on, the redefinition of soldiers’ lives as “expendable,” in the cause of the army value of “selfless service” may be compared, according to Barry, to the loss of ego that is experienced by many women as a result of domestic violence or other forms of relational abuse. In Bica’s case, such formation ran headlong into the actual experience of war, “shattering his moral universe,” and challenging all his former understandings of the nation, the military and his own self-identity. As he says,

Patriotic hymns and anthems quickly fade amidst
the screams of the mutilated
and the dying. As the warrior’s mythology crum-
bled, I felt an overwhelming
burden of responsibility . . . to those whose lives
depended upon my abilities and
decisions. No one knows the sacrilege of war better
than we who must fight it
and then have to live with the memories of what we
have done and what we have
become (Brock: 2012:19-21).

In the U.S., as well as other modern nation states, the intertwining of sacrifice, Christianity, war and the nation has a very long history. Thomas Jefferson’s famous saying, “The tree of liberty must be refreshed from time to time with the blood of patriots and tyrants” is well known, but we should think about it more deeply. Does this assumption that “freedom isn’t free” (think of the bumper sticker we’ve all seen) in fact increase our presumption toward war, and away from other ways of dealing with conflict, suffering and threat? In contrast, the Declaration of Independence describes freedom quite differently; “life, liberty and the pursuit of happiness” are not commodities that have to be purchased through blood (this is the sacrificial impulse), but are “inalienable rights” that are bestowed upon all people by a Creator. For Mac Bica, addressing his own moral injury required a radical interrogation of these sacrificial nationalistic assumptions: “I was leaving behind, forever, a way of life, an identity, a personality, and all that I cherished and held sacred for the past twenty-one years” (Brock: 2012:19).

When I speak publicly about sacrificial war-culture, I am frequently asked if criticism of sacrifice is not “unfair” especially for families of soldiers who have died; these family members find comfort in sacrificial interpretations of their loved one’s death. As Vice President Biden said in a recent commemoration of Memorial Day, “They died that we might live.” This is a very complex and even treacherous landscape in which caregivers operate to try to promote honest and holistic healing. On the one hand, caregivers must be cognizant of and sensitive

to these frameworks and the comfort they offer people in grief. On the other hand, these same frameworks contribute to “de-realizing narratives,” as Judith Butler has named them, story lines that foreclose the grief process and promote a too-quick resolution (Butler: 2009). If caregivers truly are dedicated to the healing of moral injury, we must be ready to trace the pathway of destruction created by moral injury to its very beginnings. There we will find sacrificial assumptions regarding constructions of masculinity, war, religion, the nation and citizenship all tied very closely together. I maintain that unless and until we are ready to engage a systemic analysis of sacrificial war-culture tied to sacrificial theology, whatever healing that might take place will be superficial and prone to re-injury.

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and struggles post-deployment?*

We return to the story of Mac Bica to think this through further. Although his grounding in the warrior mythology crumbled, he continued to fight, attributing this to a “lack of courage” in his own moral framework. But the reality is that there was no one to assist him with a deeper ethical analysis that could have helped him reassert and strengthen his own moral core through rigorous analysis of the very structures of the nation, the military and the sacrificial war-culture of which he was a part. These were the structures that assisted, laid the groundwork and facilitated the likelihood of moral injury that later occurred. There was no one to help him dig deeply for the imagination to construct moral alternatives to these same social institutions and structures.

People in the United States are deeply impacted by the logic of “the necessity of war-as-sacrifice.” At the same time, this language is so common and comes to mind so readily, we tend not to think about it consciously. This makes us vulnerable to its abuse, and disciplines our imaginations against alternative responses to the realities of violence and conflict. Sacrificial logic justifies and normalizes U.S. armed force and militarism by masking the reality of what I call “war-culture” in the U.S. I define war-culture as the ethos, institutions and

