

Lancaster Theological Seminary

**What Cannot Be Forgotten:
Moral Injury and Pastoral Practice**

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in Candidacy for the Degree of
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by

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What Cannot Be Forgotten: Moral Injury and Pastoral Practice
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Abstract

Scholars have recently taken up military moral injury as a subject of research, developing theological and practical approaches to define and respond to the invisible wound. With the exception of military chaplains, moral injury remains a concept generally unknown by clergy. This project explores current pastoral responses to moral injury in order to discern what constitutes effective pastoral care. The qualitative research method includes a preliminary survey and semi-structured interviews with local clergy in Hampton Roads, Virginia, which is home to military bases from every branch of the armed services and NATO. Findings yield insights about specific practices important to responding pastorally to moral injury: listening, building trust, staying the course, and creativity. Further, recommendations for education of local clergy include: learning about military culture; expanding knowledge of trauma, post-traumatic stress, and moral injury; creating groups to process work with moral injury; and the need for an explorer's attitude in pastoral care.

For those whose war continues
In grace, may there be peace

For those who are called to proclaim grace
In your care, may hope abound

To those whose example of grace teaches me
Ali, Emilia, Joe, Ed

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Chapter One—Losing Faith During War

Introduction

I vividly remember the day Mr. Gardner, a gifted mathematician at my high school and my teacher for the course titled “Theory of Knowledge” shared his story of serving in Vietnam. The normally bustling room was silent. He told our class about the draft, about getting ready, and heading in country. He told us of the myriad of feelings. Then he told us of the heartbreaking process of writing his mother to tell her that he could no longer be a Christian after participating in the war. He did not elaborate, and perhaps that is why the story stuck with me. Years later, as a pastor I find myself serving men and women who also have fought in uniform. The United States declared a ‘War on Terror’ in 2001. The Department of Veterans Affairs projects approximately 3,118,000 men and women have served and separated from the military since September 11, 2001.¹ The same report lists 2,964,000 veterans are under the age of 40.

How is the church to respond to their needs? What have we to say when they write letters to their mothers?

Through work in my congregation and a military art psychotherapy group that uses our church facility, I have become familiar with a new term: moral injury. Coined by researchers with the Veterans Administration, the term was meant to apply to those who face situations of questionable morality in war and is a modern way to describe the wounds to the soul or spirit. As I learned about this term, I began to question what the church is doing to participate in the healing of these wounds.

¹ Office of Policy and Planning, “Veteran Population - National Center for Veterans Analysis and Statistics,” General Information, accessed August 14, 2018, https://www.va.gov/vetdata/veteran_population.asp.

Historically, churches have wielded great power over the health of the soul. From determining the soul's eternal fate by pronouncement, to advancing rules of morality to protect the soul, the church is intimately involved and concerned with the soul. Referred to in earlier ages as "the cure of souls," what we now conceive of as "pastoral care" is given a high place as part of the church's role in shepherding men and women into the great hope offered through Jesus Christ. Forgiveness is one of the ways care was accomplished throughout the ages. The church is one of the primary arbiters of forgiveness in our society—or at least it ought to be, considering Christ's redemptive work on the cross. In the Presbyterian tradition, there is an emphasis on the corporate confession of sin followed by a declaration of pardon. How is this heard by the veteran in the third pew, who can barely stand to look in the mirror? Was it different for him or her prior to war? Surely so, but what changed? The change is moral injury—a violation of one's conscience or moral code. The violation can result from direct action, from inaction, or from witnessing an action.²

This project on moral injury is an extension of my desire to be of service to God and country. In my time serving a Lutheran congregation in Hampton, Virginia, I saw the injuries of war differently. Whereas I had previously thought of war injuries as primarily physical, with lingering secondary emotional plights relegated to individuals, my experience in Hampton convinced me that war creates a wide circle of effects on the warrior, the family, and the community. Among the parishioners I served were Vietnam-era colonels who had served with distinction and honor, whose families displayed the wounds of battle more prominently than the colonels themselves. Those same colonels had a variety of symptoms related to PTSD that flared as the United States entered and continued the war on terror. Both active duty military and their

² Brett T. Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29 (2009): 697.

veteran counterparts must find some way to square the actions of war with the life they lead in relative peace at home.

In Virginia Beach, approximately 64,000 people, or about 20% of the city's population, are veterans.³ Just under 30,000 active duty military support two major military installations (Joint Expeditionary Base Fort Story-Little Creek and Naval Air Station Oceana).⁴ Surely not all who see combat suffer moral injury. However, it may be more a matter of degree. I take it as given that the experience of war is life changing.⁵ Recent memoirs from soldiers, the stories of veterans in congregations, and the publicized struggles of returning warriors to assimilate to civilian life all demonstrate the change a person experiences post-war. Witness also reporters who embed with military units in combat. They, too, bear the wounds of war, not to mention the civilians whose homes are the battle zone and the enemy combatants. Of the approximately 94,000 military members and veterans in the area, a large percentage may suffer some moral injury. A much smaller but still significant segment will suffer major debilitating effects of moral injury combined with a diagnosis of PTSD. Beyond the diagnosis is the silent, quiet desperation that accompanies moral injury—the self-recrimination, guilt, feelings of unworthiness. These are not usually on full display. Rita Brock, a founder of the Soul Repair Center at Brite Divinity School, identified moral injury as a potential missing link in veteran suicides—untreated, moral injury shares symptoms with post-traumatic stress disorder but is not physiologically driven; it is emotionally, psychologically, morally driven.⁶

³ Planning, “Veteran Population - National Center for Veterans Analysis and Statistics.”

⁴ “Military :: Virginia Beach Department of Economic Development,” accessed April 24, 2018, <https://www.yesvirginiabeach.com/Business-Environment/workforce/Pages/military.aspx>.

⁵ Shelly Rambo, “Changing the Conversation: Theologizing War in the Twenty-First Century,” *Theology Today* 69, no. 4 (January 2013): 445–48, <https://doi.org/10.1177/0040573612463035>.

⁶ Rita Nakashima Brock and Gabrielle Lettini, *Soul Repair* (Boston: Beacon, 2012).

To work towards recovery from moral injury is sacred work. It occurs within the soul, within the emotional, psychological, and moral landscapes of a person. While the church has engaged this work since its beginning, the ways we presently engage this soul-work are not working. Most contemporary mainline theology proclaims an all-loving God who forgives and offers grace. For those who are suffering moral injury, this may be an unbelievable message or at least one that is suspect. It likely was and still is for Mr. Gardner, whose faith was a casualty of war in Vietnam whether because of the things he saw or did or both. Moreover, as my experience with veterans has taught me, these wounds of war do not disappear with time. They persist.

Question and Goal of Project

Moral injury is a recent term and is not well recognized or accepted in the local churches around Virginia Beach. As I conversed with colleagues, some were happy to have a name for something they had dealt with for some time; others opened their eyes wide with an apparent immediate understanding due to a particularly challenging person in their congregation. Seeing these reactions, I constructed this project with a goal of gathering information about how local clergy in Hampton Roads, Virginia are responding to the needs of military service members and veterans who suffer moral injury. The gathered information helped me discover what local practices of pastoral care are best suited to the challenges of moral injuries, and which ones seem most effective to pastoral caregivers. This project is the first step in a process to educate clergy about moral injury and the unique challenges moral injury poses for clergy practices of pastoral care.

The primary question of this project is: What constitutes effective pastoral care for moral injury? To answer that question, I set out to know how pastors currently respond to the needs of

veterans and military service members. More specifically, how do clergy provide pastoral care ministries to the military and to those who suffer moral injury, in particular? Are these ministries intentional? Recognizing the distinctive needs of persons who suffer moral injury, can there be agreement in practice as there is becoming agreement in theory?

Exploring current practices of pastoral care responses to moral injury proved challenging since moral injury is an injury of the soul, a wound that is often carried quietly and hidden from view. Obscured by widely recognized post-traumatic stress disorder and unknown to many clergy, moral injury is frequently overlooked. Pastors considered their regular practices of care sufficient for all aspects of life. Most had no strategy for the wounds of war. This realization added complexity to exploration which was approached by engaging pastors first in conversation about regular pastoral care practices.

The significance of this project on the wider field of ministry is to help ministers engage in a new conversation—about how to help our veterans returning from war make sense of their experiences and integrate into a community that operates under a different moral code than the military. A conversation about making meaning out of military service and how war changes people ought not to happen in a vacuum. Pieces of this dialogue are already occurring. This study provides insight into the extent these conversations are taking place in Hampton Roads, Virginia and also discerns what practices of pastoral care are currently shaping the conversation.

Assumptions

Ministry has taken me to a variety of locations throughout the United States, though a majority of my experience has been in the Tidewater region of Virginia with its numerous military installations and significant military population. Ministering to the proud and purposeful

men and women who serve our country in the military, I bring to this project my calling as Minister of the Word and Sacrament of the Presbyterian Church (U.S.A.) to attend to the challenges and suffering they face. Further, I am a CPE Supervisor, integrating biblical theology with my practice of pastoral care for “living human documents.” I have confirmed my assumption through this project that clergy in Hampton Roads, Virginia (and beyond) are not fully aware of what moral injury is and that congregations are also not familiar with the meaning and implications of moral injury.

“Living human documents” is a term well defined by Anton Boisen, founder of the clinical pastoral education movement. He sought the basis of healing, “. . . in living human documents, in all their complexity and in all their elusiveness and in the tested insights of the wise and noble of the past as well as of the present.”⁷ Boisen wanted clergy to study human documents as well as theology because he believed human experience carries authority worthy of theological reflection.⁸ Boisen’s sensitivity to human experience was rooted in his own experience with mental illness but has had far reaching implications in the pastoral care movement. The living human document as a paradigmatic orientation of care was thoroughly explored by Charles V. Gerkin, who wrote notes the importance of connecting the data of life with theological abstractions is at the heart of Boisen’s phrase.⁹ Moral injury, as expressed in humans, is part of the living human document, part of the human condition.

Moral injury, as defined in a medical model by psychologists and psychiatrists, is a valid construct in that it identifies a cluster of symptoms. I believe military chaplains are invaluable;

⁷ Anton Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (New York: Harper, 1962), 248–49.

⁸ Allison Stokes, *Ministry After Freud* (New York: Pilgrim Press, 1985), 152.

⁹ Charles V. Gerkin, *The Living Human Document: Re-Visioning Pastoral Counseling in a Hermeneutical Mode* (Nashville: Abingdon Press, 1984), 37.

they are on the front lines—dealing with the immediate grief of those young men and women who serve. The work with those who have fought in war does not stop with chaplains. Working with those coming home from war involves the nation, all our communities together. The need identified by the term moral injury is a need the church can and ought to have a role in meeting. To that end, the church offers fellowship and community as well as theologically astute leaders who can recognize dynamic theological needs and seek to help bring those themes to light. I believe that pastoral care, the cure of souls, has a role in the healing of moral injuries.

As a Christian pastor, I believe that we are all created in God's image and those who go to war are no less children of God than the rest of us. Being children of God is by our creation and existence, confirmed, witnessed to, and called out by the sacrament of baptism.

God can and does offer life abundant to us all. We are not created to be miserable. Often, however, human beings live in misery, unable to break forth from patterns that ceaselessly repeat through generations. This tension between how we live, and the abundance God offers us points towards the response we make to God's grace.

Those who suffer moral injury suffer not from some condition that destroys humanity. I believe that suffering moral injury is a further illumination of the human condition, and as such, is a construct that can help all of humanity come to terms with who we are and what we have become. Rules are needed to reign in and provide bounds for actions that demonstrate humanity's total depravity. And in the act of battle or the fog of war, moral codes are wobbly structures—what seems to matter in the moment is the protection of the band of brothers, and survival or retribution. The military is a moral construct, bringing order into the chaos of war.¹⁰

¹⁰ Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Atheneum, 1995), 5.

To see war as a moral crusade for rightness is to put an undue amount of strain on those fighting—not so much in the moment but as they return home. Often the rightness understood so clearly in war is muddled by the routines of community life. Brock notes that many ancient religions, Christianity included, had extensive rituals those who returned from battle engaged in before they reintegrated into civilian life.¹¹

Mainline churches have a conflicted relationship with soldiers because they have a conflicted relationship with patriotism, believing there is a dichotomous choice between the two since man cannot serve two masters. Civil religion demonstrates the danger of attempting to serve more than one master. Masquerading as Christianity, civil religion has power and can stir people to take on tasks in the national interest. However, civil religion may contribute to moral injury as the very things the nation asks men and women to do in war may go against their moral codes or consciences. So when they come home, the civil religion gives parades and celebrations for a time, hoisting returning warriors onto a platform to be viewed as conquering heroes. If there was no conquest, or worse, if the conquest was morally questionable and those returning were required to be in it, those who return may feel the dissonance created by their actions and the perception of the community. The U.S., as a society, has not resolved its conflicts with Korea (which was forgotten) and Vietnam (which has been repressed). One result of these unresolved conflicts is that dealing with those returning from Iraq and Afghanistan becomes more difficult. Surely, we can do better.

¹¹ Brock and Lettini, *Soul Repair*, ix.

Key Terms

Some terms that will be helpful to define and that will appear throughout the project follow. Some are well known but need clarification; others are relatively new. **Moral Injury** is a violation of one's own moral code. The violation can result from direct action, from inaction, or from witnessing an action.¹² This definition, created within the context of returning warriors, provides a way to conceptualize the psychological impact of battle trauma. Moral injury is further subdivided into betrayal-based or perpetuation-based types. The former relates to the loss of friends and comrades; the latter concerns personal actions and the conflicts arising from them.¹³ Since moral injury is a newer term, it is often conflated with PTSD. **Post-Traumatic Stress Disorder** is an involuntary reaction to a life-threatening experience that results in physiological responses. Moral injury, say Brock and Lettini, occurs when a traumatic memory is recovered and reflected upon.¹⁴

Trauma, originating from the Greek as the word for wound was first used in medicine. Ronnie Janoff-Bulman notes that similarity of physical and psychological trauma, quoting Laplanche and Pontalis: "a violent shock, the idea of a wound and the idea of consequences affecting the whole organization."¹⁵ Trauma affects the whole be it a body (physical trauma) or the soul (psychological trauma). Bulman describes the effect as "shattered assumptions," whereby the entire assumptive world of a person is destroyed by the traumatic wound. "The

¹² Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," 697.

¹³ Larry Kent Graham, *Moral Injury: Restoring Wounded Souls* (Nashville: Abingdon, 2017), 119.

¹⁴ Brock and Lettini, xiv.

¹⁵ Ronnie Janoff-Bulman, *Shattered Assumptions: Toward a New Psychology of Trauma* (New York: The Free Press, 1992), 50.

injury is to the victim's inner world. Core assumptions are shattered by traumatic experience."¹⁶

The events of life present opportunities for trauma in most individuals at some point. Automobile accidents, witnessing death, violent acts, being victims of crime may all be things humans face. And when that occurs, the ability to assimilate that experience into our assumptive worlds and make meaning from it is a critical endeavor that is supported by the community around us.

Secondary or vicarious trauma are terms used to describe the effect of indirectly experiencing trauma, through images or descriptions and stories of traumatic experiences. Secondary trauma can result in the appearance of PTSD symptoms. Charles Figley, a psychiatrist and early scholar in secondary trauma, wrote it was “. . . the stress resulting from helping or wanting to help a traumatized or suffering person.”¹⁷ Secondary trauma is the reality that when human beings face the shadow side of their nature, even in hearing the story from another, it can unsettle the assumptions on which life is built. The things that one cannot un-hear, unimagine, un-see, the surprising depth of human depravity contribute to secondary or vicarious trauma.

Pastoral care is a term that has risen to prominence in the latter half of the twentieth century and has come to encompass almost any endeavor of a pastor. For our purposes in this study, **pastoral care** is the ministry of the cure of souls, *cura animarum*, which “consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.”¹⁸ What makes pastoral care pastoral? Not merely the presence of

¹⁶ Janoff-Bulman, 52.

¹⁷ Charles R. Figley, ed., *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder*, Brunner/Mazel Psychosocial Stress Series 23 (New York: Brunner/Mazel, 1995), 7.

¹⁸ William A Clebsch and Charles R Jaekle, *Pastoral Care in Historical Perspective* (Northvale, N.J.: J. Aronson, 1994), 4.

someone titled pastor but rather the perspective that a pastor brings to the situation and other persons in it. In other words, the pastor's care is pastoral because of the theological reflective capabilities and theological diagnosis the pastor offers in response to the ultimate meanings and concerns of those cared for. **Troubled persons** means those who are suffering, in this study, those suffering moral injury. "Nothing is more human than suffering."¹⁹

The task of the minister in acting out care has historically taken four forms: **healing**, which is a restoration to wholeness; **sustaining**, which describes an endurance or transcendence; **guiding**, which describes the assistance offered to the perplexed who are unable to make confident decisions; and **reconciling**, which describes the re-establishment of a broken relationship.²⁰ **Pastoral counseling**, in the sense that is a part of the *cura animarum*, is part of the larger rubric of pastoral care but is not synonymous. Pastoral counseling describes an intentional, contractual, specifically addressed method that explores motivations.²¹

Other pertinent terms for our discussion are **morals**, **shame**, and **guilt**. Morals can be defined as essentially fundamental assumptions about how things should work and how one ought to behave in the world. Morals are both personally determined and societally agreed upon in a given cultural context. Guilt is a painful and motivating cognitive and emotional experience. Shame involves global evaluations of the self and the tendency toward social withdrawal. The above are summarized from Litz's concise, clear definitions.²²

¹⁹ Raymond Lawrence, Perry N. Miller, and Robert Charles Powell, "Discrete Varieties of Care in the Clinical Pastoral Tradition," March 2002.

²⁰ Clebsch and Jackle, *Pastoral Care in Historical Perspective*, 8–9.

²¹ Lawrence, Miller, and Powell, "Discrete Varieties of Care in the Clinical Pastoral Tradition."

²² Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," 696;703.

Methodology

The method employed to study what constitutes effective pastoral care for moral injury is qualitative, allowing for a deeper look into local pastoral practices surrounding moral injury as well as care of military service members and veterans. To engage in a conversation about current pastoral care practices are concerning moral injury in Hampton Roads, Virginia, is to discover who is practicing what. Sixty local clergy were invited to participate in an online survey (see Appendix A). The thirty-two respondents to the survey form the study population. This brief online survey required respondents' informed consent and captured basic demographic information before inquiring about pastoral practices and moral injury. The survey concluded by asking the clergy if they wished to be informed of events about moral injury and if they would be open to follow-up interviews.

The ten follow-up interviews were then conducted at a time convenient for local clergy. As these interviews and surveys are quoted, each participant will be identified by a pseudonym. All interviewees were ministers in the Hampton Roads region of Virginia. Interview recordings and transcripts are stored securely and separately from the key to the code of pseudonyms.