practices of war that interpenetrate more and more deeply with all kinds of cultural sites in the U.S., including the economy, education, government, popular culture and youth culture, and religious institutions, just to name a few. This increasing interpenetration both normalizes and legitimizes war and militarism. Such normalization and legitimization of war, undergirded by uncritical use of sacrificial language, diverts us from truly seeing, much less acknowledging the depth of war's real injuries, including those suffered by our own service members and those suffered by the peoples in the countries we have fought against. The deaths of those considered the enemy are considered to be so much "sacrificial collateral," a "necessary cost." Thus the scope of their suffering is swept from clear view. How else should we explain how it is that so many—perhaps most—Americans have no idea of the actual numbers of people in Afghanistan and Iraq who have died over the course of our wars? One study undertaken by Johns Hopkins University came to the conclusion that during the first five years of the Iraq War, from 2002-2006, more than 650,000 civilians died as a result of war-related circumstances (Burnham: 2009). But many—perhaps most—Americans have little consciousness of this. At the same time, glorification of the soldier's sacrifice obfuscates more realistic analysis of his/her experience of suffering, moral confusion and injury, and challenges adjusting to life at home.

Over time, as I have researched and thought deeply about the connections between the rhetoric and practices of sacrifice in U.S. war-culture and those in Christian proclamation, self understanding and practice, I have become increasingly convinced that the criticisms of Christian sacrifice in the theological and ethical literature of recent decades may be drawn upon for a wider cultural criticism of sacrificial war-culture in the United States. Sacrificial tropes have a long history of naturalizing all kinds of unjust social arrangements. One example comes from Dolores S. Williams' criticism of sacrificial justification of black women's surrogacy in labor; another example comes from Latin American liberation theology's criticism of sacrificial justifications of economic "austerity" as demands for economic sacrifice are laid on the backs of the most poor, and naturalized by way of religious language (see my book, *U.S. War-culture, Sacrifice and Salvation* [London: Equinox, 2011] for further examples and analysis).

One way to increase our awareness and respond to the injustices caused by the links between war and sacrifice is to peel back the layers of sacrifice as we find them in various social arrangements, so that we better understand how they function. In so doing we may gain greater clarity about our selves, our values and our actions. My recent book offers a case study of this kind of investigation. There I analyzed the frameworks and rhetoric of

sacrifice utilized by President George W. Bush and other governmental leaders not only to build a case for war in Iraq, but to maintain the war while at the same time veiling increasing evidence of its erroneous foundations and devastating consequences. Here I include a quote from President Bush from his Radio Address to the Nation on Easter Sunday that demonstrates how Christian notions of sacrifice may be used to justify, mystify and glorify war:

Good morning. This weekend, families across America are coming together to celebrate Easter . . . During this special and holy time each year, millions of Americans pause to remember a sacrifice that transcended the grave and redeemed the world. On Easter we hold in our hearts those who will be spending this holiday far from home – our troops . . . I deeply appreciate the sacrifices that they and their families are making . . . On Easter, we especially remember those who have given their lives for the cause of freedom. These brave individuals have lived out the words of the Gospel: 'Greater love has no man than this, that a man lay down his life for his friends' (President's Radio Address, Easter 2008).

*I can imagine a
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of individuals, families,
and the very moral psyche
of the nation.*

While the rhetoric of President Bush stands out in particular for his ready use of specifically Christian language, President Obama equally utilizes the logic of "the necessity of war-as-sacrifice," such as was evident in his acceptance speech for the Nobel Peace Prize:

Peace entails sacrifice . . . The United States of America has helped underwrite global security for more than six decades with the blood of our citizens and the strength of our arms. The service and sacrifice of our men and women in uniform has promoted peace and prosperity

(Acceptance of the Nobel Peace Prize, 12 October 2009).

It is hard to hear such language without feeling a deep emotional pull. However, if we did not consider the losses of war as "a necessary sacrifice," what other ways of speaking would come to mind for us? What difference would it make? Moreover, when we thank service members "for the sacrifice of their service," does such language stop them and us from a more profound conversation

about the real hurts, ambiguities of their battlefield experiences, and struggles post-deployment? War is not sacred. According to the ELCA social statement on war and peace, war represents “a failure of politics.” Thoughtful leaders might consider thinking about and raising conversation about the questions below:

- What do we mean when we call war “a necessary sacrifice”?
- How does religious language about Jesus’ sacrifice play a role in creating a sacred canopy over war and militarism in the U.S.?
- How central is war to our national identity as U.S. citizens? Is our primary model of citizenship built upon the rhetoric of making the sacrifices of war? What else comes to mind about what it means to be a citizen?
- What would we say about the losses of war if we did not describe them as “necessary sacrifices”? Would this make a difference in terms of the way we think about these losses and how we go about promoting healing and recovery?
- Does the labeling of service members/veterans as “heroes” and their work as “a necessary sacrifice” suppress the reality of their suffering? Who benefits from such repression?

Those of us who are engaged in what some call “political theology” are concerned about the ways that our religious ideas, language and practices simultaneously may obfuscate and exacerbate social injustice. Along just these lines, people of Christian faith should be challenged to think more deeply about the ways in which “sacrifice” not only masks the horrors of war, but also mystifies it with a sacred canopy. We can also increase our introspection regarding the way in which our use of this same language with military service members makes more difficult a deeper conversation about the true losses, moral devastation, and confusion about religious and national identity that is part and parcel of many service members returning home from the fields of war. As Rita Nakashima Brock and Gabriella Lettini have emphasized, a serious and thoroughgoing searching of moral conscience involves not only the individual but also the entire moral community or nation. Our work of healing must incorporate the individual injuries experienced by soldiers and also criticism of our national spirituality and ethics. (Brock: 102).

Our deeper thinking about sacrifice, and greater care with the way we use this language, can help us to uncover and face what scholar Nelson Maldonado-Torres has called “the darkest side of Western Modernity, which is found in the naturalization of war: the radical suspension or displacement of ethical and political relationships in favor of the propagation of a peculiar death ethic that renders massacre and different forms of genocide as natural” (2008: xi).

I close by inviting and challenging pastoral caregivers, chaplains and other congregational leaders to further their thinking and capacity for moral and pastoral response to these complex realities. I can imagine a retreat or workshop in which participants come together to hear from veterans, mental health professionals, caregivers of many kinds, philosophers and theologians, to ignite their own imaginations in ways that can help us all move beyond sacrificial war-culture and promote deep and lasting healing of individuals, families, and the very moral psyche of the nation. Please let me know how I may help.

Rev. Kelly Denton-Borhaug, Ph.D., is Associate Professor and Chair of the Religion Department at Moravian College in Bethlehem, PA. She holds a Masters of Divinity with Honors from Pacific Lutheran Theological Seminary and a Ph.D. from the Graduate Theological Union, Berkeley. Her work focuses on resources in theological ethics that may be mobilized to address the increase of militarization and war in the United States and beyond. She also teaches courses that explore feminist theological ethics, liberation theology, Christian ethics and war, and courses in the discipline of Peace and Justice Studies.

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Moral Injury: Learning from and Caring for the Sufferers

When Caring Connections asked me to write this article on Moral Injury, I had a déjà vu experience.

BACKGROUND

Twenty-seven years ago I was asked by the Disabled American Veterans (DAV) to write a chapter in a book, *Post-Traumatic Stress Disorders: A Handbook for Clinicians*. They asked for my pastoral thoughts and reflections on the troubled Vietnam veteran. At that time, I had been the chaplain on the first Vietnam veteran ward in the V.A. system, and PTSD was a newly defined Diagnostic and Statistical Manual diagnosis, still in the tweaking process. The book was sort of an “early snow fall” type of contribution that developed into an avalanche of study and literature on PTSD and the war veteran. So, déjà vu behind me, I subsequently blew off the dust on a copy of the DAV book.

I was seeking to find what might be applicable to the “moral injuries” with the war vets of Iraq and Afghanistan. Vietnam taught pastoral care gives a lot. I am personally indebted to its vets for their sacrifices and what they taught me. All wars, as we watch and discern, teach us, including the ‘confession’ of our personal and collective failures, to prevent them. I found terms I used in the mid-1980s that seem applicable today to moral injury: disillusionment, ambiguity, guilt, shame, fear, loss-grief, alienation-estrangement, and isolation-withdrawal. I saw where I used words like rebuilding, turning around, and renewal. I believe all these still fit for the vets of the wars from the last decade, but the phrase “moral injury” is unique. I am grateful that our editors want to sensitize us to it, its etiology and effects, and to seek hope and healing for those with these wounds of war.

The phrase, moral injury, juxtaposes an ontological word with a phenomenological term. The subjective alongside of the objective...a philosophical against a medical word! Such positioning grabbed my attention. What does it mean?

EARLY FINDINGS

The phrase started to appear in the literature just a couple years ago. Two early researchers, Maguen and Litz, are located the V.A.’s National Center for PTSD (i.e.,



When we give attention to the details of the injury we are giving attention to the person who bears those wounds.