To analyze the data, I grouped respondents into the three categories based on their answers to questions 12-19 (Appendix A). The first category consists of those clergy who have knowledge of moral injury as a pastoral concern and who are actively engaging in intentional care for moral injury. Category two includes pastors whose knowledge of moral injury is formative—those who have experienced this care, perhaps without direct knowledge of what moral injury is. The third category is for pastors for whom knowledge and care of moral injury are nascent. For this project, the division of survey responses into groups helped me to discern what those pastors in groups two and three may want or need to know and what those pastors in

group one already know and can share. Based on these answers and the participants' willingness to participate further, semi-structured interviews of 60-90 minutes were scheduled. The interviews took place at the pastor's office or via videoconference.

The semi-structured follow-up interview employed four broad strokes (see Appendix B). The questions inquired about clergy education on moral injury; pastoral care in the congregation; what memories arose in discussing moral injury; and what information is needed or what needs to be passed along. Both groups were asked for a story of engaging moral injury. Then they were asked to reflect on their pastoral care practices and identify differences between military and veteran care as opposed to other parishioners. Clergy more familiar with moral injury were asked about surprises—had there been any hidden revelations or surprising events. Clergy less familiar with the term moral injury were asked how they become acquainted with military and veterans' issues. The final question for clergy experienced in moral injury care asked about wisdom to share and what they felt clergy with less experience with moral injury need to know. For clergy who had less experience with moral injury care, the final question asked what they felt was the most important thing to know about moral injury.

The goal of the interviews was to collect anecdotal stories and evidence about the pastoral care of the morally injured in Hampton Roads, Virginia. These stories are critical examples of current pastoral practices surrounding moral injury and provide a portrait of pastoral practice. Further, the interviewees offer insights for further intervention, particularly regarding what those less-experienced want to know and what those with more experience wish to share with their colleagues.

The knowledge and data collected through the survey and interviews I then triangulated with my pastoral experiences and the scholarly literature for interpretation and analysis. This process also led to the development of a list of practices well-suited to moral injury.

Project Outline

Moral injury is a relatively new construct. First identified by researchers in the psychological and medical fields, moral injury has a theological dimension that is presently the subject of research and dialogue. This study aims to contribute to current pastoral practices in churches, which are likely as varied as the churches themselves. Pastors may need further education or simple encouragement to do what they are doing well to meet the demands of morally injured veterans or military personnel.

Chapter two looks closely at the definition of moral injury, how it developed, and its connections to pastoral care and theology. Despite a rising tide of academic and research writings on moral injury, few studies have engaged how and if pastors are working with moral injury at present.

With that gap of knowledge about present practices in mind, chapter three presents the results of this research's survey and interviews of local clergy in Hampton Roads, Virginia. These results show that most pastors are engaging moral injury, some without knowledge of it. They further indicate what local clergy consider effective in their pastoral practices and where they see their greatest challenges.

The data are then interpreted in chapter four, where four insights to care for moral injury emerge: listening, building trust, staying the course, and creativity. Questions raised by local clergy about moral injury are considered and interpreted as well.

Chapter five presents a grace-based reflection on moral injury and locates the genesis of moral injury in the Biblical story by revisiting the first stories of human kind in the scripture.

Discovering moral injury is related to shame gives rise to a way forward: integration.

Chapter six considers the significance of this study's findings for the general care and treatment of moral injury sufferers, particularly military service members and veterans. Pastors are identified as explorers, seeking to discover God's presence and grace in the lives of the people they serve. Moral injury is also broadened beyond military settings. Further avenues of research are also considered.

Chapter Two—Moral Injury: New Term, Long History

Moral injury. Together these two words call out with urgency. However, as a term, it is relatively new to the lexicon. Much of the literature related to moral injury begins in the field of psychology and psychiatry. Recently, practical theologians have begun writing about moral injury, attempting to bring awareness and recognition of moral injury into the realm of pastoral care and counseling. The first section of this chapter reviews the history and definition of moral injury, particularly recalling the genesis of the term and the struggle to settle a definition. The second section looks at the engagement of chaplains and pastoral theologians currently responding to moral injury. The third section reaches into the literature of the pastoral care movement, gleaning insights from the historical practice of pastoral care that aid understanding of pastoral responses to moral injury. The fourth section of the chapter pulls together theological groundings for the care of moral injury, from John Calvin and Karl Barth, setting them in proximity to modern theologians, James Newton Polling and Larry Kent Graham. In effect, medical definitions of moral injury are brought into conversation with theological anthropology that underscores mutuality among human beings and a reflection of pastoral care practices in the church.

Veterans Affairs Roots

In the field of psychology, there are two identifiable sources for the origin of the term moral injury. The first is Jonathan Shay, a psychologist with Veterans Administration, who in 1995 wrote a striking integration of *The Iliad* with his practice of veterans dealing with PTSD from Vietnam. He writes with purpose, noting in the introduction that while some clinicians may immediately see a connection between soldiers they see and “Homer’s attention to the moral

dimension of combat trauma,” all who read his book ought to “. . . learn the psychological damage that war does, and work to prevent war.”²³ Shay describes his practice with veterans and then notes similarities he observed between the Vietnam veterans and Achilles. As he explores the connection between veterans he treated and Achilles, he offers a distinction between the purely fear-based responses that lead to PTSD and the destruction of “what’s right.”²⁴ The destruction of “what’s right” has two parts: a shattering of the illusions about honor and valor that one may hold prior to military service, and, still more profoundly, a betrayal of trust by those authorities or leaders upon whom service members are taught to depend and rely. This destruction is severely exacerbated when experienced amid a life-threatening episode.

Throughout Shay’s work, an attentiveness to the men and women he counsels is quite apparent. He concludes his work by outlining the inadequacies of the then-current PTSD diagnostic tools and providing a list of what breaks in moral existence—in sum “the moral dimension of severe trauma—the betrayal of ‘what’s right’ obliterates the capacity for trust.”²⁵ In this obliteration trust is lost in the other, but along with that is a profound mistrust of one’s self and the mental capacities needed to perceive the surrounding world. Shay qualifies his pessimism, reminding that all hope is not lost. While there is no “cure” for PTSD or the undoing of character, there is some recovery possible.

The second point of origin for the term “moral injury” comes some years later. Brett Litz and others recognized difficulties with the way the military and VA Health System dealt with PTSD. Litz published an article in 2009 which presented a preliminary model of a potentially

²³ Shay, *Achilles in Vietnam*, xxiii.

²⁴ Shay, 3.

²⁵ Shay, 181.

diagnosable condition called moral injury.²⁶ Citing that war unavoidably confronts service members with ethical and moral challenges, the researchers wonder how service members cope not only with life-threat trauma but also with the myriad of other core-belief shaking experiences and sights. In a brief but cogent discussion, Litz et al. lament the “scant attention” paid to things in war that might be imbued with moral and ethical implications. Why they ask, is this not looked at more? Most likely it is due to a bias toward life-threat trauma which evidence-based practices have some adequacy in treating; however, it could be that clinicians “believe that addressing ethical conflicts and moral violations is outside the realm of their expertise, preferring to recommend religious counseling instead.”²⁷ If Litz et al. are correct that this bias sends people to religious counseling, what pastors offer becomes a critical issue.

In 2009 the care that these hurting men and women needed did not seem to be coming, whether from VA clinicians or religious counselors. Litz et al. offered a model and an operational framework for those working most closely with men and women returning from war. To break open the ground, Litz et al. defined terms, giving this working definition for a moral injury: “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”²⁸ With war-based moral injury defined in this way, a uniform starting point was established to spur additional research and create a wider awareness of moral injury.

In the field of combat trauma and psychology, their article was both a clarion call for further research and the beginnings of a response to a deeper, lasting wound of war that

²⁶ Litz et al., “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy,” 696.

²⁷ Litz et al., 696.

²⁸ Litz et al., 700.

evidence-based practices (read: Cognitive Processing Therapy and Cognitive Behavioral Therapy) were not able to remedy. The operational definitions of morals, shame, guilt, and self-forgiveness are helpful for defining the issue and the problem, and they lead readily to the limit of the behavioral psychology, to the frontier of faith, theology, and God—or in the words of the study, “religion,” and “benevolent moral authority.” Litz et al. offer these definitions:

Morals are personal, shared, cultural, societal, and legal rules for social behavior, either tacit or explicit; fundamental assumptions about how things should work and how one should behave in the world. Guilt is a painful and motivating cognitive and emotional experience. Shame involves global evaluations of the self along with behavioral tendencies to avoid and withdraw.²⁹

There is much to commend in Litz’s work, and subsequently, he released a therapeutic model for those with moral injury called *Adaptive Disclosure*, which further identifies three types of war trauma: life-threat, loss, and moral injury. Moral injury is redefined into “betrayal based moral injuries due to the loss of friends and comrades, and perpetration-based moral injury due to [service member’s] own moral conflicts about their actions in war.”³⁰ Betrayal based injuries are caused outside the individual, at an organizational level (related to Shay’s definition); perpetration based injuries are caused by the individual (related to Litz et al.’s original definition). Different origins of moral injuries are approached differently in the adaptive disclosure process.

The process of adaptive disclosure is an encapsulated eight session course, with foundations in cognitive behavioral therapy and exposure therapy, employing imaginal processing to discover the true and raw feelings of the service member or veteran. The process then involves a dialogue about unfolding meanings and implications. If moral injury is indicated,

²⁹ Litz et al., 696;703.

³⁰ Graham, *Moral Injury*, 119.

additional instructions direct an imagined conversation with a “compassionate and forgiving moral authority.” Adaptive disclosure is not a cure for moral injury and does not aim to be so. It does aim to help service members and veterans modify their understandings of the trauma, gain perspectives and be open to forgiveness.

Since Litz published the proposed definition in 2009, articles in the psychological and trauma studies fields have flourished. Australian researchers Timothy Hodgson and Lindsay Carey identified seventeen distinct definitions of moral injury since Jonathan Shay and Brett Litz originated the term. They indicate the list is exemplary, not exhaustive and point out that many researchers in the field have leaned toward a variation of Litz’s 2009 definition and have obscured Shay’s “. . . political and somewhat controversial consideration of ‘betrayal’ as being caused by legitimate authorities.”³¹ Hodgson and Carey conclude the lack of definitional clarity around moral injury indicates that research is still “. . . explorative—simply because it is a complex phenomenon that requires a holistic approach beyond any one discipline.”³² Exploratory as it may be, research around moral injury should “. . . acknowledge the contribution of religious, spiritual and pastoral care practitioners who can potentially assist with addressing moral injury.”³³ The continued classification and research into moral injury includes such questions as: How can it be measured? How can moral injury be healed? How can moral injury be mitigated? All these questions remain unanswered.

³¹ Timothy Hodgson and Lindsay Carey, “Moral Injury and Definitional Clarity: Betrayal, Spirituality and the Role of Chaplains,” *Journal of Religion & Health* 56, no. 4 (August 2017): 1217, <https://doi.org/10.1007/s10943-017-0407-z>.

³² Hodgson and Carey, 1223.

³³ Hodgson and Carey, 1224.

Chaplains and Pastoral Theologians Begin to Weigh In

Both originators of the modern term moral injury link it to religion which is not surprising since morals and religion have been related throughout history. While the church has had some initial responses to moral injury, the term has been slower to gain widespread acceptance in the pastoral care field than Litz's medical model has in the psychological and trauma studies field. One resource, recommended by the Presbyterian Council on Chaplains and Military Personnel, was written in 2009 to answer the need of churches who sought to welcome home service members returning from war. Entitled *Welcome Them Home, Help Them Heal*, its pages contain practical and vital suggestions about supporting the service members returning home. By 2015 the guide had been updated to include the phrase "moral injury" in conjunction with the descriptions of spiritual maladies, soul wounds, and the violation of conscience.³⁴ These wounds are placed in context with physical ailments (traumatic brain injury, PTSD, and depression/suicide) and military service related problems (combat operational stress reaction, military sexual trauma, and substance abuse). Author John Sippola identifies these nine categories as descriptive of most issues that face returning veterans.

At nearly the same time, Rita Nakashima Brock and Gabriella Lettini, who had both been searching for and wondering about the effects of prolonged war on a new generation, began a significant collaboration. Spurred on by veterans wrestling with the morality of war, Brock and Lettini created a forum for those voices to be heard. The product, a Truth Commission on Conscience in War, brought together testimonies from fourteen people and an audience of five

³⁴ John Sippola et al., *Welcome Them Home Help Them Heal* (Duluth, Minn.: Whole Person Associates, Inc, 2015), 44-45.

hundred. As a result, the Soul Repair Center at Brite Divinity School opened in 2012, immediately celebrating the publication of Brock and Lettini's book *Soul Repair*.³⁵

Brock and Lettini provide a searching portrait of war through the eyes of its participants with a focus on the moral dangers that are both obvious and subtle. Both authors share an intellectual curiosity and deep connections to the wounds of war in their families of origin, and they argue for attending to the spirit of those returning from war. The personal narratives trace the story of military service from recruitment to deployment and home again. Combat forces different realities than service members expected. The experience of killing changes a person: it violates a moral code within. Sometimes the moral code is violated in other ways—through lying, through purposefully obfuscating truth, breaking trust. The experience of war tests and breaks conventions of what's right. The stories in *Soul Repair* bear this out on paper.

The process of healing or repairing soul wounds begins with the stories of the service members themselves. Moral injury is, as one veteran shared, “not something I carry with me, like a backpack I can strap to my body and drop at any time, but something that shapes an important part of who I am as a human being.”³⁶ An integration and re-creation of a moral sense of one's worth begin not with forgiveness, but with sharing and listening. Repairing moral wounds involves deep listening, trust, forgiveness and a recreation of a person's moral identity.³⁷ Insofar as community responses, Brock and Lettini caution against strong opposites of positive thinking, and personal or individual punishment as methodological approaches to healing moral injury. They warn about forgiveness being offered to assuage the forgiver's sensibilities instead of

³⁵ Brock and Lettini, *Soul Repair*, xxv–xxvii.

³⁶ Brock and Lettini, 87. This is quoted from Camilo E. Mejia's speeches at the Exploring Moral Injury Conference at Graduate Theological Union in Berkeley, CA, March 18-19, 2011.

³⁷ Brock and Lettini, 91.

offering reconciliation or absolution to the depth of the truth of the veteran. Brock and Lettini argue that for the church to become a place of grace for those suffering moral injury from war, society must “moral responsibility for our role in such harm.”³⁸ The shared dehumanization of the enemy in combat is a moral concern for every citizen. It is our common challenge to rehumanize even as the war continues.

Zachary Moon, a former military chaplain and current Assistant Professor of Practical Theology at Chicago Theological Seminary, offers a practical theology of military moral stress. His work centers around the way military service reorients a sense of morality and how traumatic emotions interact with that “moral orienting system.”³⁹ As Moon develops the concept of a moral orienting system, he applies it to the way veterans are cared for as they transition from the military to civilian life. His analysis and reflections are important to the study of moral injury as he synthesizes the psychological, theological, and sociological research that impacts the field, further considering the social nature of a person’s moral code. “Moral identity has too often been conceived in terms of individualized personhood, which may undervalue the role relationships and embodied experiences contribute to one’s character.”⁴⁰ Moon writes most clearly and specifically about this, influencing other scholars.⁴¹ The importance of the constellation of interpretative influences surrounding a person cannot be overstated when discussing moral injury care.

³⁸ Brock and Lettini, 108.

³⁹ Zachary Moon, “(Re)Turning Warriors: A Practical Theology of Military Moral Stress” (PhD diss., University of Denver, 2016), 3, ProQuest (10133601).

⁴⁰ Moon, 5.

⁴¹ Graham, *Moral Injury*; Carrie Doehring, “Military Moral Injury: An Evidence-Based and Intercultural Approach to Spiritual Care,” *Pastoral Psychology*, May 19, 2018, <https://doi.org/10.1007/s11089-018-0813-5>.

Pastoral Care Connection

Brock and Lettini's writings lifted the urgent need for attention to those who fight modern wars yet alludes to something basic to the task of ministry—care for the soul. William Clebsch and Charles Jaekle, authors of *Pastoral Care in Historical Perspective*, an authoritative history of pastoral care, define pastoral care as ministry that “consists of helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.”⁴² This definition of pastoral care identifies that care for the soul is engaged in by a representative person for the faith, most often a pastor or minister, who bears the traditions of faith. Helping acts are further carried out purposefully with the troubled person. Healing is the restoration to wholeness and additional growth; sustaining is helping people through experiences of overwhelming loss; guiding is the influencing of decision making; reconciling is the restoration of alienated people to fruitful and proper relationships with God and humanity.⁴³ While the engagement in any one of the four pastoral functions tends to wax and wane with time, Clebsch and Jaekle contend that a predominant mode is identifiable in every era of church history.

All functions are subordinate to the desire to help troubled people who struggle with ultimate meanings and concerns. At its very base, care of the soul is an exercise in making meaning with the intention of improving life. For those pastors whose congregants have experienced moral injury, recognizing the implicit functions of pastoral care is useful in

⁴² Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 4.

⁴³ Clebsch and Jaekle, 33–66.

determining both personal style and helping to assess what ought to be done to serve men and women suffering moral injuries.

Donald Capps, pastoral theologian at Princeton Seminary, expands the pastoral care practice far beyond the walls of the church in his book, *Pastoral Care: A Thematic Approach*. He recognizes that pastors are in a unique position both to bring the history of the Christian tradition to bear upon any given care or counseling situation. Pastors use the skills of theology they have to discern the whisper of the soul, to drill down to the appropriate theological theme, even if the person cared for isn't overtly religious. Capps demonstrates this by overlaying Robert Jay Lifton's "Protean Man" themes against Paul Prusyer's theological themes. Though the protean themes point toward disintegration of traditional structure, the stress caused by that disintegration correlates with theology. An example, with import for moral injury care, is the protean theme that individuals have a "suspicion of false nurturance" which alludes to the breakdown of the institutions that serve them, only to be forced to depend on newer (also threatening) institutions, giving rise to the question of whether any community can give genuine support. This theme correlates to the theological theme of communion, in which genuine nurturance and support is promised at the table of God.⁴⁴ The value here is not so much in "diagnostics," which tends to box people into a diagnosis and exacerbate a power dynamic between caregiver and receiver, but in the way pastoral caregivers can conceive of their role in working outside the confines of a parish as servants of God among all the people of the world.

An accomplished scholar in pastoral theology, Carrie Doehring offers a view that moves care for morally injured persons from a staid cultural place to a dynamic "intercultural" place, beyond traditions. In this way, she embodies and perhaps exceeds what Capps had in mind. Her

⁴⁴ Donald Capps, *Pastoral Care: A Thematic Approach*, 1st ed (Philadelphia: Westminster Press, 1979), 132–35.

theological perspective looks for intrinsic theological value and seeks to bring an intercultural and evidence-based version of care. In her 2018 article, Doehring advocates for care strategies for moral injury that involve “sharing anguish” and “interrogating suffering.”⁴⁵ Both of these strategies seek to discover the embedded meaning within a person as they respond to moral injury and highlight the caregiver’s ability to discern what is intrinsically meaningful in conversation with the veteran. This collaboration between caregiver and care-receiver is an experience in a mutuality, implying that human beings can know each other deeply. The goal of Doehring’s approach is to suggest religious leaders help moral injury sufferers to develop internal and external resources for a “. . . lifelong process of spiritual integration.”⁴⁶ Doehring had previously written on spiritual integration as a learned practice of resilience against the lived theology—made up of the values, beliefs, and coping practices—of moral injury.⁴⁷ Giving voice to these strategies of care acknowledges both the depth of moral injury and recognizes that goodness that exists within.