“Moral Injury in the Context of War” 12/11, drew from their own and other studies of the previous two years). PTSD Support Services provide basic information, like “Military: ‘Moral Injury as a Wound of War’ by Walker, 1/4/12, that can be found on-line. Articles like “How Do We Repair the Souls of Those Returning from Iraq?” by Brock in Huff Post-Religion, 10/11) are popping up, similar to this issue of Caring Connections. Just four years ago *The Journal of Pastoral Care and Counseling* (Fall 2008 by Stine) offered a brief article, “A Jungian Interpretation of Spiritual Injury” that connected a similar phrase to shame. There appear unlimited possibilities for further research and study. The psychological, not the pastoral, community seems to have taken the lead.

INJURY TO FAITH (As a Mirror to Life)

The phrase moral injury is a “construct that describes extreme and unprecedented life experience including the

harmful aftermath of exposure to such events...(that) are considered morally injurious if they ‘transgress deeply held moral beliefs and expectations.’” (S. Maguen & B. Litz, “Moral Injury in the Context of War.” 12/11, Department of Veterans Affairs.)

These injuries may come from direct (killing or harming others) or indirect (witnessing or failing to prevent harm) actions. A prevalent example is when the “rules of engagement” (i.e., when you can fire your weapon) are compromised or made unclear by the realities of the hostile field. A Humvee approaches a youngster carrying what appears to be a cell phone (often used to detonate an explosive device), and the lad is shot as he moves forward even after being given a warning to prevent a catastrophe and loss of soldiers’ lives. But, on examination, the lad was carrying a plastic toy. Or, as a returning Iraq vet told me, “I shot a man carrying a jacket over his hand as he approached my truck. I thought it might have been a gun to shoot us. It was only a jacket over his hand. I feel very bad.”

Thanks in large part to studies around the stories of returning Vietnam veterans, Post Traumatic Stress Disorder (PTSD) has been a diagnosis for well over 30 years. It is now frequently used to describe the effects of a broad range of ‘overwhelming life experiences.’ Its application for ‘moral injury’ is that many who experience the latter also fit the diagnostic symptoms of PTSD. Although there is overlap, let’s not confuse the two. The former is diagnostic; the latter is descriptive.

ADVANCEMENT IN TRAUMA TREATMENT OF PHYSICAL INJURIES

Twenty years of my Army Reserve chaplaincy career were spent in hospital units. The ability of the military to provide both emergency and long-term medical care has increased exponentially. An efficient, life-saving combat support hospital, inclusive of a state-of-the-art emergency room, can literally be moved and set up in a matter of hours. Battlefield injuries to the physical body are given almost immediate attention, with medics who have audio and visual connections to combat support hospital trauma physicians. These, in turn, have advanced the art and science of life saving intervention.

On a pastoral/chaplain visit to Walter Reed Hospital in D.C. a decade ago I was privileged to see survivors of horrific battlefield injuries. My eyes were opened to seeing quality of life behaviors shown within significant physical limitations (Statistics are available through the Department of Defense [DoD] and/or V.A. on how certain injuries as a result of rapid trauma intervention became survivable as opposed to what occurred in earlier wars). Although chaplains (i.e., physicians of the soul or doctors of the spirit) have been around since the Revolutionary

War, the pastoral care “technology,” and “survivability” from injuries of the spirit are not that well known or generally accepted. Some “active research protocols” are occurring in research settings according to the recent issue of the “Spirit of the Chaplaincy” from the National V.A. Chaplain Center, Hampton, VA. What about advancement in trauma treatment of moral injuries?

Although chaplains have been around since the Revolutionary War, the pastoral care “technology,” and “survivability” from injuries of the spirit are not that well known or generally accepted.

MORAL INJURY RESEARCH

Qualitative research has consisted of listening and recording the stories of combat vets by mental health caregivers, including chaplains. Certain findings have resulted. Moral injuries happened in several types of experiences: 1) acts of betrayal by peers, leadership, civilians or self, 2) acts of disproportionate violence inflicted on others, 3) incidents involving death or harm to civilians, and 4) violence within ranks. Signs and symptoms of moral injury included: a) social problems such as isolation or aggression, b) trust issues (i.e., intimacy problems), c) spiritual changes (including loss of faith), d) existential issues (i.e., fatalism or sorrow) and e) negative views of self. (“Spirit of the Chaplaincy.” Vol. 3, Issue 2. 11/1/12). Further investigation may be found through the National Center for Posttraumatic Stress Disorder (www.ptsd.va.gov) and the moral injury fact sheet on the website of Maguen and Litz.