Pastoral responses to moral injury are varied. So are theological responses to war. Shelly Rambo delivers a convincing argument that the existing theological conversation about war has become inadequate to the task. She identifies three orientations in “existing discourse”: “critique, stance, and care.”⁴⁸ Rambo proceeds to develop three angles (traumatic, interreligious, and aesthetic) by which to address the present, persistent state of war that has endured since 2001. Trauma and its studies have revealed much about how humans integrate memories and

⁴⁵ Doehring, “Military Moral Injury.”

⁴⁶ Doehring, sec. conclusion.

⁴⁷ Carrie Doehring, “Resilience as the Relational Ability to Spiritually Integrate Moral Stress,” *Pastoral Psychology* 64, no. 5 (October 2015): 636–38, <https://doi.org/10.1007/s11089-015-0643-7>.

⁴⁸ Rambo, “Changing the Conversation,” 443.

encourage reflection on what it means to be human. Rambo advocates for an aesthetic angle for a theological conversation on war, noting that how wars are viewed (quite literally viewed these days on screens of every size) matters and what is being watched and reported has much to do with war-making; it needs theological reflection.⁴⁹ Rambo considers all this a starting point. Her updated theological angles also offer insights into moral injury, particularly in the angles of trauma and aesthetics.

Combining the issues of reconciliation, forgiveness, trauma, and theology, Deborah Van Deusen Hunsinger offers *Bearing the Unbearable*, a book devoted to the pastoral care of people who have suffered trauma. She does not address combat specifically but implies significant parallels. Her vision of trauma is simple but striking: concentric circles. The innermost contains “the suffering involved with facing our own mortality and personal capacity for evil” and moving outward through interpersonal traumas, through structural violence, to the outermost circle of hell, “we encounter not only the terror of natural and ecological disasters but also the moral catastrophes of war, torture, genocide, and terrorism.”⁵⁰ For veterans and military service members who suffer trauma, there are several concentric circles of trauma affecting their lives. Moral injury, as it results from and accompanies trauma, certainly would reside at the innermost point the concentric model of trauma, its pain radiating outward.

Hunsinger contends “that trauma is not a single event, but a complex series of events, what happens after a traumatic episode may be as significant as the episode itself.”⁵¹ Hence, there is a continuing need for both community and God’s presence amid the struggle to find

⁴⁹ Rambo, 448–61.

⁵⁰ Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids Michigan: William B. Eerdmans Pub. Company, 2015), xi.

⁵¹ Hunsinger, xi.

healing, wholeness, and health. Significant to a community-based response to trauma, Hunsinger’s call to the church’s practice of lament demonstrates that, in adversity, God is accessible, listening, responding, acting.⁵² Lament, she contends, means the community does not respond as a diagnostician. She refers to Eugene Peterson, who insists the pastoral response is to “see suffering as something to be faced honestly, encountered fully, and shared in community.”⁵³ Communal participation in lament and suffering may be more difficult for those with moral injuries, but it is no less important for life together as Christians. Pastors who seek to work with moral injury will cultivate a participative and supportive community in their churches.

Hunsinger grounds the community life together in the practice of *koinonia*—a fellowship that is of God.⁵⁴ She sees the practice of community grounded in the theological anthropology of Karl Barth—that we ought to speak and listen to each other with gladness.⁵⁵ This theological grounding helps in the recovery from moral injury, too, because it insists on truth, acknowledging who we are and what is us to another: this conversation, this revelation is part of what makes us human. On the whole, Hunsinger offers a bridge between traditional pastoral care and the urgent need for pastoral work on moral injury by engaging trauma and keeping a line moored to the various disciplines that inform pastoral theology.

⁵² Hunsinger, 87.

⁵³ Hunsinger, 95.

⁵⁴ Hunsinger, 102.

⁵⁵ Hunsinger, 111.

Theological Connections

Coming from the Reformed tradition, I am rooted in the justification by grace alone theology of John Calvin and also use and have referred to insights from those who bring pastoral lenses to the human side of the ongoing need for care. Moral injury could be seen as a manifestation of what the Calvinists called total depravity. Calvin writes provocatively and stridently about “Man’s Corrupt Nature” calling wickedness a “. . . hydra that lurks in the breast of each,” and noting the difference between a bodily disease and a soul disease: “For in the diseased body some vigor of life yet remains; although the soul, plunged into this deadly abyss, is not only burdened with vices, but is utter devoid of all good.”⁵⁶ A short while later, Calvin offers this assessment, “. . . the human heart is so thoroughly smeared with the poison of sin it can only give off a foul stench.”⁵⁷ Brian Gerrish, professor emeritus of historical theology at Chicago Divinity School, points out in his book, *Grace and Gratitude*, that one may be taken aback at the language Calvin uses to describe the depravity of humanity.⁵⁸ However, it is Calvin’s strong language that gets our attention. The concepts of justification, repentance, and regeneration figure prominently as Calvin develops his theology and each of these arises from his views of depravity. “Sinful humanity has ceased to turn to God as the source of good, or to think of God as the father who gives good things to his children.”⁵⁹ The notion of God as a benevolent father may not track well with moral injury sufferers, but they may agree that “we

⁵⁶ John Calvin, *Institutes of the Christian Religion*, ed. John Thomas McNeill, trans. Ford Lewis Battle (Louisville: Westminster John Knox Press, 1960), bk. 2.3.2.

⁵⁷ Calvin, bk. 2.5.19.

⁵⁸ B. A. Gerrish, *Grace and Gratitude: The Eucharistic Theology of John Calvin* (Eugene, OR: Wipf and Stock, 2002), 47.

⁵⁹ Gerrish, 47.

cannot any longer infer from viewing the world that God is our father.”⁶⁰ Calvin’s view that our sinfulness and depravity prevent us from even seeing the goodness of God does resonate with the idea that those who suffer moral injury would be challenged to see the goodness in themselves.

Writing to correct what he saw as the abuses of the medieval penance system, that demanded contrition and satisfaction, Calvin indicates that remission of sins is proved by the presence of love and gratitude, no need for satisfactions.⁶¹ This focus on unmerited forgiveness is a cornerstone for all reformers, and particularly for Calvin. In the Reformed tradition, the positioning of faith alone is critical, though when faith, trust, and confidence are destroyed, we need additional support. Calvin goads the ministerium to be ready for the task:

For while the duty of mutual admonition and rebuke is entrusted to all Christians, it is especially enjoined upon ministers. Thus, although all of us ought to console one another and confirm one another in assurance of divine mercy, we see that ministers themselves have been ordained witnesses and sponsors of it to assure our consciences of forgiveness of sins, to the extent that they are said to forgive sins and to loose souls.⁶²

The unique role of the minister is to be chief witness to the mercy of God, to the point of sponsoring it. Ministers are “said to forgive. . . and to loose” is only of benefit so Christians may know God’s grace; ministers are not entrusted with the act of forgiveness itself. Calvin places this admonition to ministers in the context of private confession, offered to those who indeed need additional support and who are unable to hear the admonition and rebuke of their siblings in Christ. Recognition of the need for additional support seems to be a sign of maturity and health in the Christian, similar to Calvin’s reminder that repentance is a consequence of faith and a step toward forgiveness.⁶³

⁶⁰ Gerrish, 47.

⁶¹ Gerrish, 92.

⁶² Calvin, *Institutes of the Christian Religion*, bk. 3.4.12.

⁶³ Calvin, bks. 3.3.1;3.3.18-21.

Gerrish's reading of Calvin leads to the recognition that the person convinced of his or her sinfulness and inadequacy can fully and wholly lean on God's grace, since we are from the fountain of goodness, even when lost in the shame of Adam, we are still children of grace. This generous explication of unmerited forgiveness is powerful. It may not sit well with moral injury sufferers, however, since free grace highlights the receiver is unworthy, and authority figures are not trusted. Further, unmerited forgiveness and grace may be hard to assimilate without some effort to correct the wrong. As a foundational understanding of the caregiver, though, Calvin's view of God's grace and the clerical role yield much fruit since moral injury sufferers do need a witness and sponsor of God's mercy to journey with them.

For practical insights on the practice of pastoral care of moral injury, I look to more contemporary practical theologians James Newton Poling and Larry Kent Graham. In his book, *Rethinking Faith*, Poling describes his work with sexual abuse victims and perpetrators. He indicates his constant challenge to understand those to whom he ministered. As a Presbyterian pastor, Poling maintains some reformed character even as he appropriates process theology. He approaches his task with a threefold purpose to witness as a practical theologian, a follower of Christ, and as one who stands in solidarity with those who have suffered violence.⁶⁴ He teases out the ways that communities of which he is a part demonstrate God's presence and enact their faith, arriving at the conclusion that God is relational, ambiguous, and resilient.⁶⁵ Poling explores this conclusion by integrating scriptures, traditions, and the witness of survivors of sexual abuse. These markers of who God is—relational, ambiguous, and resilient, give a starting point for

⁶⁴ James N. Poling, *Rethinking Faith: A Constructive Practical Theology* (Minneapolis: Fortress Press, 2011), 1.

⁶⁵ Poling, 19.

working with moral injury sufferers. To journey with sufferers, a pastoral caregiver will display qualities that reflect Poling's conclusions about God—relational qualities for building trust, an ambiguous quality to let the sufferer provide clarity and arrive at their own conclusions, and a resilient quality for modeling hope. To display these qualities is to point towards God who is present even amidst lament, shame, or guilt.

For Poling, the relationality of God becomes important because the relationship hinges on change. To explain the ambiguousness of God, Poling offers an explanation that follows Freudian psychology—moving from a less mature un-differentiated view of the world, to a splitting view (where things are divided as either good or bad), to Freud's ambivalence stage (where objects or people are judged as being complex, possessing both good and bad qualities).⁶⁶ This interplay between Freud and theology is a constructive move and has import for how pastoral leaders can help people understand the complexity of situations in the world.

For those who suffer from a betrayal of trust, learning to trust again is a long and arduous road. God's resilience, likewise, takes its cue from those who have great suffering—they witness to the absence of God and want assurances that the absence will not last forever. In other words, how does God re-emerge from the overwhelming evil in the world? Poling believes God does re-emerge and God will re-emerge. Human resilience is a sign of God's resilience. These again form a foundation for pastors working with moral injury. The opportunity to learn from the here and now allows us a chance to give voice to the silent and learn from the full range of the human condition before God. Poling's openness and model of mutuality in learning from others offers a point of reflection on what means to be human. This is a critical reflection for those caring for moral injury sufferers.

⁶⁶ Poling, 24.

Another practical theologian, Larry Kent Graham has written a volume entitled *Moral Injury: Restoring Wounded Souls*. Graham opens the category of moral injury widely, broadening it to make all people living in the modern era susceptible to moral injury due to the moral ambiguity of this present age. He goes so far as to say that if we do not perceive our moral compass to be shattered, it needs to be since healing moral wounds “requires sophisticated and courageous embracing of our moral pain.”⁶⁷ Graham’s book itself is a compass, pointing to and explaining the moral challenges of our times, and resisting moral authoritarianism.

Graham points out that the term moral injury may obfuscate other dimensions under consideration, namely: “who is responsible;” “what are the harmful consequences to actor and recipients;” and “without blaming the victim, we also must assess how the recipient of the harmful action may contribute to the harm by how they do or do not respond.”⁶⁸ The power in Graham’s assertions about moral injury is they not just applicable to veterans and military service members. To limit discussion of moral injury to a military means we “undermine the human solidarity necessary to address the common moral conundrums we all face.” Graham broadens moral injury far beyond the military context and applies his pastoral model of collaborative conversations as a way to encourage a mutuality in relationship between those who face moral challenges and those who are morally injured. This community-based approach helps ameliorate the isolation and loneliness of moral injury sufferers. Graham sees moral injury as part of our everyday lives, something that may occur in different degrees or with different acuteness, but moral injury is part of the human condition.

⁶⁷ Graham, *Moral Injury*, 4.

⁶⁸ Graham, 15.

Conclusion

Moral injury is as old as humanity itself and yet a new area for research and discussion. This chapter reviewed important literature in the discussion of moral injury and explored the state of the field. Framed first in relation to returning warriors and the struggles they face, the definition of moral injury has not, after a decade of study, been settled. What is clear is that moral injuries in war occur from both acts of betrayal and perpetration and that working to repair moral injuries is a task larger than one discipline.

Pastoral responses to moral injury have not received adequate attention in the research, however. This study, involving surveying local clergy in military dense Hampton Roads, VA and in depth-interviews with clergy, seeks to help fill that practical gap. Clebsch and Jaekle's four functions of pastoral care become a lens to understand how clergy conceive of their role as care giver to military veterans and service members. Then, building on the foundation of Brock and Lettini's insight that sharing and listening rather than proclamations of forgiveness begin repair to moral injury, local practices of care employed by pastors are teased out.

Pastors, as local theologians, need both awareness and understanding of moral injury in order to respond effectively. Moral injuries have a spiritual and existential dimension which begs for a theological response as well as responses from medicine and psychology. Pastoral responses to moral injury are grounded in scripture, an understanding of God's grace and sovereignty, and an understanding of the mutuality of human existence.

Chapter Three—Hampton Roads Clergy Respond

In the previous chapter, I traced the origins of the term moral injury through the context of pastoral care theory and theology. A missing piece is how clergy address moral injury on the ground in dense military areas. This study looks at the actions of local pastors in Hampton Roads as they report them through a survey and follow-up interviews in order to better understand how pastors respond to moral injury and what effective practices they use. Judging from my reaction when learning about moral injury, I thought local clergy would want to learn about moral injury and make connections to their congregations, or they would already know about moral injury and have wisdom to share.

Before preemptively offering prescription remedies, I created a process to discern how moral injury is approached, engaged, understood, and known by local pastors. That process followed largely the move of what I know as the clinical method of learning through Clinical Pastoral Education, characterized by the cycle of action-reflection-action. In this chapter, I present the survey as the first action, followed by a reflection on the initial findings. The findings, first viewed through the lens of Clebsch and Jaekle's four functions of pastoral care and then through the work of Brock and Lettini, lead to the second action: the interviews. Reflections are woven in with brief exemplary case studies from the interviews.

The analysis of the surveys and interviews was influenced by Brock and Lettini, authors of *Soul Repair*, who advocate conversations on moral injury. They indicate that deep listening is required, that moral identities must be found again, that forgiveness is needed, and that recovering from moral injury “requires a renewed sense of life and purpose.”⁶⁹ All these are true

⁶⁹ Brock and Lettini, 91.

parts of recovering from moral injury. Brock and Lettini write to begin a conversation on recovery from moral injury. The nuance of their argument is that society bears responsibility for war and injuries incurred by warriors; through their interviews with veterans of Vietnam and the current War on Terror, a deep picture emerges of the struggle for recovery. Brock and Lettini argue for “Deep listening that requires us to set aside our own needs and offer, simply, respect.”⁷⁰ Respect looms large in *Soul Repair*, as the argument is hammered again and again about societal responsibility.

Surveyed clergy cited listening most frequently as an appropriate pastoral practice in response to moral injury. Interviewed pastors alluded to additional practices appropriate to moral injury care: building trust, staying the course with the parishioner, and creativity as important. Of the ten interviews completed only two pastors ended up remaining in the category I set out as knowledgeable and effective at dealing with moral injury; most everyone else fit the intuitively engaged category. The distinguishing factor of the two knowledgeable and effective pastors was they faced their own moral injuries, and their capacity to cause others moral injury; they found in their theology a grace wide enough to make peace with their own injuries and they shared that grace with others.

The Survey

To gain an understanding of how clergy provide pastoral care to military and veteran congregants and if clergy were familiar with moral injury, a brief survey was sent to approximately sixty pastors. A corollary benefit of the survey is that it immediately raised consciousness about moral injury. The survey results allowed a categorization of pastors

⁷⁰ Brock and Lettini, 91.

according to familiarity with moral injury and provided a pool of possible interviewees for the next step in the study.

Requiring the informed consent of the participants, the survey then captured basic demographic data to gain an understanding of church size, denomination, pastor's tenure, and approximate percentage of military-affiliated members. To this were added questions about age and ethnic identity give an idea of the respondent's background. Survey questions 12-19 specifically asked about local pastor's knowledge and response to moral injury in their care of veterans and military service members. The final questions, 20-22, ask if local clergy were open to various ways of follow-up and then for contact information.

Questions 12 and 13 ask about familiarity with the term moral injury and where familiarity was gained. This couplet of questions was asked to both prod pastors to learn about the term if they had not known about it and to set up a frame for the rest of the survey. The survey continued by asking clergy to identify distinctive needs displayed by veterans and military service personnel in their congregations, and then to list three things they see as critical in providing pastoral care for veterans and military service members. These open-ended questions allowed pastors to consider their context and what unique challenges are posed by the military context of Hampton Roads. The narrative answers sought by questions 16 and 17 sought examples of care for military-related members to the congregations. One question asks for a success story. The other asks if there was a time when a pastor felt out of the depth of his or her training. Questions 18 and 19 asked specifically about specialized training completed and resources to share.

As the surveys came in, responses were categorized by looking at their answers to questions 12-19. A reflection on the responses through a basic care lens a la Clebsch and Jaekle

offered insights into local practices. Further reflection engages Brock and Lettini's work, giving definition to issues of local practice to raise in interviews. To discern what local clergy need to know and how best to serve their needs, semi-structured, in-depth interviews with ten pastors followed the written surveys. The pastors interviewed were categorized as knowledgeable about moral injury or intuitively engaged with moral injury.

What was Found

Thirty-two surveys were returned, providing valuable information about the shape of ministry with veterans and military service members in Hampton Roads. Statistical sampling was not the goal. However, both men and women clergy of churches large and small from seven denominations responded. Of the respondents, 19 replied they were familiar with moral injury; 6 replied they were not familiar with moral injury; 7 did not answer. PTSD and its effects are felt in the congregations in Hampton Roads, and local clergy identify listening and understanding military culture as important aspects of pastoral care.

Thirteen surveys were completed by pastors between 30 and 50 years of age. Fifteen of the surveys were filled by those 50-70 years old and three surveys by those over 70. About two-thirds of the surveys returned were filled out by male clergy; one-third filled by female clergy. Most all respondents replied that they were Caucasian, white, or of European ancestry; two replied they are of African-American; one respondent reported their ethnicity as human.