ISSUES FOR PASTORAL CARE

Combat vets from all wars continue to teach me. Resist the tendency to oversimplify. Each veteran with a moral injury has his/her own story. This story contains a family of origin context, a theological frame of how God is understood, a psychological profile around mental health, the expectations toward military service and training for war, an emotional/spiritual support system, and the precipitating event(s) of the moral injury. I offer a brief examination of each one...

1. Family of origin. What happened in childhood development? Who were the figures of trust/distrust and what made them so? What emotional and/or spiritual fears occurred...with whom and around what? What are their significant relationships today, and how are they affected by their family-of-origin story? Let them tell their family story (at their own readiness and pace) on which the moral injury is laid
2. Theological frame. How were God and faith taught? Were the rational teachings consistent with how the teachers lived their own lives? Were they trustworthy? Was questioning for clarity and increased understanding tolerated? How were doubts allowed or expressed? What was the central message of religious training? How were the commandments of God seen in relationship to a God of love? Was ambiguity of thought acceptable? Be listening ears and an encouraging face with the unfolding of their faith story.
3. Psychological profile. How secure a person was the vet prior to the moral injury? What losses were or were not grieved? What emotional wounds, betrayals or distrust were not processed? Were there underlying mood disturbances and how were they acknowledged and/or treated? What about self-medication (i.e., alcohol abuse)? Are there physiological issues or biochemical imbalances that affect mood? Are there cognitive concerns that affect self-esteem and limit how information is received, processed, interpreted, and stored? What was the vet's history with authority (i.e., living under it and accepting its place)? It is important to be attuned to the mental status and psychological issues on which moral injuries attach and grow in life changing significance.
4. What were the anticipated effects of military service? Was enlistment a way to prove self, meet a parental expectation, a way out of poverty or a dysfunctional home or dead-end life-style, a means to get an education, a chance for adventure, or what? Did the training for combat allow debriefing of emotions or give value to the person of mind-body-spirit in the uniform? Was 'complete the mission' balanced with respect for others who were part of the team? Were "feelings" seen as encumbrances to mission accomplishment and indications that further and more rigorous training was needed? Was acceptance of referrals (i.e., marital counseling, stress assessment, talk with chaplain, etc.) viewed as a career stopper or aid to mission accomplishment? It is revealing to learn what motivated the vet to enter the military on a voluntary basis, and what happened to his/her expectations.
5. Emotional/spiritual support. What level of emotional support is present for the vet from family (biological or emotional)? What sense of ground-

ing is present from a caring faith community? How involved is the vet with this faith community? Does the vet receive a positive sense of purpose from his/her faith life? Is his/her faith life based on a punitive, retributive God or a God of grace? Some may find helpful Lawrence Kohlberg's stages of moral development, as these can be a resource to assess how people may justify behavior. Expressions of faith community presence and its level of importance give indication to how the vet valued morality growing from a faith commitment. Martin Luther insightfully spoke, "The God we imagine is the God we get."

6. Precipitating events of moral injury. What happened that generated the transgression of a deeply held moral belief? What were the specific circumstances and behaviors involved within the transgression? How clear or ambiguous is the report of the experience? What type(s) of moral injury was/were involved? When we give attention to the details of the injury we are giving attention to the person who bears those wounds.

To experience trust in an understanding and caring relationship is the beginning of stabilizing the moral injury.

PASTORAL OPPORTUNITIES

Treatment of moral injuries is a spiritual/emotional procedure. Prayer and discernment are part of this pastoral procedure. The hard work of listening involves hearing as much of the vet's story as he/she is willing to share; the ability and heart to form a relationship of trust; the patience of allowing the vet to have his/her defenses and fears; and the knowledge that 'wounds of the heart and spirit' take their own timetable to heal. It is an important challenge to show acceptance of the person while conveying care and concern without an agenda about a timetable for healing. War amputees continue to amaze others about their facility with prostheses. Similarly, living with moral injuries may show healing signs, but that does not necessarily mean that permanent changes have occurred.

Combat vet LTC Frank Slade, played by Al Pacino in the film, "A Scent of a Woman," powerfully expressed a difference between physical wounds of war and moral ones: "I've been around, you know...And, I have seen boys like these (referring to private school high school boys)...their arms torn out, their legs ripped off. But

there isn't nothin' like the sight of an amputated spirit. There is no prosthetic for that!"

The healing balm of a grace-filled relationship is significant. Valuing the vet as a unique person and child of God lies alongside the significance of his/her sacrifices for our nation while wearing the uniform. For whatever reasons, background, capabilities, mental/emotional status, they showed up, followed the order, placed themselves in harm's way, and experienced injury.

Existential angst can be all consuming. Moral injury kills life. It can sap energy and create a self-defeating dialogue with invisible perpetrators. Moral injuring is another way of saying the cross hairs of war's instruments of destruction found a mark. That mark wounded. The injury has both pitfalls and possibilities for healing and even growth. These come through caring for the person, valuing the sacrifices made, and trusting a process of hope and healing. This process may not be easy or neat, and as such resembles in no small measure a redemptive dying with the hope of healing. Certainly, religious rituals consistent with the vet's belief system are valuable as they become ready for them.

I co-led a Vietnam combat vet group with a psychologist. For two years the group, angry and floundering, continually re-identified with being victims on many levels. They hated what they had become and could/would not see how they were making their emotional war wounds deeper. A community based on distrust was formed. The chaplain fit into a rubric of "don't try to make us to change." One of the seven groups members was diagnosed with cancer and died within months. The rubric changed. After asking them, I was invited to lead a memorial service from a Christian view of death with the nine of us. Life was suddenly transformed to the emotions of loss that, in turn, gave each one, and our caring community itself, new meaning. Grief was a shared experience. Tears were present. The importance of the person took precedence over the moral dilemmas that came from war. Both emotional vulnerability and resiliency were claimed.

A SILENT CHORUS TO BUILD

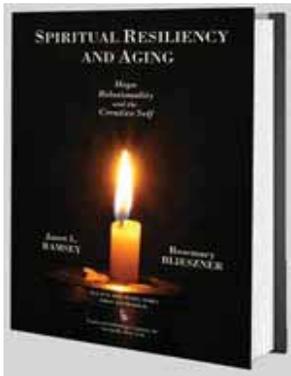
Jesus wept! Back then and now. What is the permanence of moral injury? That is a good question that is only answered by each one who has experienced it. The power of redemptive hope and meaning seems to be preempted by the transgression that exceeded moral parameters. To experience trust in an understanding and caring relationship is the beginning of stabilizing the moral injury. Patience and perseverance are pre-requisites to a relationship of healing. Compassion is an active moral trauma intervention that is invited into the wound of transgression by the injured one. A goal is to listen

for and take the invitation to join the journey of healing in the moral wound. It is not easy, but important, to re-enter and re-visit that injury.

There may be no prosthetic for the transgressed spirit. However, healing occurs through respect for the injured one and their dignity, to hold onto what makes them feel safe; healing occurs through the embodiment of hope for recovery within the darkness and silence of a spirit-less despair; healing occurs as the experience "I'm not alone" occurs; healing occurs as faith, at whatever place of re-building, takes on the flesh of understanding, acceptance and grace.

Mel Jacob, D.Min., LMFT, Diplomate-AAPC, Approved Supervisor-AAMFT, recently retired as Executive Director of Lutheran Counseling Services in Orlando, Florida. He has had nearly a dozen years of parish experience and 30 years as a Chaplain in the U.S. Army Reserves CH(COL-Ret)USAR and a Chaplain in the V.A. for seven years prior to his 25 years with Lutheran Counseling Services (www.lcsfl.com).

Book Review



Spiritual Resiliency and Aging: Hope, Relationality, and the Creative Self

By Janet L. Ramsey and Rosemary Blieszner

(*Society & Aging Series, Editor John Hendricks, Baywood Publishing Company, Amityville, NY, 2012*)

Book review by Brian McCaffrey

“Certainly practitioners who work with older adults need to be constantly engaged in attempts to increase their sensitivity to and empathy for the psychological and spiritual strength in the people they accompany” (p.24).