When looking at the length of pastorate along with age, a picture emerges of an experienced, aging ministerium who bring to bear years of experience dealing with all manner of human interaction. Nineteen pastors reported being in their congregation for ten years or less (five years and under is the largest single category with twelve respondents); eight pastors

reported being in their churches for over ten years (including two recently retired and two who reported over 35 years of service to their congregation). The number of respondents who are serving churches for five years or less and who are under fifty years old bring to their ministries a vastly different formative experience in ministry and in the surrounding societal milieu. There is not an indication that simply being in this region helps pastors understand moral injury. However, most pastors were able to recall some interaction with a parishioner that, upon reflection, indicated some degree of moral injury.

Just over three-fourths of respondents serve churches with average attendance under 250 people. These churches are served by a solo pastor or perhaps a team of two, indicating pastors have to balance their time between duties. Forty-two percent of respondents (12) indicated a worship attendance of one hundred people or less per Sunday; just over one third (9) reported between 100 and 250 people per Sunday. Three pastors reported attendance between 250 and 500 people per Sunday, two pastors reported between 500 and 1000, and one pastor indicated over 1000 in worship on an average week. It follows that pastoral care and counseling compete for time with commitments such as administration and preaching. This time constraint can affect the ability of a pastor to fully engage in care of more complex pastoral care issues such as moral injury; clergy are more likely to refer parishioners for counseling.

The self-reported estimates of military related congregants indicated surveyed pastors know who the military service members and veterans are in their congregations. Respondents offered an approximate percentage of veterans and military service members in their congregations. Seven reported 10 percent or less had any military affiliation. Nine reported between 11 and 25 percent military affiliated, and eight said between 25 to fifty percent were

military affiliated. Three responded that up to 75 percent of the congregation are military related. All these numbers seem plausible and, in this community, not surprising.

Retired military chaplains who serve local congregations and completed the survey were more likely to know about moral injury or have definite opinions about post-traumatic stress disorder (PTSD) and moral injury. They were less likely to admit having difficulty with a parishioner struggling with moral injury.

The “distinctive needs” of veterans and service members that clergy listed told of theological convictions and awareness of the challenges of military service. Over a third (9) of the respondents to the question mentioned PTSD directly in their answer as a distinctive need among veterans and military service members in the congregations the pastors serve. An additional four listed symptoms that overlap between PTSD and moral injury: life-threat scenarios, “guilt and depression,” “meaning in life,” “not talking.” More general answers like “supportive community” could be indicative of perceived isolation and alienation; and “finding peace” may refer to inner turmoil. Broadening PTSD to include descriptive words about the disorder resulted in 64% (16) pastors noting items related to the diagnosis. Other categories garnering mention are physical health problems resulting from military service, 20% (5); and recognition or appreciation, 12% (3). The remaining three respondents indicated military service members and veterans either had no distinct needs or the need for structure. Thus, local clergy report awareness of post-traumatic stress disorder’s effect on the parishioners they serve.

The *Diagnostic and Statistical Manual 5th edition*, published by the American Psychiatric Association, is specific about what constitutes a PTSD diagnosis. Pastors usually are not well versed in mental health diagnosis, so I would suppose that the prevalence of this need is a result of two things—interaction with folks who received the diagnosis elsewhere, and the past twenty

years of public education about PTSD. Since the Gulf War in 1991, PTSD has entered the national lexicon—but the use of the term and its clinical diagnosis are two distinct things. While DSM-5 is clear about diagnostic criteria, public use of the term PTSD is less precise. Since most pastors lack training in psychological diagnosis, and since PTSD has a much wider acceptance than moral injury, it is not surprising that pastors list PTSD as an issue and do not list moral injury.

Sometimes the use of the term PTSD is fear-inducing due to the unpredictability that accompanies the diagnosis. The fear is intensified by less precise understandings of the diagnosis and by sensationalized accounts in the media. To some, it seems unsafe to work with those suffering PTSD because of their unpredictability. Because of that fear, some clergy may see PTSD as justification to refer a parishioner for outside professional counseling as evidenced in their other answers. PTSD is a critical issue and a distinctive need for veterans.

The most knowledgeable about moral injury shared a wholistic view including PTSD but also pointed to the challenges faced by families and caregivers, the physical toll on soldiers, depression, anxiety, and substance abuse. The wholistic view hinted at by some respondents considers the whole veteran or service member and is a helpful reminder that discussing military moral injury creates ripple effects that travel outward from a person's internal meaning-making apparatus to their actions, then farther afield to the family and friends of the one suffering. Therefore, it is not shocking that “support” was a common response to the question of distinctive needs. However, support is a blanket and general term that is not specific enough to describe the pastoral practices that might best respond to moral injury. Because of the fluidity of the term support, it begs for a clarifying term about the type of support given.

Pastors identified critical elements of pastoral care with veterans and military service members. The majority (20 of 25) of pastors used relational words to describe critical elements of care—presence, shared language, and time. What are the elements of a relational ministry? Clergy cited empathy, listening, relationship, trust, positive regard, and care for children and families in the survey. Most all of these relational words describe a posture of ministry congruent with pastoral theology developed in the past fifty years. Responses such as “grace,” “compassion,” and “support,” I grouped as being indicative of a relational posture of care, along with “unconditional positive regard,” “non-anxious presence,” and “non-judgmental.” These (23) grouped responses imply the ability to listen. Three pastors cited “spiritual guidance,” worship, or prayer. These answers tend to be more transactional and authority based than the relational based answers.

One element was cited most of all: listening. The words listening and empathy appeared 14 times on the list of critical elements of pastoral care for veterans and military service members. One respondent implied listening in this response, “Knowing who is better for them to talk to than I am.” Though stated in a contrary way, that response indicates the pastor at least recognizes the importance of listening. Five pastors reported listening in their success stories of care with veterans and service members. Two of those pastors also listed listening as a critical skill; the other three had implied listening through words such as empathy and relationship. There is significance in these critical elements of care that suggests pastors are responding to moral injury, at least intuitively, with the most basic skill—listening.

The second highest cited element pastors noted (11) was knowing military culture and experiences. These two items taken together demonstrate that pastors agree that listening is critical for the care of military service members and veterans and that knowledge of the military

community and experiences aids care. Adding complexity to this statement are the stories from pastors. In addition to their mention of listening, there is also consternation as high stakes care situations stress even the caregiver: “I couldn't understand the feeling of being pressured to potentially kill another person.” Another pastor described a challenging case this way, “I had great empathy, but zero understanding of what [the parishioner] had experienced.” Care of veterans and military service members who recount the ethical and moral challenges of war is to live on the edge of experience, particularly for pastors without military experience. It tests notions of non-anxious presence; it challenges the ability to maintain unconditional positive regard; even listening is painful. Listening, though often considered a “basic” skill, is a foundational part of care for moral injury and is a way pastors with no military experience learn of the dilemmas of combat carried by their congregants.

Another initial finding from the survey is the presence of a desire among pastors, particularly those without military service, to learn about and discover resources to approach and deal with moral injury. Seventy-two percent (18 of 25) of respondents requested more information. Most of those who did not want additional information were former military chaplains or retired. The pastors interviewed proved articulate with their answers regarding what they wanted to know about moral injury. Their questions and concerns are presented and addressed in chapter five.

Theorizing Survey Observations

Most of the survey results display that clergy prefer engaging in pastoral care that fits into the one of the four functions that Clebsch and Jaekle identify: sustaining, guiding, reconciling, and healing. Two outliers that do not fit into the four functions paradigm are the

conflation of PTSD and moral injury among local clergy and the desire to learn more about moral injury. After brief consideration of the outlier issues, the four functions will be explored as they relate to local pastoral practice.

The observations from the survey data indicate that clergy recognize PTSD as present in their congregations and that listening and understanding military culture are critical elements for the care of veterans and military service members. Learning about moral injury and its differences from PTSD makes sense for clergy aiming to thread the needle of care among complex post-war reactions. As noted above, PTSD has entered common usage since its inception in 1980. Some respondents to the survey and some interviewees insisted on clumping moral injury in with PTSD. That has traditionally been the diagnosis: moral injury was a side effect of post-traumatic stress.

Since 2009, this assumption has been challenged by psychologists, particularly by Brett Litz and William Nash. Moral injury, on the other hand, is a newer term which was developed out of work with veterans with PTSD. Theologians Rita Brock and Gabrielle Lettini further the work with moral injury, arguing plainly for a bifurcation in diagnosis: “Moral injury is not PTSD.”⁷¹ The injury, Brock and Lettini contend, results from “. . . reflection on memories of war or other extreme traumatic conditions.”⁷² Their definition highlights the difference between moral injury and physical or physiological symptoms of PTSD, which are demonstrative of the effects of the disorder on the fear response (hence, hyperarousal and intrusive reexperiencing). Moral injury is a concept that assists in making sense of experiences of war and combat that

⁷¹ Brock and Lettini, *Soul Repair*, xiii.

⁷² Brock and Lettini, xiv.

cause a person to question who they are or what they have become. In this way the etiology is different. Moral injury attempts to give voice to what is not visibly broken.

While clergy note that veterans and service members have PTSD, there is not much indication about how they would treat it. Further, adding the term moral injury to the minister's lexicon complexifies how they approach these situations. Brock and Lettini's assertion that PTSD fragments memory necessarily means that those with PTSD may not be able to share the story or the memory which troubles their conscience.⁷³ Veterans or service members may be quite delayed in realizing or recognizing moral distress. Clergy have an important role to play, throughout the process of remembering and coming to terms with moral injury. The pastoral care functions of sustaining, guiding, reconciling, and healing are illustrative.

When viewed through the lens of Clebsch and Jaekle's four functions of pastoral care, the list of needs congregational veterans display can be interpreted to demonstrate which function the local clergy prefer. In that paradigm, support of veterans, families, and friends becomes the ministry of sustaining. Sustaining describes the support through experiences of overwhelming loss, with an eye toward spiritual growth through endurance or transcendence.⁷⁴ This is a valid pastoral response. Clergy indicated needs that would require sustaining responses twelve times on the list, noting needs such as "health care needs," "wanting to be appreciated" and "a place to be supported." The sustaining function of pastoral care is a standard among clergy, it most closely resembles general ministry to the sick and dying, reaching out to loved ones and family, attending to those whose life circumstances have placed them outside the circle of normalcy.

⁷³ Brock and Lettini, xiii.

⁷⁴ Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 8.

With regard to moral injury, sustaining is almost a given; pastors and churches ought to reach out to members and neighbors who are preparing to go or have returned from war. However, when Clebsch and Jaekle are read in conjunction with Brock and Lettini, who suggest moral injury occurs when “. . .the traumatizing symptoms of PTSD are relieved enough for a person to construct a coherent memory of his or her experience,” sustaining becomes a function of pastoral care that might be called a precursor to recovery.⁷⁵ Sustaining ensures and reminds the gathered community and the isolated warrior of each other, providing a reassuring foundation for additional care. Sustaining is a function of pastoral care that is vital. For the care of moral injury, however, sustaining is an important beginning, but it is not the end.

Guiding is the pastoral function that describes the assistance offered to those who are perplexed and unable to make confident decisions, most often seen as “. . .client centered therapy” or in “. . .the long tradition of Christian moral theology and casuistry.”⁷⁶ Indicated nine times in the survey, guiding proved another more common expression of care. In practice, counseling is guiding. In this more secular time, counseling is not only provided by the clergy. PTSD, as noted by the pastors, was a distinct need of veterans and service members in their congregations. However, pastors did not report certifications in cognitive behavioral therapy or prolonged exposure therapy. Pastors did not report structured counseling relationships in the survey. Pastors did report how they dealt in short term care encounters with parishioners who have PTSD. One pastor reported this vignette with a parishioner who has PTSD and was suicidal:

I was able to talk to him at a very low moment, and he told me that it helped him. It is a helpless feeling, to talk with someone who has gone through such a tremendous ordeal

⁷⁵ Brock and Lettini, *Soul Repair*, xiii.

⁷⁶ Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 9.

and is experiencing such drastic effects from it. I question my qualifications and abilities but will continue to be there regardless.

This pastor reports a guiding response. Though the pastor does not indicate what was said, as a representative person of the Christian tradition, the counsel given influenced the suicidal parishioner to find some solace. This example is also indicative of the struggle clergy face in high stakes pastoral care moments. Despite feeling unqualified and perhaps unable to help in any other way than listening, this pastor brought grace into the situation by “being there” and an attitude of perseverance. Guiding begins with presence and listening. This pastor was not treating PTSD; the pastor was treating the human being across the table. The vignette also demonstrates the power of listening. Brock and Lettini argue society has little interest listening to veterans, “Even fewer citizens seek to know or hear what war has done to our own people or to other countries.”⁷⁷ Many veterans do not talk openly about their experiences. If they come to a pastor to break their silence, the ability to listen is critical.

A less intense example of guiding occurs in the way some local pastors mentioned assisting their parishioners navigate the Veteran’s Administration. As a re-acclimation issue for recently separated veterans or as a recurrent treatment for veterans, having counsel when navigating the bureaucracy can be liberating. Whether at the VA, in the church, or under the clear blue sky, pastors employ the guiding function of pastoral care frequently. Clebsch and Jaekle note it runs the continuum from advice-giving to listening and reflecting.⁷⁸ Clergy assisting parishioners at the VA practice guiding on the advice end, while those practicing listening are more helpful to parishioners suffering moral injury. Moral injury care involves the

⁷⁷ Brock and Lettini, *Soul Repair*, 96.

⁷⁸ Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 50–54.

guiding function first as a way of listening, then perhaps Listening is still the key to guiding. Otherwise, it becomes directing, which is not pastoral care.

The pastoral function of reconciling, or re-establishing a broken relationship, was indicated seven times. Certainly, PTSD and moral injury both have a role in many broken relationships, and it makes sense that reconciliation is a valid pastoral response, particularly as it relates to the reconnection between a person and God. Clebsch and Jaekle make plain that reconciling functions of pastoral care engage both the horizontal dimension of human to human relationships and vertical God-human relationship as well. “Partly by virtue of insisting that broken human relationships involve a breach in man’s ultimate relationship with his Creator, pastoral care takes the human need for reconciliation with a seriousness unsurpassed by that of other healing arts.”⁷⁹ I was surprised that reconciling was not higher on the list, mainly because my interest in moral injury began with a question about what role forgiveness plays in its healing. Given the cultural proclivity toward guiding and sustaining functions of pastoral care and the often-formalized rote practices around reconciling, especially in the protestant tradition, reconciling is undervalued. An example from a pastor recounting a successful pastoral encounter points toward reconciliation: “We were able to apply lessons from his experience serving abroad in the military with how to understand the nature of his relationships here.” Hopefully understanding the nature of relationships led to a needed reconciliation. Other examples include the phrases, “the need to confess” and “the desire to give back.” Reconciliation has traditionally included an opportunity for clergy to inquire after the state of the soul. Pastors did not include such a direct response to the survey.

⁷⁹ Clebsch and Jaekle, 81.

Moral injury recovery includes reconciliation and forgiveness, which often begins with self-forgiveness, though that is not always easily achieved. Since moral injury, particularly if based on perpetration, involves intense guilt and shame, forgiveness is an achievement.⁸⁰ Pastors cannot offer cheap grace or a glib absolution. The deep nature of moral injury points towards a disciplined reflection and integrating effort and finding forgiveness, whether self-forgiveness or divine forgiveness. Brock and Lettini warn against a “premature” or “facile” forgiveness offered quickly “. . .to protect the forgiver from having to understand moral injury.”⁸¹ Authentic reconciliation has historically not been fast or easy. It included church discipline as well as forgiveness. As a pastoral practice reconciliation is sorely needed in communities of faith. For contexts with large military populations, its absence is both frightening and arresting.

Finally, the function of healing or restoring to wholeness received five indications on the list. Perhaps in this epoch, people, including clergy, have lost faith in the ability to heal; perhaps it has to do with feelings of authority or inadequacy that pastors do not lean toward healing. Alternatively, healing is something pastors have turned over to the medical professions, while forgetting the unique role of pastor as a professional, too. More incisively, clergy have lost sight of the importance of their own healing. Without approaching one’s own moral injury, and one’s role in exacerbating someone else’s moral injury; without the embrace of a wide enough doctrine of grace, pastors will not be effective in providing care. Grace not experienced cannot be shared-it can only be pointed to.

Of course, all this mention of healing begs the question: what does healing from moral injury look like? Moral injury, which remains a wound to the conscience or soul, can lead to

⁸⁰ Brett T. Litz et al., *Adaptive Disclosure* (New York: The Guilford Press, 2016), 117.

⁸¹ Brock and Lettini, *Soul Repair*, 103.

splits or fragmentations that call out for the unity healing brings. All four functions of pastoral care serve a role in the healing of moral injury. While any pastoral interaction is better than none, healing from moral injury means a restoration of the wholeness of the person that integrates the morally injurious experience into who they are, not putting it out of mind or sight. Healing is not a denial of what happened; it is growth through what happened. Informed pastoral care gives journey with parishioners on their process, navigating the needs parishioners present and responding appropriately.

The Interviews

The action of the survey and the reflections above lead to additional action—the interviews. This next step in the action-reflection cycle consisted of semi-structured interviews with ten of the clergy who filled out the survey. While the basic questions of the interview were written at the same time as the survey, follow-up questions became clear as a result of the survey observations. The interviews were designed to dig deeper into pastoral experiences, to discover stories from pastoral ministry, and elicit confirmation or challenge to the survey observations.

When the survey results were analyzed, an educated guess was made about pastoral knowledge and experience with moral injury based on the answers to questions 12-19. Clergy were categorized into three groups: Group one consisted of those knowledgeable and intentional in pastoral care with moral injury sufferers. Group two had formative knowledge of moral injury and intuitively engaged in care. Group three had nascent knowledge of moral injury and its care.

Two sets of interview questions were formulated: one for those most knowledgeable, and one for those with less acquaintance with moral injury (see Appendix B). While the phrasing of the questions is different, both interview protocols seek a conversation about moral injury. For

group one pastors, this was a simple direct request: tell me how you learned about moral injury. This discussion allowed for a confirmation about moral injury definitions and confirmation of survey results related to knowledge and training about moral injury. For group two pastors, this topic was raised in a conceptual way, asking what they envisioned when they heard the term moral injury. This allowed reflection of what pastors understood moral injury to be, to appear like, and finally allowed a common ground definition of moral injury as the interview continued.

A second question shared by both interview protocols concerned pastoral care practices in the context of the congregation. How does care happen? Who initiates? This question served to confirm or challenge results from the survey concerning critical elements of pastoral care and to offer a window into the general approach to pastoral care the pastor preferred. This question further sought to determine if military service members and veterans are cared for differently and if pastors knew veterans in their congregation. Knowledge of military culture arose in the survey results as important and in the theorists of moral injury.

For the pastors in group two or three, additional questions about the military and veterans were asked as well, one inquiring how the pastors became acquainted with military issues in their congregations and another asked for their feelings about the care they offered to veterans and military service members. These additional questions sought stories of interactions with their own parishioners, of who helped to teach them in their congregations. The feeling question sought self-evaluation or analysis of “how it’s going.” This question resulted from survey observations that clergy wanted to know more about moral injury and pastoral care of veterans and military service members.

Interviewees from group one offered what knowledge they had to share about pastoral care and moral injury; groups two and three offered what they most wanted to know about moral

injury. These questions directed knowledge wanted and knowledge to share, building on the mutual strengths of both groups.

Both interview protocols asked for stories and anecdotes about pastoral practice with moral injury. For group one, anecdotes came in response to most of the questions, but were specifically sought when asked what surprising discoveries arose in relation to pastoral care of moral injury. Here stories were sought concerning both novel approaches and insights occurring to the pastor or parishioner. For the other pastors, the question asked concerned parishioners who came to mind during the discussion to that point. This free association question sought to see if pastors could recall instances that could be related to moral injury, and to discover evidence of how pastors engage moral injury.

These interviews each had a distinct tone and as interviewer, I heard and followed up on answers given using the lens of the survey results. I was keen to listen for evidence of pastoral practices, of the four functions of care, of critical elements, especially listening. The stories from the interviews provide a portrait of pastoral practice in Hampton Roads and offered insights for effective pastoral care for moral injury.

Stories quoted from the interviews are attributed to clergy using pseudonyms.

What was Heard

Follow-up interviews conducted with ten pastors deepened and complexified survey results. The anecdotes pastors shared gave a human form to the term moral injury and highlight insights into local pastoral practices that will be further explored in chapter four. Local clergy shared what they knew about moral injury and what they knew they did not know.

Out of twelve contacted for follow-up interviews, the ten pastors interviewed were from a spectrum of denominations and backgrounds. Clergy offered stories of their own ministerial work in the interviews and asked genuine questions that suggested a desire to understand moral injury. In the first two relatively short examples, Pastors Kai and Max provide care to parishioners with whom there is an existing relationship. Both pastors draw upon and build upon the trust with parishioners and listen to their stories. In the third and fourth examples, Pastor Leo and Pastor Ian discuss and demonstrate mutuality, offering depth to the findings of this study, giving a framework for better understanding of effective practices. The third example is from a retired Army chaplain who offers his first experience with moral injury during deployment. Pastor Leo's story is longer as it details both the situation of care and demonstrates the presence secondary or vicarious trauma. The final example presents reflections from Pastor Ian, who is a navy veteran and in his first years of ministry. Pastor Ian is insightful and his reflection on moral injury contributed to a primary insight from the interviews: pastoral practices concerning moral injury are most effective when pastors have considered their own moral injuries.

Pastor Kai demonstrates the value of building trusting relationships over a long period and that listening involves hearing confession. In this first example, Pastor Kai⁸² has served his congregation for almost twenty years. Pastor Kai shared that recently an older WWII veteran came in to see him. The man relayed the story of parachuting into D-Day and recounted that most of his buddies around him were already dead in the parachutes as they floated down into the battle below. "Why me?" the man seemed to ask. As the man recounted his story, he asked Pastor Kai, to hear the real issue: there was a certain German soldier who was the same age as him, who appeared about four feet in front of him. In a split second, he had to choose to kill or be

⁸² This name and all following names used to identify pastors who were interviewed are pseudonyms.

killed. He fired his weapon. “He was young like me, and I still see his face to this day,” Pastor Kai reported the man said. The pastor noted, “It felt like he really needed to get that off his chest.” It had been, Pastor Kai reports, sixty-five or seventy years between the event and the confession. The man never told his family. This parishioner raised existential questions about himself before the pastor. Moral injury does persist.

Pastor Kai’s experience demonstrates a reflection on a coherent memory of the traumatic experience.⁸³ The man who came had known Pastor Kai for about twenty years; he was also nearing the end of his life, and concerned with end of life issues, reflections over the life he led. The success here is that after years of pastoral relationship, the man spoke his confession. Enough trust existed between the two men for a reconciliation of sorts to occur. Pastor Kai was able to build the trust necessary to hear the full confession, that went beyond parachuting on D-Day. Pastor Kai was able to listen and hear the man’s story, as far as it went. The pastor referred to the man as having “survivor guilt.” He further reports that he offered “comfort and assurance” to the man that decisions like the one to kill instead of being killed are beyond our normal reasoning.

Theologically speaking, the man was contrite and after seventy years of seeing the face of the “young like me” man he killed, he needed to confess. Pastor Kai perceived guilt, and perhaps shame (hallmarks of moral injury), as the man had not told his family about these experiences. Pastor Kai was placed in a position of being a “benevolent moral authority,” upon hearing the confession of the veteran.⁸⁴ What is not known from the story as told is how the veteran

⁸³ Brock and Lettini, *Soul Repair*, xiii.

⁸⁴ Litz et al., “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy,” 702.

responded. Pastor Kai implies the veteran received the comfort and assurance, and it seems that there was a missed an opportunity to walk the road of reconciliation with the veteran, hearing additional confessions, and hearing the restorative or reparative acts and lifestyle the man has attempted to live. In other words, the assurance offered could function to reduce pain, with the effect of relieving moral responsibility or minimizing what was done.⁸⁵

In the next example, Pastor Max demonstrates how listening and empathy strengthen the care relationship and breaking down barriers to care. He spoke of counseling a young veteran who had been sent home just before his third deployment to Iraq because of “psychological, emotional problems in direct connection to his deployment,” not because of a back injury as he told everyone. The pastor found that this veteran was willing to talk in non-group settings.

Pastor Max reports the man would not talk about the war in the church,

We would sit outside. We had a picnic pavilion outside, and he did not want to talk about these issues in the office. We’d talk about stuff, marital things, any sort of typical pastoral counseling stuff. . . but when it came to talking about his time in the service and the struggles he was having processing what he took part in, what he witnessed, what he experienced. All that, he didn’t want in the church.

This vignette gives us a few signposts for working with moral injury. Pastoral care of moral injury need not be in an office, though it often is. Pastor Max did not object to moving locations to facilitate the conversation. He reports that three or four intense conversations took place outside the church building. During these “very frank conversations” Pastor Max reports making an “offhand comment” about the church being the frozen chosen. The veteran told him not to use that phrase, “Because that was the joke about the guys who had been killed and were waiting to be shipped home.” For this young veteran to correct the pastor is an example of the strength of relationship developed. This developed mainly because of Pastor Max’s listening skills and

⁸⁵ Brock and Lettini, *Soul Repair*, 103; Litz et al., *Adaptive Disclosure*, 119.

empathetic demeanor. Pastor Max reports around this time his denomination had given attention to moral injury.

Armed with some knowledge about moral injury, Pastor Max also stayed in relationship with the veteran, acknowledging his role was not to be a psychotherapist. Pastor Max tried to refer the young veteran, but the young man refused since a paper trail to a psychologist might result in his firing. Though Pastor Max is not a counselor, he persevered, acknowledging several times the veteran needed more than he was able to give. Pastor Max's honesty and transparency with the veteran he met helped to break down barriers to care. Barriers are often cited in the medical field as preventing care due to the stigma of seeking mental health care or having a diagnosis, or a belief that seeking help causes one to look weak.⁸⁶ The barriers for spiritual or pastoral care for veterans are much the same, particularly around stigma and looking weak. However, pastoral care does not often diagnose formally, and the conversations are usually not reported. Pastor Max listened well and as a result aided the young veteran on his way. Pastor Max did not offer forgiveness, though the man would have heard forgiveness as part of the church service; Pastor Max made no promise to heal, though the man experienced progress in dealing with and understanding his experience and discharge from the Marines.

Pastor Leo is a former Army chaplain. His is a longer example, a compelling story he shared when I asked how he became acquainted with moral injury. His lengthy answer illustrates the complexity of military moral injury. That complexity is built on the various motivations for going to war, the depth of anguish and pain as result of war trauma, and the reality that trauma colors the human experience. The first part of the story shows what moral injury looked like in one instance of a soldier whose moral compass was obliterated by acts of war—by killing. Pastor

⁸⁶ Vanessa Pierce, "Art Therapy and Cognitive Processing Therapy for PTSD: A Randomized Controlled Trial" (Eastern Virginia Medical School, 2013), 17–18.

Leo demonstrates the critical care provided by chaplains, and offers examples of listening, empathy, and trust building, effectively making the case for intentional pastoral care. The second part of the story shows how Pastor Leo holds on to this memory, a reminder of the pervasive effects of moral injury and PTSD. Throughout the story, it is clear that war remains not on the battlefield but remains with those who were there. The intensity with which Pastor Leo recounted the story reminds of the challenge of hearing about moral injury—the potential for secondary or vicarious traumatic effects increases. His story cut all these ways—providing a human face for moral injury in the soldier, in the chaplain, and in the hearer of the story.

One of the first things that happened to me was in my first combat deployment. We had a Captain who was an artillery officer who came to support our unit. He was sent to support needs we had within our unit. He didn't have a relationship with the people in the unit. . . of course if everything works out well in the army, then he'll feel like he fit in.

Pastor Leo went out of his way to meet the Captain, as he did all the soldiers with the unit shortly after they arrived. If he waited, they might not be seen again for quite a while as they would leave the base for missions that could last months. Pastor Leo begins to build a relationship.

I want to meet them, to shake their hands, introduce myself to them there on the battlefield. And in a battlefield setting, they can be spread all over the place, so I may only see them once or twice or three times during an entire deployment because of the geographical locations of where they are and the challenges of getting out there to meet them.

At the initial meeting, the pastor reported, the man was full of himself. With bravado, the soldier said, “Yeah, Chaps, thanks a lot. I appreciate that offer.” The pastor’s desire to meet and get to know the people is a sign of Pastor Leo’s practice of ministry, and it is a first step to build a relationship with the soldiers.

Soon the young captain found himself sent off to another place for several months. His job was surveillance of areas where American forces were engaged or about to be engaged.

He was up there [in Afghanistan]; he's on his own, so he has no chaplain support where he is for about four or five months. Then before he rotates out of country, he comes back to our unit which was at the base camp. . . One of the members of the command team come up to me and says, "Hey Chaps, have you seen so-and-so? No? Well, he just came back from where he was working, you know, supporting our folks out there in the field. And there's something wrong with him. Perhaps you could just, kind of, you know, look for him, find him, and say hello.

The first indication that something is amiss comes from the command team referral. A soldier, isolated for months in the Afghan mountains, "isn't right." The chaplain searched out the captain. He found him in a bombed out building in what used to be the main airport in Kandahar.

I found him sitting by a window, smoking a cigarette. And remember he's a probably 30, a young guy 29 or 30, and immediately when I saw him the thing that of several things that struck me was his eyes. They kind of had dark rings around them. It was kind of like they were sitting out or set back into his eye sockets. He wasn't fresh looking; he wasn't full of vim and vigor. He looked like something that had just been spent.

I said, "Hey there, just wanted to come by and check in with you. Heard you got back and your plane leaves in the next week or so" . . . he barely looked up at me and he said, "oh yeah, yeah." It was a deadened response. Something was really amiss, so I asked if I could take a seat across from him. So, I just sit there, and he was dragging on his cigarette, and he wasn't very forthcoming at first. And I didn't want to pump. . . you don't want to be like a detective.

Pastor Leo recognized an inquisition would prohibit the soldier from talking. He instead chose to be present, to occupy as closely as he could the vast space the soldier had surrounding him. Sitting silently, the pastor demonstrated he could listen. Listening was key in this situation, as part of a pastoral care strategy—it is the basic function, linking the four functions of sustaining, guiding, reconciling, and healing. This young man was not ready to be ushered into a premature reconciliation or healing. In this moment, close to the genesis of moral injury, there needs to be time to listen and discern best course of pastoral action.

Pastor Leo listened. He was attentive to the soldier's being, noticing and remembering his face, his cigarette, his eyes; Pastor Leo listened with more than one sense. His listening and calm presence built on the briefly established prior relationship and afforded him time with the

soldier. Pastor Leo demonstrates the critical elements of care as identified by local clergy and readily embodies a relational ministry. The silence allowed the soldier to muster the courage to speak about what happened to him, and he eventually responded:

Bottom line, well yeah, I supported the mission. And I found targets on the ground and then we would call in the C-130s that have the Gatling guns, and we'd go after them. I'd find them using the drones, and the call in the gunships and blow them to blanking smithereens." And then he said, "I don't even know who I am anymore." What do you mean? He said, "I always wanted to be an army officer, always wanted to serve in the army. I wanted to be a soldier. I'm doing exactly what I wanted to do with the people I wanted to do it with. I mean these are the most elite soldiers in the world, and I'm working with them. And I got to do it and man, I don't feel anything." That's moral injury.

That is moral injury. This soldier who was doing what he wanted to do with the people he wanted to do it with, experienced a profound crisis. The implied question here is "at what cost?" Moral injury is, in the words of that soldier in Afghanistan, "I've killed people; I've detached myself from my feelings; I'm hollow inside. I don't know what to believe. I've lost my motivation." Pastor Leo continued the story saying, "The soldier is depressed and grieving, and you can see all that stuff—his world's been fractured."

This soldier's fractured world will have many consequences. Pastor Leo's presence with him amid the disorientation is crucial. This special-forces soldier is, as result of the experience of war and trauma, fragile. Pastor Leo responds accordingly, and pastorally, but as he readily admits, it did not seem like enough. This was no time to proclaim forgiveness or to offer healing. This was a moment for presence, sustaining. Even guiding appears too forced as the weight of the soldier's words hang in the air.

Most pastors are not close to the genesis of military moral injury. Pastor Leo is unique in his place, but his story speaks to the depth of the inner conflict and turmoil that the soldier feels. It is overwhelming. It was to Pastor Leo. As he told this story, that overwhelming feeling

affected me as well. Hearing stories of traumatic events can reproduce traumatic stress reactions in the listener. This is called indirect or secondary trauma. Pastors seeking to provide care to those suffering moral injury will likely experience stress in the stories they hear. Being able to recognize one's own reaction to the story and setting aside time outside the care situation to unpack reactions is important to mitigate secondary traumatic stress.

Brock and Lettini remind that there is no boot camp to prepare for what happens after war, "They were taught reflexive fire shooting, but not how to recover a shredded moral identity."⁸⁷ It is not the sole responsibility of a chaplain to repair the moral compass of a soldier, but it is important to help soldiers remember their humanity. Brock and Lettini again point out the nature of the conflict in Afghanistan, while referred to as "war," is a counter-insurgency operation, which is notoriously difficult to navigate. There are no safe or neutral parties; all lines blur. The lines blurred or were invisible to the soldier Pastor Leo discusses. His job was to surveil with drones the areas where United States troops were or would soon be operating and then to identify threats and call in their death via C-130s. No frontline. It was all front line. "Even a child or a pregnant woman can present a lethal danger. . . No one is safe. . . How do you go home after this?"⁸⁸

A warrior returning home with moral injury deals with lasting tensions from blurred lines and lethal dangers. In Pastor Leo's story, the soldier returning home clearly faced inner conflict and turmoil to the point of a lost identity. He returned from his assignment a foreigner to life outside the mission he had to complete. Recreating an identity that incorporates the experience of war and peace is a mammoth task. The pastor helps with an empathic, listening presence allows

⁸⁷ Brock and Lettini, *Soul Repair*, 42.

⁸⁸ Brock and Lettini, 43.

for continually building trust in the relationship and between the individuals involved. The most significant implication for pastoral care is whatever tactics or elements employed, pastoral care must honor the humanity of the injured. Pastors journey with soldiers as they navigate the change from war zone to home. The simple act of listening, honoring, respecting the story of the warrior demonstrates an interest in their humanity. Simple here does not mean easy. As pastors listen and build trust, as they highlight the human-ness of the returning warrior, they also are forced to acknowledge the wholeness of the human experience: both the shadow and the light. To not recognize both aspects of humanity denies the soldier's pain, voids trust, and alienates the soldier's experience. Pastors will sometimes be on the liminal edge of their experience, too, as Pastor Leo suggests in the next part of his story.

The moral injury story does not end there. It continues with a different subject—Pastor Leo. He moved seamlessly from the story of moral injury to this comment:

I didn't know what moral injury was. I didn't know what PTSD was. I just had heard the term. And so, the only thing I could do was to check in with him once or twice more. And I saw what you said, which is he killed people and now part of him was dead. He lost whatever moral center he had. It was gone. The thing that had driven him was gone. To be an army officer: gone. To be a good one: gone. To serve his country: gone. To take pride in what he was doing: gone. That's my first experience.

He saw body parts moving. He said, "I'm the one who did it. I killed him." I mean I could help you reframe that some. . . I didn't have much time, so I could just start the process of having him talk to someone who was safe. What should have happened is we should have had a system so I could pick up the phone and called a chaplain at his Stateside post who coordinates ministry for their troops who are deployed to make sure they had him on their radar screen. So, he would have gotten off the plane, and they would have been looking for him to make sure he got the pastoral care and support he needed, the mental healthcare support. And they needed to make sure his unit understood what he had gone through. He probably went back and heard "What's wrong you. . . you used to be a real go-getter, he was on fire all the time, now I've got to go kick him in the A-double-S; you know he's not going to make a good officer." And his career is ended right there. They're making him the problem. He's not the problem. We're the ones who sent him over there. We have to bear a big, big, big part of the burden for what's happened to him.

Pastor Leo's concern over the handling of his first experience of moral injury is in its own way an injury itself. It is an indirect experience of the soldier's trauma compounded by Pastor Leo's desire to be faithful and helpful in his care, which is the general definition for secondary or vicarious trauma. Years after it happened, this story was still packed with energy and intensity as was his reflection on his pastoral actions. The story poured forth from him. There was urgency in its telling. I was surprised, as the interviewer, of the emotional intensity of these stories. The effect of the story on the teller was evident. They strike deep. Their depth is telling about pastoral care for moral injury. It is not easy. It leaves an impression on the pastor. If the soldier's moral injury comes from actions he took, Litz et al. would classify that as a perpetration moral injury, and likewise, Pastor Leo's handling of the situation. It is something they have done, not done, witnessed, or failed to prevent. However, Pastor Leo arrives at a different place as he concludes his story.

His words about responsibility belie a sense of betrayal felt by him, but he includes himself, "We're the ones who sent him over there. . . We have to bear part of the burden for what's happened to him." Society has responsibility for war and what happens during war. Understanding that responsibility and engaging it is not a task most of the United States is ready to do. The searing question remains unanswered: "What does it mean to belong to a society that asks human beings to surrender their moral agency for war?"⁸⁹

While that philosophical question is beyond the scope of this study, a piece of the question appears in Pastor Leo's words. "The only thing I could do," he says, was to see him a couple of more times. Pastor Leo wished to remain faithful to the covenant he made with the young captain, first arriving in Afghanistan when he was full of bravado. His faithfulness

⁸⁹ Brock and Lettini, 109.

allowed him to stay the course as much as he could; he did not have much time. In hindsight, and with additional years of military service, and tours of duty, Pastor Leo has a creative, well thought out plan he wishes he could retroactively implement. The plan he outlines ensures continuity which was lacking at the time of the encounter. Connection with stateside clergy would provide for sustaining pastoral care for the long haul and give the soldier a reception when he came home. Pastor Leo suggests care that would also guide the soldier to growth from his experience. He even indicates that mental-healthcare support would be involved—modern day healers. He laments that the returning warrior would have faced superiors without knowledge of what he did or saw, who would not give him space for listening. These superiors would share the military culture of the returning warrior, but not the modern warfighting experience since the soldier was on special assignment. Pastor Leo seems to understand the pitfalls of homecoming and his story implies that he faced some of the same reactions. For pastors to have a thought-out plan of care is an excellent idea and a powerful example of displaying a parishioner's worth.