During my first CPE residencies at the University of Minnesota Hospitals I encountered something right out of Garrison Keillor’s “Prairie Home Companion;” I called them “Scandinavian Farm Wives.” My visitations included a cancer unit where I seemed to encounter a number of older women who in the sharing of their personal stories would offer a litany of woes that shredded my heart. The depth and breadth of sorrows experienced were mindful of any Greek tragedy or the Book of Job. Yet rather than curse God and the day they were born these women would conclude our time together with these words or similar: “But you know pastor, through it all, God has been good.” In those days I was in awe of these saints of the church and wanted to know what it was that they knew.

When as a pastor you are visiting a shut-in and you come away feeling refreshed, or you stop into a hospital room to offer words of comfort and you come away comforted, then I would say you have encountered an elder saint of the church. Just being in the presence of these men and women seems to nurture the soul. I tell every young pastor to find these people, nurture a relationship and then listen and learn. I have come to believe that it takes a lifetime to truly appreciate what the gospel offers to us.

Janet Ramsey and Rosemary Blieszner asked pastors of Lutheran churches in Germany and America to identify those saints in their congregations: 4 men and 4 women in each group. The method is an interview in which the narrative answers are analyzed. These 16 men and women are 65 years and older. They all have World War II as a backdrop of their early formation.

For many of us in ministry, research papers are not high on our reading list. But I want you to know this is not dry fact and figures displayed as graphs and charts. Rather, this is qualitative research in which the story becomes the vehicle of expression. The method itself is well explained, helping us to understand this narrative method derived from the works of Michael White, Dan McAdams and others, who contend that we all sort out the experiences of our life in the form of a story. The analysis of these stories has been influenced by “a feminist, post-modern turn in both psychology and systematic theology.” This perspective allows for the dialectic to move from an emphasis on polarities such as hope or despair to the greater paradox of both hope and despair becoming the better portrayal (This recognition of a paradoxical perspective in later life is also echoed in Wendy Lustbader’s book *Life Gets Better: The Unexpected Pleasures of Growing Older*, and two books, *AgeSong* and *Love Fills In The Blanks: Paradoxes of Our Final Years*, by Dr. Elizabeth Bugental). It is not a counting up of how often a person attends worship, prays, and/or reads scriptures, but takes into consideration the developmental aspects of a lifetime of experience and even transformation (e.g. how is forgiveness demonstrated). One can say that the participants are examples of growing older, growing wiser and growing more complex – this is not an easily held surface idea of “faith,” but the depth and breadth of hearing, participation, often struggle, reflection and acceptance.

One of the values of this book is that it may make many of us re-examine (and perhaps re-prioritize) aspects of our ministries. The subtitle of the book gives away the researchers’ findings: Hope, Relationality, and the Creative Self. Spiritual Resiliency, as demonstrated in the stories told, was nurtured through a long-standing culture of hope (I’m conscious of how the Eriksons saw this as the foundational outcome of Trust in the first stage of development). This hope is not just grounded in a family of origin, but in a combination of the experience of the church specific and the meta-narrative of the Church universal. A realistic Hope is part of the Church in which we participate – this is not a saccharine optimistic “all is wonderful” view, but the wonderfully complex Lutheran perspective of our being Saint and Sinner in an Already and Not Yet Kingdom of God.

Theologically, relationality is for some of us the heart of Christianity. God is relational, as demonstrated by the Trinity (I like how this was portrayed in the novel, *The Shack*). God’s ongoing relationship with creation has been

part of our meta-narrative, which results in a personal God demonstrated both in the long-practiced tradition of prayer, and the Christian understanding of the “incarnation.” Change becomes an aspect of our experience of relationship with the divine, whether it be understood as epiphanies of that which already is but has been hidden, or becomes better understood with maturity, or—as process theology suggests—that it is in the mutuality of the relationship that God allows God’s self to be changed. Whatever the source, the God that we find ourselves in relationship with in late life is a different God than in our youth.

Relationality, in psychology, is the connectedness and belonging that we understand as part of our human need. Our faith in the personal aspect of God as experienced through the incarnation of the community of faith, the body of Christ, in the local congregation allows us to be part of something greater than ourselves, to be not only accepted, but needed and valued. However, the complexity of relationality over time is that it also includes disappointment, betrayal, and loss—not once but multiple times. How do people integrate these experiences into their stories? They do it creatively.