Pastor Ian is a veteran submariner who has only recently entered ministry. He names a core issue for pastoral care of moral injury, pastors ought to consider their own moral injuries and how they have injured others. To arrive at that point, Pastor Ian first discusses the role anxiety plays in veterans he knows. He says anxiety was a constant presence in his naval service. "It was a very high-anxiety work environment, and not really conducive to any sort of life outside of work. . . it was an unpredictable parent." Operational schedules meant, "It was 'You're a sailor first, and everything else comes second because the mission comes first.'" As he discussed anxiety and uncertainty as indicative of military life, the need for constancy and trust presented itself. Pastor Ian described this while also encouraging small group ministry as a way

to build trust and develop depth in relationships. However, the most striking thing he said had to do with approaching moral injury.

Pastor Ian had not encountered the term, even during his service in the Navy. Moreover, while protocols and programs on PTSD and depression after deployment, as well as suicide prevention training had been impressed on him, he reports he has not had much engagement with care for moral injury. I asked what he thought the most important thing to know about moral injury was. His response set this in what he called, legacy moral injury, as he endeavored to think beyond military situations, and engaged his feelings as a white southerner.

I can't ever imagine hosing a black person down. I see those pictures. I can't imagine that. It's embodying that sense of 'wait if that happened in my town back in the day, what would I have done if I were living then?' How would I have received or reacted to that, and that kind of, I'll call it a legacy moral injury. It's dealing with things that your people, your tribe, have done upon another person or tribe that you nonetheless have to acknowledge. I think understanding moral injuries that you've incurred or sustained historically is probably huge.

Huge is an understatement. Pastor Ian named the core issue—to work effectively toward the healing of moral injury as a pastor with military veterans or service members (or anyone, for that matter) there has to be a moral reckoning conducted by the pastor.

This understanding undergirds all the effective pastoral practices that this study seeks. I am indebted to Larry Kent Graham, who wrote eloquently, “Sharing our moral challenges helps us meet them; sharing our moral burdens helps us bear them.”⁹⁰ Brock and Lettini make mention of this as “accepting our moral responsibility,” but their aim is not setting out how that process occurs for others.⁹¹ *Soul Repair* aims, instead, to chronicle how veterans recover from moral

⁹⁰ Graham, *Moral Injury*, xiii.

⁹¹ Brock and Lettini, *Soul Repair*, 108.

injuries, the depth of that work, and alludes to the supportive work others in the population need to do.

Among clergy with less experience caring for moral injury, there was strong interest in resources that would help integrate theology with the clinical definition. Pastor Ava put it this way:

. . . there's always learning, and growth and there may be others. . . who want more tools on 'how do I actually have these conversations?' It's one thing to reach out and say, 'hey I'm available,' but how do I respond to someone when they tell me they killed ten people and now don't know how to reconcile their faith? Are there scriptural references you usually pull from? Are there theologians who have done work on this, on pastoral care in a war setting, on being able to reconcile some of these complicated factors?

Pastor Ava also wondered about the connection between those non-military folks who come seeking some hope of a future without a particular shame or guilt or fear—is there a published account of someone making sense of their experience with moral injury that could be passed along as a token of hope? Pastor Jim was vague: “It would be helpful for me to see what they've put together.” While the request for what this particular pastor wanted to know was how to walk the line between being merciful and firm, the main crux was between “spiritual guidance and making sure they get the clinical help they need.” In other words, Pastor Jim seeks to navigate between scripture and therapy, between surrender to God and personal responsibility. Pastor Kai suggested that “We're all looking for easy. Maybe resources. Where can I send somebody either in the area or on the internet such that they would have common groups?”

Conclusions

A general pattern regarding care began to appear in the interviews as the pastors described their approach to pastoral care. Over half (7 of 10) indicated that pastoral care took place mainly as situations required. A call would come in, a message would arrive, and the

response would be made. Only three pastors demonstrated a prescient caring style, anticipating pastoral needs. This seems like a consequence of their years of experience, as their pastoral care looked forward more than back and anticipated issues and problems. Despite this difference, listening was a common strategy, accompanied by an open, non-judgmental approach. A second commonality among the pastors was the desire to build caring relationships on trust, allowing the parishioner to share over time. Listening, of course, allows trust to form. Pastors face a critical time choice regarding pastoral care. Being present often takes longer than other aspects of ministry. Choosing presence has consequences. Difficult, long term cases sometimes merit referral. The pastors interviewed were split on referral: about half generally would choose to refer. The other half would stay the course and allow pastoral care to shift to pastoral counseling in this way: pastors structure the relationship in terms of meeting frequency and define goals for care; pastors ensure proper support for themselves and their parishioners; pastors acknowledge to themselves and parishioners when they are of their depth, offering to refer. Pastors without advanced training in counseling will need to refer more frequently, though they may be able to make the shift from care to counsel for a particular patient using the three guidelines above.

I was surprised and enjoyed hearing the creativity of the pastors about their care with veterans and military service members. Sometimes their creativity was quite by accident, other times it was carefully choreographed. Either way, creativity is a fundamentally human and God-given gift, which reminds of the joy of life. Often the creativity I saw had its roots in some personal experience of the pastor or in some personal interest of the parishioner. However, it was not used a self-serving endeavor, like a gimmick or a trick to cheap grace.

On the whole, through the surveys and interviews, pastors in Hampton Roads show a breadth of care styles for service members and veterans. The insight local clergy bring,

regardless of their background or training these practices of pastoral care: listening, building trust, staying the course, and creativity. Evidence of these practices appeared in the survey where listening and understanding military culture were the top two elements of pastoral care listed by local clergy. In the interviews, positive practices came into greater relief, and questions regarding moral injury became more pronounced.

Pastoral care will not alone cure moral injury. Local clergy found these identified practices helpful. Listening is foundational to all pastoral care and employed by all caring professions. I, too, argue for listening as the basis of every relationship and lament the fractious listening model we often experience. The effort here is to assist pastors in identifying practices that can be used to support our parishioners. Brock and Lettini argue for deep personal friendships as healing to moral injury; pastoral care does not provide that. Pastoral care is often intimate and sensitive, but it is a bounded relationship, and thus, it is important to build trust as part of the care process. Pastoral care is not the panacea for moral injury, but pastors can learn from each other and experts like Brock and Lettini.

Chapter Four—Local Wisdom

Throughout the process of collecting information through surveys and interviews, local clergy in Hampton Roads shared insight and wisdom. They shared the lessons learned through hard experience. The previous chapter presented observations from the data collected, and identified, from that data and theory, four practices of pastoral care that local clergy find effective. This chapter will consider these identified practices: listening deeply, building trust, staying the course, and creativity. As the practices are explored, additional evidence from the interviews and theory are engaged to offer a broader view.

The four practices presented here are critical for effective pastoral care of moral injury; healing of moral injury also takes courage, and the ability to face one's own moral injury. That overarching finding ought to be kept in mind, since in facing moral injury within oneself will increase capacity to listen, build trust, and stay the course, and engage creativity.

Listening: The Foundation of Care

Listening sounds basic. Listening sounds pedantic, but aside from theology, listening is the one single foundation upon which pastoral care is most firmly based. Listening is a theological act. It is the root of all counseling, and it is foundational to the other practices that are effective in the care of moral injury sufferers. It is a critical skill in effective care for moral injury. Local clergy cited listening frequently as important to their pastoral care. Moreover, without listening trust is much more difficult to establish, and without trust, the therapeutic and pastoral relationship is null. Those in the profession of ministry undoubtedly have heard time and again the critical nature of listening. Seminars have undoubtedly been presented and attended on active listening, on non-verbal listening (otherwise known as observation), on empathetic

listening. Clergy sometimes take listening for granted as a pastoral care skill. Perhaps that is due to the number of expectations pastors face; perhaps due more to the societal mores around how conversations “ought” to occur as if listening accomplishes a witty retort or placates the speaker. These conventional listening approaches, displayed prominently on television, hinder the intense and careful listening required by pastoral care for moral injury. Listening is a key pastoral practice going beyond basic skills to more advanced skills that seek deeper understandings of the speaker since stories of moral injury are difficult to listen to. They are deep stories, often disturbing, and avoiding listening heightens alienation and isolation. Appropriate listening, however, builds relationships and honor the mutuality between speaker and listener.

Basic listening skills are taught in most every pastoral care course in seminaries across the country. Active listening, being focused and engaged with what the speaker is saying, is now ubiquitous. Some other listening skills are basic as well, the first being reflective listening, which as noted above includes a paraphrased response from the listener that includes both content and feeling, aiming toward an empathic response from the listener to the speaker. Note that the paraphrase is not a “parrot” or a verbatim replay of what the speaker has said. Parroting is the like the game children play when they repeat the words they have just heard. It gets old quickly. A second basic skill that is critical to listening well is the creative question, which seeks to use free information offered in the course of the conversation to keep the speaker talking and clarifying what he or she means.⁹² A third basic listening skill that compliments the process is a perception check, whereby the listener tests their understanding of feelings the speaker seems to

⁹² John Savage, *Listening and Caring Skills in Ministry* (Nashville: Abingdon, 1996), 29. Savage calls these “productive questions” in his book. In his L.E.A.D trainings years earlier they were referred to as creative questions. I prefer creative question as it indicates the askers curiosity and emphasizes the creative nature of the pastoral care task.

be having.⁹³ Active listening, reflective listening, creative questions, and perception checks are of primary use to every minister and counselor; these skills honor the speaker's humanity and purpose in speaking. That connection between listening and honoring the speaker's humanity is part and parcel of why listening is critically important in work with moral injury sufferers.

Listening begins with the entire being of the listener, and we as clergy must hear with our hearts and heads, too. People yearn to be heard. Dietrich Bonhoeffer, the German theologian, silenced by the Nazi regime and forced underground to teach, writes of the importance of true Christian community and warns about the danger of not listening in *Life Together*:

Many people are looking for an ear that will listen. They do not find it among Christians, because Christians are talking when they should be listening. He who no longer listens to his brother will soon be no longer listening to God either. . . One who cannot listen long and patiently will presently be talking beside the point and never really speaking to others albeit he be not conscious of it.⁹⁴

A danger for pastors is becoming so busy, so pulled in every direction, and not taking time to listen well and reflect on what is heard. Howard Clinebell, a pastoral counseling pioneer, discusses reflective listening, indicating it is the listening for feelings, not just words. An important distinction, pastors wishing to be effective in their work ought to be able to identify the feeling behind what the spoken words.

In response to the survey question regarding the three most critical skills needed for pastoral care to veterans and military service members, listening and empathy came up the most frequently—fourteen times. There is significance to this—pastors know that listening and empathy are important for care. However, for those who have not served in the military, listening, and earnestly desiring to understand is critical in building relationship with veteran

⁹³ Savage, 39.

⁹⁴ Dietrich Bonhoeffer, *Life Together* (San Francisco: Harper and Row, 1954), 97–98.

parishioners. There may not be any substitute for being there, but honestly wanting to hear the struggle, to be present with someone in the retelling of their own story is as close as one can get and may be closer than most people want to get. It may be true that one human being cannot feel as another feels, but we can tune our ears to hear and listen to our reactions to gauge and discover the feelings another carries as they speak.

Clinebell cites a student in a participation group who discovered that her feelings voiced a trustworthy interpretation of her partner's feelings noting she was able to relax and trust her spontaneous responses.⁹⁵ The lesson here is that early in the caring relationship, practicing reflective listening may help clergy learn something about the parishioner and themselves; though a parishioner's experience is far different, the pastor can learn and abide with those experiences. An army chaplain, Beth Stallinga, reminds that "Listening is hard work . . . fear and anxiety can serve as an impediment to listening."⁹⁶ Stallinga's point is well taken—fears and anxieties are often challenging, and they may be related to the internal world of the listening pastor or the content of the message of the speaker.

Listening involves observation as well as hearing. Pastor Leo combined what he heard with what he saw in the soldier who had returned from forward deployment. He listened with his ears as well as his eyes. Pastor Max, as described in chapter three, had to correct his jovial and jocular attitude when it was clear that word he spoke reminded the veteran he cared for of a painful memory. Pastor Mia supposes that one her challenges in providing care for morally

⁹⁵ Howard Clinebell, *Basic Types of Pastoral Counseling* (Nashville: Abingdon, 1966), 63.

⁹⁶ Beth A. Stallinga, "What Spills Blood Wounds Spirit: Chaplains, Spiritual Care, and Operational Stress Injury," *Reflective Practice: Formation and Supervision in Ministry* 33, no. Spirituality in Formation and Supervision (2013), <http://journals.sfu.ca/rpfs/index.php/rpfs/article/view/258/257>.

injured is their sharing information that she finds morally repugnant, “It would be hard to keep listening with a non-anxious presence or unconditional positive regard.”

Advanced skills in listening involve using literary devices. In other words, while listening to the stories told by the speaker, one must consider questions that contextualize the meaning of the story. What is being abstracted? What is concrete? Where is the beginning, middle, and end of the story? Is there incongruity? Is there omission?⁹⁷ Listening with these things in mind helps to analyze and make sense of the speaker’s stories, which in turn help to disclose the issues the speaker brings. Pastor Eli shared a profound example of these advanced skills. The pastor was sitting at dinner at the local Elk’s Club. During the meal, a veteran at the table launched into an explanation of his latest frustration with the Veterans Administration. The veteran, Pastor Eli explained, was one of several Elks who was hit with Agent Orange and has had all kinds of debilitating illnesses.

There’s this ultra-loyalty to the country and also this acute feeling of betrayal. This fellow was on partial disability because of his service and just three or four percentage points away from getting additional benefits and care. He’s telling me the story, and he went from talking about trying to work with VA and spliced the story into when he was at the Tet Offensive and was being overrun. He was taking shelter in a drainage ditch as the enemy was overrunning his position and killing everyone. He was a survivor. I listened to this and said ‘I believe you have PTSD. Would you like me to give you a letter to take there?’ The man replied, ‘Is that why I don’t sleep at night and wake up in the sweats? And have these dreams?’ The rest of the dinner table listened, mouth agape at the story.

The veteran shocks with the congruity of being overrun by the enemy and being overrun by the bureaucracy at the VA. It is about not getting the backup or support needed to engage the enemy effectively. Pastor Eli heard the congruity and reflected that the veteran speaking was not quite aware of or cognizant of that connection. The veterans’ words shared a story between two things that are connected.

⁹⁷ Savage, 77–100. Savage has many good tips; these questions are gleaned from his book.

Another example with story listening is the story of how Pastor Leo became acquainted with moral injury. The story (shared in Chapter 3) cut two ways—it was the story of the morally injured soldier. In retelling the story, I heard also the story of Pastor Leo’s engagement with his regret of how he handled that case. It left a mark on him, too.

One of the challenges that come with listening well and listening deeply, reflectively, in a disciplined way is that pastors will hear confessions and confusions that can be surprising. These confessions and confusions may be significant. Pastor Kai shared this story,

I once responded to a situation where a son killed all of his family members, including a retired police officer before killing himself. I heard the shot where he killed himself. One of the things when we did the debriefing. . . I cautioned the guy and gals, ‘don’t go out and self-medicate yourself.’ And one of the guys looked at me point blank and said ‘Chaplain, with all due respect I’m going out and tying one on.’ . . . it takes a lot of supportive people that are willing to hear the anguish that they feel without telling them to get over it.

The confession here is that the chaplain entered the debriefing with the specific purpose of telling the men and women how to behave, or at least warning them against excesses; the guy who looked at the chaplain point blank was certainly in touch with his feelings. An incongruity exists between the chaplain's hope and reality. To their credit, one of the guys called the incongruity.

Clinebell offers this vignette: “I shall always be grateful to a little white-haired woman in a mental hospital, who . . . was dying. Before I delivered a little homily to “comfort” her, something told me to ask her about the experience she faced. She responded with intense feeling: ‘Chaplain, I’ll be so glad to get out of this damned place!’ I had made the mistake of assuming I knew how people, in general, feel about dying.”⁹⁸

⁹⁸ Clinebell, *Basic Types of Pastoral Counseling*, 61.

Another confession was offered by Pastor Jim, who was fed up with hearing his parishioners blaming their sinfulness on PTSD.

So, when I sit with a guy and his wife and this guy's deep into pornography or something like that or deep in alcoholism and he says, 'I've been diagnosed with PTSD and it's the PTSD that doing this,' and it could be, but sometimes it's just where people yield to sin.

The confession is that the practice of ministry in this instance is not integrated with psychology; that spiritual and the psychological realms are so opposed that a hard and fast distinction exists. It does not. A well-integrated ministry seeks to bring together the various realms of one's life and sees how the different aspects of a person influence the whole. The spiritual is not divorced from the rest of life. The point behind the listening is that it allows the pastor to hear the human being speak. The beloved children of God have stories to share. The pastor does not listen for a diagnostic purpose; the pastor listens with the full weight of theological training and psychological training both brought to bear. Pastors listen uniquely because of this training, attempting to hear and interpret the still small voice, even when the voice speaks "the unspeakable."⁹⁹

PTSD creates a spiritual void that needs reconnection. Columnist David Brooks writes that people "have to grow a soul big enough to enclose the trauma that haunts them."¹⁰⁰ To grow that soul, people need nourishment, one form of which is listening. Without supportive nourishment, people may attempt to self-medicate, turn to pornography or alcohol to quiet the raging battle in their soul. After that confession, Pastor Jim imagined what some other caring responses might be—one could be to inquire about the diagnosis, "Oh you've been diagnosed with PTSD. Would like to say more about that? Or share anything about that?"

⁹⁹ Stallinga, "What Spills Blood Wounds Spirit: Chaplains, Spiritual Care, and Operational Stress Injury," 22.

¹⁰⁰ David Brooks, "Fighting America's Spiritual Void," *New York Times*, November 20, 2018, sec. A.

Trust: The Running Bond of Care

Listening is such a critical skill for the effective pastoral care of moral injury because it provides a tangible framework to validate the experiences of those suffering. Of course, that will not happen without trust. The second insight from local clergy survey responses and interviews is that effective pastoral care of moral injury (even more than “regular” pastoral care) rests on trust. In most pastoral situations, clergy assume trust as a helpful stance. In care of moral injury sufferers, clergy risk assuming too much trust. Several interviews bore this concern and examples follow. An imbalance may exist because clergy discount the severity of betrayal of trust either by those in authority or betrayal of the sufferer’s moral code. Thus, it is critical to build the foundation of trust continually and strengthen it regularly. In the care relationship, this starts with scheduling and callbacks. A moral injury sufferer, particularly a veteran or military service member, is acutely aware of appointments missed or canceled by caregivers, and whether clergy are true to their word. These men and women are used to operating in a system that utilizes rank and role in determining importance. They may be accustomed to the VA system which is notorious for its bureaucracy and inefficiency, for its inhumane and sometimes disrespectful treatment. Clergy ought not to be characterized by such words; rather, able to speak the truth, clergy ought to be known for confidence, graciousness, honesty, and compassion.

When a visit occurs, Pastor Ben suggests an approach using the image of Moses in front of the burning bush. The bush was not consumed but was clearly on fire. Moses wisely recognized as he got closer and heard the divine voice, that he was on holy ground. Pastor Ben said, “I say, it’s a privilege for me to hear your story and I treat it like holy ground, where Moses took his shoes off. It’s confidential, no judgment, so this is sacred ground for me as you tell your

story.” For veterans of certain conflicts, this is quite a reversal. Vietnam veterans were often shunned when they returned from war. Pastor Ben again, “One guy in my church was so angry. Here he did what society asked him to do, and when he came back, he was treated like a criminal.” There was a stigma against telling the story, and this veteran’s anger noted that sharing his war story was culturally unacceptable. Perhaps the story of war was too horrible. Perhaps it was the fact that the war story could not be voiced without an emotional release and crying, particularly for men of a certain generation was not accepted and viewed as weakness. As Pastor Kai observed, “When you have a male cry in front of you or really bare their soul in front of you, it is a high honor. For that person to show their weakness in front of your or what they consider a weakness. . .” The cathartic effect of tears and pain carried within for those who have completed or are completing military service is immense. Creating a space that allows for the truth of who they are and what they struggle with to be honored and revealed is a unique part of the pastoral role. Without trust, there is no faith in the process; there is a lack of confidence. With trust comes confidence in the process and the pastor, and in time, in the moral quality of the self; with trust, confidence; with confidence, vulnerability.

All the tears, it seems, are signs of recognition of the loss of innocence, a recognition of what else may be lost—humanity, faith, trust, whatever it is that has disappeared as a result of trauma. These tears may indeed help to reconnect people with themselves. The vulnerability that is exposed when trust is present is cathartic, too. Therapeutically, it may help to break the isolation that is often self-imposed as the result of a moral injury. Witness from above Pastor Max’s story of the veteran who lied about his reason for discharge, and in his shame for the actual reason of discharge, sought out help from a pastor who would not report his struggles to his place of work, since if they knew of the struggles, he would not have a job. Witness again the

culture of the military (discussed at length below in Chapter Five) where there is always a question of a hearer's worthiness if they are not baptized in the hell of combat. The answer there is yes—if as clergy practice good listening skills and build durable trust.

As Pastor Eli indicated, active listening helps develop trust, “And when the trust level is adequate, and with the use of creative questions, I invite them to tell me their story. When all of those things converge, we approach the nexus of their formative discomfort.” Similarly, when approached, Pastor Eli is guided internally by

grace based theology, I'm blessing oriented. . . and have developed a theology of forgiveness. . . Rather than administering guilt or shock or revulsion, the grace and appreciation of contrition might be as simple as: wow, I can really understand this troubles you greatly and you're struggling to make sense of it all.

This approach builds on the trust established, allows the parishioner room to move and claim their place, wherever that may be, and does not imprint some moral high-handedness. Trust is, in pastoral care practice, the ability to “remain in the pit” and to be “comfortable with the uncomfortable.”

Relational trust builds over time. Pastor Max described meeting his neighbors while cleaning up from a storm. The beginnings of a relationship were forming, ambiguous but with potential. The interaction was between four people—Pastor Max, an active duty naval person, a retired sailor, and a civilian military contractor with six years at sea. “We were helping one guy pull a tree limb off his house, and the three started sharing stories of their service. Then the stories became more and more serious. There was some physical shifting—the three pivoted toward each other a bit more, but then they opened up again.” The pastor was aware he was the odd man out, but that the group of three opened to him as he was content to not shift the focus of the conversation to something with which he would have more experience. His listening posture allowed the group to open to him. Certainly, this is only a beginning, but it seems the pastor did

not “fail” a test—he validated the importance of their stories by listening. Pastor Max was building trust not by his words, but by his presence.

Functionally, too, building trust and developing relational trust are things that must happen with each person individually. In the study, at the bowling alley, at the bar, in the yard. Wherever these interactions occur, they have some similarity—the clergyperson does not push for information, does not accuse, but rather respects, listens, and follows up on the information offered. There are also differences in personal style which influence the delivery system of care. These influence the trusting relationship. Pastor Ian spoke about the need for forthrightness in pastoral care for veterans, “There’s a culture of call-out in the military. . . just kind of calling it how you see it and being blunt: you messed up there. What are you going to do to fix it?” He continued to suggest that the biblical model here is Jesus, who asked “cutting questions.” The directness Pastor Ian advocates is trust building because it avoids ambiguity.

For those suffering moral injury, this trust-building phase is critical for an additional reason: control. Those who suffer trauma often feel totally out of control. Pastor Leo was adamant about this

The most important thing is to be caring and to listen. You don’t have to fix it, just listen, just listen. And be caring. And let them know you are trustworthy. One of the biggest things with anyone who’s experienced trauma is trust. Can I trust you? Cause you know, I couldn’t trust a piece of shit over there. . .

Pastoral care for morally injured folks is a continual insistence that the pastor is trustworthy—accomplished through “listening and identifying with their pain.” The human mind naturally does this—we have a propensity to identify as close as we can approximate with the pain of others. It is why some people cry at Hallmark commercials. It is why Christmas songs make people feel a certain way. Stored memories are called up by the mind as they emotionally correspond to what we are hearing. Most often those are not shared, in care and counseling they remain silent,

but they certainly provide an internal reference point for the listener to understand the speaker. Sometimes this is referred to as the counter-story to the story being told. It is the story that comes to mind.¹⁰¹ Much like the concept of counter-transference, the counter-story is the listener's internal response to the speaker. Both counter-stories and counter-transference have the potential to aid the pastor in caring for others. The helpfulness is predicated on the pastor's knowledge of himself or herself, and the ability to reflect honestly on how counter-stories and counter-transference are at play in the caring relationship. Inappropriate use of a counter-story would serve to shut-down the speaker. Inappropriate use of counter-transference is manipulation.

Building trust combines listening and empathy with the identification of emotions and checking perceptions, being genuinely caring and curious, and demonstrating both a non-anxious presence and positive regard of the veteran or military service member. It may take some time. Honoring the person and continually communicating the importance of their sharing conveys the investment a pastor is making in an individual or a small group. One issue that is common with moral injury sufferers is isolation—a feeling of unworthiness that leads them to wallow alone in the pit of their suffering. Telling their story is a way to help them break out of the isolation. Matt Young has authored a recent addition to the library of soldier memoirs titled, *Eat the Apple*, wherein the experience of war is visceral, disorienting, and tender. Writing to his younger self, Young outlines

After witnessing so much inequality and violence and pain you'll become more empathetic. You'll come out the other side of all this scuffed and jaded and angry, but you'll go to college and learn to use that anger. You'll transform it into thought, into words. ... You'll help people understand war. You'll help people.¹⁰²

¹⁰¹ Savage, *Listening and Caring Skills in Ministry*, 96.

¹⁰² Matt Young, *Eat the Apple: A Memoir* (New York: Bloomsbury, 2018), 241.

Young identifies that the struggle to voice the experience of war is real and that finding a way of restitution or reparation is critical—Young will “help people.” There are many options to give voice and help. They may include writing, singing, or artwork. Whatever medium it takes, the endeavor to get out the story that is poisoning the system is very important, sacred, and valuable.

It is valuable for pastoral caregivers as well to get out their story, to discuss and explore their own inner world, with all the traumas and hurts stored there. This honesty, which comes from deep reflection builds an ease and genuineness, and authenticity that helps to build trust. However, there will likely be times that a pastor feels overwhelmed or unable to complete that task alone, which leads us to the third insight.

Staying the Course

Referral is an accepted practice among parish clergy today. Most seminaries teach a three visit and then refer rule to clergy in training. There is nothing wrong with a referral; it is occasionally necessary, but there are challenges involved. Sometimes veterans or military service members do not want a referral because it is traceable or trackable and may affect their chances for promotion, separation from the military, or security clearances for a job. Sometimes a referral then ignores the reasons that pastors are sought out; other times it seems that pastors refer because of their own constraints. Clergy ought to be able to walk with those suffering moral injury. Many clergy possess clinical training or experience, such as CPE, which helps to bolster pastoral confidence and acumen. Clinical training is not required for pastors to walk with morally injured. Courage and compassion are necessary, as is time. If the referral is due to feelings of inability on the part of the clergy (“out of my expertise”), a pastoral care plan is important to keep the trust and relationship between pastor and parishioner alive.

Clergy face full plates of duties, and in the economic realities of churches today, often one pastor cares for many people at a time. Constraints on time, energy, and priorities are legion, and pastors may not be able to structure a relationship with every parishioner. Likewise, pastors have varying gifts, and strengths, and contractual obligations. Part of the pastoral office is to exercise the practice of the cure of the soul, as it was termed hundreds of years ago, now pastoral care. Raymond Lawrence, General Secretary of the College of Pastoral Supervision and Psychotherapy, wrote *Discreet Varieties of Pastoral Care*, which delineated some differences between pastoral care and counseling. One of the key differences is the nature of the relationship—is it occasional or emergent (pastoral care), or is it structured and planned (pastoral counseling)?¹⁰³ With care for moral injuries, pastoral care must be exercised and engaged like pastoral counseling. This conundrum between care and counseling is resolved by intentionality. In the case of an emergent situation, responsiveness demonstrates intentionality. In the case of moral injury where adverse effects are evident for a long period of time, intentionality is demonstrated by faithfulness and forethought. Intentional care shows respect and honor for the parishioner, even if the parishioner is referred. Therefore, when referring, pastors plan to stay in a caring relationship with those who suffer moral injury. The planned investment of time speaks to the concern and care of pastors and honors the veteran or military service member. Thus, even with a referral, pastors need to plan care and define their role for their parishioners.

At the core, care for morally injured is an exercise in meaning-making. Pastors attempt to help the veteran or military service member make meaning of their experiences—not to erase or make them inconsequential, rather, to integrate the experiences, to help them understand who they are now and how they will be who they will be in the future. Integration is what columnist

¹⁰³ Lawrence, Miller, and Powell, “Discrete Varieties of Care in the Clinical Pastoral Tradition.”

David Brooks referred to in his article without naming it.¹⁰⁴ The resources pastors bring to bear in this situation are unique. The office of pastor may not have the moral authority or prominence it is perceived to have had in years past, but pastors are not passé. Pastors are the stewards of the mysteries of God; pastors bring a rich knowledge of scripture and God's promises, empathy, and respect for humanity, and a sense of right and wrong. Pastors are to be witnesses and sponsors of the assurance of forgiveness, as Calvin exhorts those so ordained.¹⁰⁵ These are things that should help in the task of the cure of souls. Pastors also bring theological understandings of war and social and political views into the counseling room, but usually, these are not on display.

It is not surprising that local clergy cite referral as one way to deal with the wounds of war. Local clergy often felt unprepared or unqualified to provide care. Could this feeling be a reason for a referral? Pastors in Hampton Roads cannot forget the military presence here. It permeates ministry. Not only are there soldiers, sailors, marines, airmen, and coast guardsmen (and women) in the community, but also their mothers, fathers, sisters, brothers, and children are here, as are their spouse who bear the challenge of the home front during extended and repeated deployments. All of this serves as a constant reminder of America as a nation at war since 2001. Most of my ordained ministry has been in this Hampton Roads. When I left the area for three years, I was caught by surprise at the difference in how military service was understood several hundred miles west. It seemed as if the war was a distant memory compared to the daily reminders of the military permeated coastal Virginia. Local clergy report that military members make up roughly one-quarter of their congregations. Similarly, clergy report dealing with

¹⁰⁴ Brooks, "Fighting America's Spiritual Void."

¹⁰⁵ Calvin, *Institutes of the Christian Religion*, bk. 3.4.12.

veterans and military service members, sometimes with great pride in their success, sometimes with an honest quip, “Knowing who is better to talk to than I am.”

Of the respondents to the question about feeling unqualified when dealing with military or veterans’ issues, five responded unequivocally there is not a time when they have felt unqualified. Two answered concerning their military service. One of these pastors added a comment, “I am a human with experiences. . . hurts. . . brokenness. . . losses.” This particular pastor seems to understand a common human experience, not a presumption that all experiences are already known, but that some experiences have similarity and that human beings have some underlying similarities that allow us to understand each other. This statement is akin to the theological understanding that all parishioners ought to be treated the same since they are all God’s children. Some, however, who suffer moral injury may feel they carry the mark of Cain. Stallinga notes a significant barrier to care that is akin to the mark of Cain, “It is difficult to overcome the belief: a) that no one can fully understand their experience; and b) that no one can tolerate hearing what they have done.”¹⁰⁶ Staying the course and hearing the story, understanding the experience, is challenging and rewarding. It is holy.

Clergy who admit feelings of challenge around veterans and military service member care cite different reasons for feeling unqualified. Several mention PTSD or post-traumatic stress disorder as issues they are unqualified to address generally. One veteran mentioned to me the PTSD is some ways is like a switch has been flipped—where the silliness or flippancy of everyday life is seen through the lens of the combat zone. What seems inconsequential here and now would have gotten people killed then and there. When the two perspectives are spliced together, it can be a recipe for disaster. This simplistic description does not address necessarily

¹⁰⁶ Stallinga, “What Spills Blood Wounds Spirit: Chaplains, Spiritual Care, and Operational Stress Injury,” 22.

the physiological reactions that are attendant with PTSD. One common, well-known reaction is the exaggerated startle response, which describes an involuntary reaction to noises at specific decibel levels.¹⁰⁷ Two other clergy mentioned “suicidal ideations,” and one mentioned “murder” as being beyond their comfort zone to possibly address in pastoral conversation. Brock and Lettini’s work, *Soul Repair*, makes a compelling argument for the danger of violating one’s own conscience as an underlying reason for some to consider or complete suicide. Yet, they hold out hope because “...so many veterans manage to hold on to moral conscience...and suffer to the point of suicide rather than abandon their souls, is [a] testimony to the resilience of conscience and to their basic goodness.”¹⁰⁸ To those pastors who call suicide or murder beyond their comfort zones: to remain with the veteran, with their anger and self-recrimination, their brokenness is to see the resilience and goodness within.

While some responses to the question of feeling unqualified were perplexing, there is a statement of something deeper—a desire to not have to deal with the hell that veterans and military service members sometimes live through. This is avoidance or aversion to experiencing a secondary or vicarious trauma, which is a real concern when caring for people who have been through the trauma of war. More than one pastor reported they “couldn’t understand” what veterans have been through, which while honest, is a failure of imagination and a denial of the fullness of human experience. One respondent felt too overwhelmed by the number of people and touted the beginning of 90 small groups because as one pastor, “I’m unable to meet the needs of hundreds of people individually.” Another respondent shared that he had called in some

¹⁰⁷ “Physiological Evidence of Exaggerated Startle Response in a Subgroup of Vietnam Veterans with Combat-Related PTSD,” *American Journal of Psychiatry* 147, no. 10 (October 1990): 1308–12, <https://doi.org/10.1176/ajp.147.10.1308>.

¹⁰⁸ Brock and Lettini, *Soul Repair*, 102.

help—a Captain who had served in Vietnam—to respond to a veteran who was convinced he was under attack from the Viet Cong. This pastor’s resourcefulness defused a tense situation.

Two final observations from the survey that relate to staying the course bear mentioning. Both of these answers point to a problem in American society—the addiction to success and the inability to process failure. This is a much broader philosophical claim that emerged from the data. While it is beyond the scope of this study, it bears mentioning and further development. The first observation: “I never can fix the problem of these folks, and therefore I don’t feel I can be successful.” The pox of fix-it-ness is clearly in evidence. Theologically, ordination is not a setting apart to be God’s repair agent; pastors are not ordained to fix people. That duty is squarely in the realm of the God who creates, the Son who redeems, and the Holy Spirit, who sustains. However, that answer says more about what this particular colleague thinks about successful ministry—a group of gathered, fixed people. Humanity is known in its brokenness, and God’s presence is seen often amid the brokenness, identified by God’s unified wholeness in what is otherwise a mess.

As pastors, the men and women in our care and counsel are not objects to be fixed, and success is not predicated on the fixing of the other. Pastors are called to be journey-ers with, setting out to a strange country known only to another. I’m reminded of Parker Palmer’s convincing passage on truth from his book *To Know as We are Known*. “Truth—wherever it may be found and whatever form—is personal, to be known in personal relationships. The search for the word of truth becomes the quest for community with each other and all creation. The speaking of that word becomes the living of our lives.”¹⁰⁹ With the understanding that truth is knowable in community, Palmer turns to the meaning of the incarnation, “The world is no longer

¹⁰⁹ Parker J. Palmer, *To Know As We Are Known: A Spirituality of Education* (San Francisco: HarperCollins, 1993), 49.

an object to be manipulated and owned. Instead, it is a community of persons and knowing its truth means recovering the bonds of personhood and community that have been lost between us.”¹¹⁰ People are embodied truth—whole in themselves but yearning for community. People, even those who suffer from moral injury, are not objects to be fixed. Objectifying moral injury sufferers does a great disservice to all of us.

The second observation is: “Dealing with a veteran who is withdrawn or angry can be unsettling. It’s easy for the pastor or care-provider to think they might be the problem.” There is, in this statement a good amount of truth. The pastor might be the problem if he or she seeks to fix. If the pastor sees himself or herself as responsible for the health and happiness of the counselee, then the set-up is for the pastor to be the problem because the pastor bears responsibility.

Further, the pastor who believes that a veteran or military service member who is angry and withdrawn would be better if “I could just make them talk,” assumes too much responsibility for the situation. However, more deeply, to journey with those who seek care, pastors need a certain openness to understand their world. Also as pastors enter the experiences their people share, providing a non-anxious reflective empathetic response, pastors may display evidence of trauma. Secondary trauma, even for those experienced in dealing with those who suffer PTSD or moral injury is a distinct possibility. Secondary is the reality that when human beings face the shadow of their nature, even in hearing the story from another, it can be unsettling. The desire to help puts stress on the helper to perform. When entering another’s experience the depth of depravity that exists is surprising (even for Calvinists).

¹¹⁰ Palmer, 65.

Clergy who either disengage or blame themselves for poor engagement of military and veterans' issues may do so to protect their sense of mission. Pastor Eli mentioned the inability of most Americans at the end of the Vietnam war to understand the nuance between withdrawal and loss. As a result, the Vietnam conflict was widely understood as failure and loss. He described it as a "fracture to America's psyche." The military is trained to complete the mission. Pastor Eli mused that when the mission is incomplete, "When it goes sideways, how do they appropriate what has happened against the rhetoric of leave no one behind?" That question is one of the pillars of moral injury. Pastor Eli supplied this story to support his question:

Something that seems ignored is the moral value of success. . . We didn't do what we were supposed to do; we didn't fulfill the mission. After 9/11 the upset at Langley Air Force Base was acute. They were charged with protecting the East Coast, but the communication systems broke down. By the time they scrambled, things were too far on their way. And there was a real depression—we have all these wonderful aircraft, and we're highly trained. . . and we weren't there.