One of the things I appreciate about this book is that each chapter ends with a paragraph titled “Implications for Research and Practice.” These paragraphs offer to those providing pastoral care to people in the second half of life insights into previously overlooked paths worth traveling on their pilgrimage of life.

It has been noted by some that God was in the midst of creating (being creative) when we were made in God’s image. “In Christianity, the language of *imago dei*—the image of God—is used to describe the relationality at the heart of both God’s life and the life of humankind” (p.81). Our imaginations are our greatest sources of creativity. We are able to see connections between God and ourselves, God and others, ourselves with others, self with self over time, and ourselves with all creation. We can imagine God creating Leviathan—a monster that is terrifying—for the sport of it. We can imagine ourselves responding to the terrors of storm and flood with a proclamation of “glory.” We can even imagine receiving and offering forgiveness for that which at one time we would have considered unforgivable. We can take an image (*imago*) developed for survival and apply it to a new situation. And when, with time, the *imago* no longer fits, we are able to create not only a new image, but also a new narrative. We can take the repeated circumstances of life and create new responses.

I’d like to make a connection here with Richard Rohr’s book *Falling Upwards: A Spirituality for the Two Halves of Life*. Rohr describes the first half of our life as engaged in creating our identity for the exterior world; then some form of crisis of health, circumstances, life-satisfaction or

Transformation is often marked by a change in the story, and humor may be precisely the source of a new perspective on what we prioritize as important.

identity shifts us to an exploration and a reprioritizing of our inner life. Imagination allows us to create the space in which we can laugh at ourselves. “This in turn leads to emotional repair and release, especially during times of stress” (p.98). I loved the finding that humor and play were often found in spiritually resilient people. Laughing at ourselves may open us to forgiveness, and forgiveness allows us to imagine a new relationship: an embracing (an important metaphor in this research). Laughter and humor allow us to feel safe enough to change. Transformation is often marked by a change in the story, and humor may be precisely the source of a new perspective (a renewal of Hope and a healing of Relationality) on what we prioritize as important.

As gerontologist William Randall (2008) wrote, many older adults end up with overly constricted stories of who they are, with “closed-in, tightly edited narrative that effectively curtails their curiosity, their interest in the future, their will to live. Sadly, this often happens just at that stage in life when precisely the opposite is what they need: a story that is sufficiently fluid and open, substantial and dynamic, to supply them with a lively sense of meaning” (Randall, W. L. *Letting Our Stories Go: A Narrative Perspective on Spirituality in Later Life*. Presented at the Third North American Conference on Spirituality and Social Work, p.11). One of the tasks of counselors and therapists, then, is to encourage deep, fluid, and nuanced narratives (p.146).

The last third of the book is really about the spiritual disciplines, such as prayer and gratitude that encourages reflection, which help to create a narrative that is “sufficiently fluid and open while establishing an identity that is ‘substantial and dynamic’ within relationships with self, others, and the divine that provides ‘a lively sense of meaning.’”

I highly recommend this book.

Events

Oct. 24-27, 2013 Zion XV Conference
Lutheridge Conference Center
Arden, North Carolina
www.lutheridge.com

Zion XV Conference

Conference Theme: “Conversation in Community”

The gift of mutual support: intentional commitment to caring for one another

Keynote Presenter: Leonard M. Hummel, Ph.D.
Lutheran Theological Seminary at Gettysburg

Bible Study Leader: Erik H. Herrmann, Ph. D.
Concordia Seminary, St. Louis, MO

CEU credits will be available.

**Peer Pastoral Care and Consolation
(Small Group Peer Consultation)**

A North Carolina Synod, ELCA Model
A major emphasis will be on this peer review process used in North Carolina, which invites and encourages people in specialized ministries to gather for support and discernment through a conversational structure rather than a more traditionally structured interview.

+ + Christus in Mundo Awards + +

Want to do a Workshop?
Contact Chaplain Michael Bostian
mdbostian@carolinaeasthealth.com

Want to be in the 3rd Ever Zion Talent Show?
Contact Chuck Weinrich
cweinrich@cfl.rr.com

Free time on Saturday will offer a tour of the famous Biltmore Mansion (“the largest home in America”), taking the Lutheridge challenge course, or just enjoy the gorgeous fall foliage in the Blue Ridge Mountains.

Watch for more details on line and in the mail!

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