There is a parallel between the feelings of highly trained fighter pilots who "weren't there" when it mattered most for their mission, and pastors, who through their intentionality or unintentionality, are not there for the men and women of Hampton Roads who struggle quietly, dealing with invisible wounds of war. Consistent and constant referral is a symptom of that problem. There are certainly times when referral is appropriate, but every pastor ought to attempt to walk a mile in the shoes of a struggling veteran or military service member. To do so is to recognize our mutuality, to encounter each other as fellow strugglers made in God's image.

Creativity: The Design of Care

The experiences of working with and learning the military culture open doors to hear and meet with veterans and military service members. Pastoral care practices for moral injury are most effective, according to local clergy when they involve deep listening, building of trust, and

staying the course. There is one final insight into effective pastoral care for moral injury that I discern from listening to local clergy. Creativity. The way we engage and use creativity in our pastoral conversations is an important tool for clergy in dealing with moral injury. Creativity in our imagination as we hear and listen to the stories for veterans and military service members; creativity as we engage our curiosity and care. Creativity as we engage the four functions of pastoral care. Healing, sustaining, guiding, and reconciling—all beg for creativity in function, creativity that responds to and can be tailored to the experience of the warfighter.

Creativity from local clergy is borne from a sense of intentionality in the way ministers approach pastoral care issues generally. Pastor Max, for example, heard Rita Brock speak at denominational meeting, but “. . . Outside of the national meeting. . . it kind of fell off the radar. I say within six months the conversations dried up, even with reaching out and trying to keep it going.” His efforts to “keep it going” were bolstered by the continued care for veterans in his congregation and led him to meet with the veteran outside of the office. Pastor Eli often uses extensive knowledge of psychological theory to determine and experiment with what therapeutic stance is most effective with each counselee. Pastor Ian, a veteran, reflected poetically on the Marvel comic character *The Punisher*, as a potential way to approach moral injury. Pastor Mia voiced a similar method, finding “the third thing,” which identifies an object that has multiple meanings and allows those meanings to be made explicit. Her example from a hospital setting was the baby blanket, which mostly evokes happy images, for those doctors and nurses in the neonatal intensive care unit, and the families there, the blanket may remind of the half-pound baby, evoking a not so happy memory. “The blanket is a third thing, providing an opening for

discussion.” Effective pastoral care for moral injury calls pastors to become explorers, and to creatively use resources and encourage the creative potential of those who seek care.¹¹¹

The work of repair around moral injury is an enlivening call to clergy to return to the cure of souls. Even the psychological community recognizes that moral injury is not treated only through psychological means; it is a multidisciplinary challenge. It involves the spiritual, the theological. Stallinga channels Judith Herman, “in the final analysis the warrior’s questions will not be about war; they will be about God.”¹¹² The basic moves of the Adaptive Disclosure process are an example of creativity on the part of psychology. It combines the cure of souls as traditionally practiced and modern psychological theory—the psychologists seem to dress up pastoral care as a therapeutic stance. Chaplain Paul Fritts articulated this point in a thesis presented at the Command and General Staff College Foundation Symposium, arguing “because moral injury is the result of sin, dialogue with an embodied chaplain in the [Adaptive Disclosure] framework is another way of fulfilling the same ritual function as the Sacrament of Reconciliation (or Penance).”¹¹³

Conclusions

Moral injury is real. Men and women suffer moral injury as a result of things they have done, or not done, through betrayals, and through witnessing the totality of human depravity. Work with moral injury is ongoing in the congregations around Hampton Roads. Local clergy

¹¹¹ The explorer image is an extension of Larry Kent Graham’s shattered moral compass image and Zachary Moon’s “moral orienting systems.”

¹¹² Stallinga, “What Spills Blood Wounds Spirit: Chaplains, Spiritual Care, and Operational Stress Injury,” 22.

¹¹³ Paul D Fritts, “Adaptive Disclosure: Critique of a Descriptive Intervention Modified for the Normative Problem of Moral Injury in Combat Veterans” (New Haven, CT, 2013), 20.

are often unwittingly near the front lines of this battle, along with our psychologist and psychiatrist colleagues. The front line is manned by two distinct groups—a military service member’s unit and the military chaplains. Both need back-up.

Pastors, even without a strong knowledge of moral injury, provide care, and they indicate that effective pastoral care with moral injury sufferers involves listening, building trust, staying the course, and creativity. Each of these four practices emerged in conversation with local clergy. Listening, as effective with moral injury, goes beyond basic listening to a more advanced, closer listening, an attempt to hear the story behind the story. Building trust is accomplished through listening over the course of time, and also, more quickly, through honesty as the pastor humanizes his or her own experience. Staying the course develops consistency and predictability in care, usually through an agreed upon schedule. Creativity engages both the pastor’s sense of artistry and a co-creative sensibility to help those suffering moral injury reconnect and reengage with life.

Christian pastors recognize that moral injury impairs a human’s ability to live life abundantly. Part of the task of pastoral care is to reconnect men and women to the ultimate source of life. The four practices outlined in this chapter help to make that connection. Abundant life is a life of community.

In this area, some clergy are former military chaplains. Their experiences help them to understand the veterans and military service members who are a part of their congregation. They are also a resource, connecting communities of faith and the military community. For those who have not served, the military may seem like a bureaucratic monolith, with its rank hierarchies and protocols. It is not impenetrable or incomprehensible. At its most basic, it is a community.

The men and women of the military are men and women who share similar struggles with adults throughout the country—misbehaving children, bills that pile up, moving, and getting to work on time each day. And then again, the military community is surely different than civilian community. Service members often look for places they can fit in and make a home quickly. They can pack and unpack houses like pros. They often will have more international travel and experience than other members of the church. While specific experiences may separate, common humanity binds together. The four identified practices of listening, building trust, staying the course and creativity seek to highlight that bond of humanity and reflect theologically on our common calling.

Together these four practices of pastoral care are effective because they seek presence, the recreation of a safe environment, continuity, and creativity. The pastor employing these four practices is dynamic and adventurous. An exploration is taking place, and the pastor is privileged to be a part of it. All four practices rely on a pastors' ability to claim their authority as purveyors of the *cura animarum*. Clergy who claim, rather than deny their authority, effectively engage their role positively when working with moral injury. As David Jacobsen suggests, clergy who deny their authority are “. . . being naïve. That authority is frequently employed by those who wish to use it for their own subjective purposes.”¹¹⁴ In other words, if clergy deny their authority to speak with competence to the morally injured, the very words of grace pastors have to offer may be heard or construed to be damning rather than liberating. Claiming authority often means having traveled the path of self-reflection far enough to recognize one's own need for forgiveness and reconciliation, and to have considered one's own moral injuries.

¹¹⁴ David C. Jacobsen, *The Positive Use of the Minister's Role* (Philadelphia: Westminster Press, 1967), 44.

This chapter has explored the insights of local pastors evidenced in their answers to survey questions and interviews. Listening, building trust, staying the course, and creativity are positive pastoral practices that are effective in working with moral injury. Underlying each of these practices is the reality that pastors know themselves well so they may be able to enter the crucible of human suffering. In the coming chapter, a theological reflection on moral injury leads to a renewed call for the church to claim the authority to speak to this pressing issue that transcends the military, and applies to many areanas of human experience.

Chapter Five—Moral Injury and the Triumph of Grace

The pastoral practices identified in the previous chapter point to an orientation of grace in the care of moral injury. Grace allows for stories to be told and heard that are painful and difficult and challenging. The four practices of pastoral care for moral injury: listening, building trust, staying the course, and creativity, are situated in the integration of the experiences of the warrior into the experiences of humanity. This requires grace and an understanding of the human being as a living human document (a hallmark of the CPE movement, made popular by Charles Gerkin). A biblical theology of grace, then is important to help integrate what shame attempts to silence and hide. In this chapter, a theological reflection on moral injury is offered based on Biblical examples of moral injury, particularly from the beginning of the human story. Out of that reflection the four local practices of listening, building trust, staying the course, and creativity are viewed through Carrie Doehring's process of spiritual integration. Spiritual integration is critical for pastors who seek to provide care as it is a way of deepening the well of grace from which caregivers draw. The process of theological reflection and spiritual integration then apply to vignettes of military service from local pastors to illuminate some elements of military culture.

Theological Reflections on Moral Injury

While typically defined in a psychological context, moral injury reaches far beyond the constructs of psychology. Moral injury is a theological issue. It connects with sin and reconciliation, human agency, and the human condition. Reconciling actions one has engaged in, the totality of what one has seen, and the betrayal of self and others requires a bold theology of grace to create meaning and order from the chaos of life. Particularly in the case of military

moral injury, which arises from the trauma of combat and war, care of moral injury has to do with how one makes sense of moving away from one's usual moral center. A moral injury is a violation of one's moral code. The definition used in this study, in psychological terms, is Litz's definition from 2009: moral injury can result from direct action, from inaction, or from witnessing an action.¹¹⁵ The moral code or conscience, which seemed whole, is fractured. Usually, this is shocking and creates a lasting, if quiet, desperation. Moral injury can be marked by the question, "What I have done?" There is an incredulity at the actions of one's own hands or more widely at the participation in a system that affects moral decision making. Moral injury is a disorientation. Pastoral care of a moral injury necessarily needs to understand that moral code and assist in questioning the construction of that moral code. Pastoral care providers are in unique position to speak on moral injury because of the theological study of grace and understand of sin. Moral injury is not new. In Judeo-Christian thought, moral injury arises at the beginning of the human story.

Reclaiming the Biblical Root

Holy Scripture, the inspired word of God, provides stories that illuminate and describe the human condition. These stories have been told and retold, written and translated many times. Precisely because the stories of scripture describe humanity, the art of pastoral care looks to the scriptures to find theological understanding and insight of God's relationship with humans as well as human relationships with God. The task of care involves integrating the story being told with the witness of God's action through the scriptures. This is a reorienting, using the stories of

¹¹⁵ Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," 697.

people seeking care as a fulcrum to open the scriptures, thus putting the experiences they bring in the context of the Christian faith. This connecting can aid moral injury sufferers to reconnect to God, to themselves, and to the scriptures. Connecting scriptures with people is important. Connecting begins with deep listening to the person's story; it proceeds upon theological reflections from the pastor, confirmed by the person seeking care. Connecting stories of people today with the scriptures is a way of discovering God's grace, and that those who seek care are part of God's story.

The first stories about humanity point toward moral injury. In western Christianity since Augustine, often these stories are called the "fall story" or the genesis of "original sin." Brian Gerrish, in his work on Calvin, refers to how we live in "Adam's shame."¹¹⁶ Shame and grace are central in these stories, as they are throughout scripture. Shame in the psychological definition with regard to moral injury is the global evaluation of the self and a tendency toward social withdrawal. That definition is seen in the story of Adam and Eve as well as the story of Cain. Both of these stories from Genesis are important as they outline humanity's pattern. The story of Adam and Eve deals with disobeying God and the consequences of gaining knowledge of good and evil. Cain and Abel, immediately following Adam and Eve, further fleshes out the challenge of moral injury. The foundation for this reflection is from Rabbi Samuel Raphael Hirsch, whose work on the Pentateuch is challenging and enlightening.

God's creation of the world culminates with the creation of man. Rules are given, primarily a prohibition from eating of the tree of knowledge of good and evil. Rabbi Hirsch explains at this beginning of the human race, the rule or prohibition is given to man and later woman is expected to follow it. The prohibition sets up a challenge: man and woman shall not

¹¹⁶ B. A Gerrish, *Grace and Gratitude: The Eucharistic Theology of John Calvin* (Eugene, OR: Wipf and Stock, 2002), 21-49.

eat of that one tree, yet they will want to. They must choose not to, the freedom to choose is theirs alone. Along with the prohibition a punishment is offered if the man and woman eat from the tree of knowledge: death.

Rabbi Hirsch opens the commentary on Genesis Chapter three with this striking line, “The contrast to animals is the touchstone and the rock, by which, and on which, the morality of men proves itself or splits asunder.”¹¹⁷ As the woman listens to the serpent, she is deceived, as she later confesses to God. She eats of the tree. The man eats too, since he and the woman are in such harmony and her choice is his; and his choice is hers. The implication here is that the man and woman offered up their ability to choose according to their own understanding, and let a snake tell them what to do. The serpent’s deception goaded the woman to consider the fruit of the tree; she does and eats. The man eats. Immediately both man and woman realize their nakedness. They are ashamed—something is visible which ought not be visible. They cover themselves. They hear God approaching. “The man and woman crept away . . . no longer stood upright before God . . . they feared his proximity.”¹¹⁸ Here, moral injury begins.

The fruit eaten; the knowledge gained. And with it, the horrible realization of every minute difference between them, between the man and woman, between humans and God. They fear God’s nearness. As the man and woman hide, they experience the alienation, the isolation that to this point had been foreign to them. “They had already felt the first discord, their body being at variance with their spirit . . . At once now they feel themselves . . . at variance with

¹¹⁷ Samson Raphael Hirsch, *The Pentateuch: Translated and Explained*, trans. Isaac Levy, 2nd ed., vol. 1 (London: Isaac Levy, 1963), 72.

¹¹⁸ Hirsch, 1:79.

God.”¹¹⁹ They are disoriented, and in that disorientation, they hide among the leaves and other creatures God had made.

When they do finally leave the foliage and answer God, the man admits he is afraid, his shame at being naked before God exposes the broken rule. Both the man and woman know they have done wrong; that they have fallen short of God’s glory, of God’s purposes. The punishments are pronounced: the serpent is cursed as is the ground. Life becomes harder, man and woman are no longer in harmony with each other or creation. Obviously, Hirsch argues vehemently against the theological conviction of original sin—noting that humans are not accursed in this story, only the earth and the serpent. He argues that the purpose and nobility of humanity has not changed, “the mission itself, his God-like calling and his God-like competence for it, remains undisturbed.”¹²⁰

Christian theology, particularly in the Augustinian tradition, looks at this story as the account of original sin. While a lengthy discussion on sin could be written here, suffice it to say that moral injury and sin are indeed related, particularly in the way that human beings recognize the departure of their actions or inactions from the realm of what they believed they would do—and what moral code they follow. Thus, the ultimate shame is the choice against God’s rule and the disobedience that marked us as undeserving of life in paradise. However, the understanding of the Rabbi, that though the curse of the earth and the serpent make life more difficult, humanity is still a called and noble creation of God is a helpful corrective to the enslavement to sin most Christian theologies insist upon. These stories are then potentially liberating for those suffering

¹¹⁹ Hirsch, 1:79.

¹²⁰ Hirsch, 1:87.

moral injury because they look beyond depravity toward a compassionate future. The pressure to fear the punishing, unrelenting God, to be placed in the scales and found wanting, is lessened.

In the original prohibition, God decreed that if the man ate of the tree, he must die. God decrees the man and woman will have to leave the garden, because they may reach out to the tree of life and live forever. They are forced to leave home, which can be construed as a death. “Death itself is not a termination of existence, but only a termination of existence here. And so, banishment from Paradise may have been death in a milder form.”¹²¹ Death in milder form seems an apt description of moral injury—the soldier Pastor Leo cared for at the airport whose world had been fractured, with deadened eyes is an example. A death of faith is another example. For those who return from war and are imprisoned by their own memories, judgements, and actions certainly live, but live differently. Their knowledge will not let them live as ordinary citizens.

The next story in Genesis provides further evidence for moral injury in the earliest scripture texts. Cain and Abel are the sons of Adam and Eve. Cain, the elder son, is an agricultural man, fulfilling God’s pronouncement that man would have to work for food by the sweat of his brow (Genesis 3:19). Abel, the younger son, chooses to keep livestock. Hirsch makes a distinction here that Cain works and creates the food to feed the family, growing proud of the land he makes produce. Abel, on the other hand, takes his animals to graze on land that is not necessarily his; the property of livestock is mobile. Cain presents an offering to God of the fruit of the ground. Abel also presents an offering from his flock—the firstborn and best. God chooses to look upon Abel’s offering. Much is speculated about why God turns to Abel’s offering. There are not many clues. “Two people can bring exactly identical offerings, pray

¹²¹ Hirsch, 1:64.

exactly the same prayers, and still present themselves to God in infinite dissimilarity.”¹²² Hirsch suggests that human attitudes regarding comportment before God influence reactions from God.

As much as God does not look upon Cain’s offering. This annoyed and angered Cain. Literally, “this burnt Cain very much.” God notices and inquires: “Why are you angered at the past, and why so depressed and hopeless for the future?”¹²³ These questions are pertinent to moral injury. Cain, it seems, felt betrayed by God turning toward Abel’s offering. The betrayal and anger cause a larger problem, which God warns about: sin is lying at the door; whatever Cain does, God suggests he must master sin. Usually this is translated as sin is crouching (as in waiting to pounce and overtake), Hirsch argues forcefully for the opposite meaning: Cain must master sin, in order to control and order it, to subdue it and tame it.

Clearly Cain’s efforts are not enough. Seeing his brother in the field Cain rises up against him. The first homicide is fratricide. Cain denies knowing where his brother is when God asks. God replies the earth itself demands God execute justice for Abel. Then God says Cain is cursed (already by earth at Abel’s death, now at God’s word). The man Cain is cursed at his forcing the earth to receive the blood of Abel; the ground will not grow produce for Cain, and he will be a “wanderer,” “unsettled and friendless” (Genesis 4:12). Cain will wander without a shepherd, without one to care for him—he is in a sense brought down to the level of the livestock whose shepherd he just killed. Abel cannot forgive him, the earth will not forgive him, and God sends him away.

Rejected and cursed, Cain says, “My sin is greater than I can bear.” Hirsch suggests that the word here is sin, not punishment (as most modern translations suggest), and that “sin” links

¹²² Hirsch, 1:99.

¹²³ Hirsch, 1:101.

verse 13 and 14. Cain realizes the gravity of what he has done not in relation to his brother, but rather in relation to severity of his expulsion from God's presence, from his identity as a farmer, from his family; all he has known is gone. Hirsch puts this confession from Cain, "Had I only murdered my brother it would be bearable, but I did not know that I had thereby murdered myself . . . had forfeited every claim to the world or to brother-man."¹²⁴ What Cain brought upon himself brings him to realize the gravity of his action, of not controlling the sin resting at this door, or thinking first of himself and his position. Cain is certain he will be killed when not relationship with God. In response, to deter his untimely death, God marks Cain. Hirsch notes that sages in the Jewish tradition are divided over what this mark was or exactly what it meant, but midrash commentaries suggest that Cain himself was the sign of warning. Was the mark of Cain moral injury? The weight of the decisions of the past, broken relationships, alienation. The most marked alienation is Cain's departure from God's presence. "The way [the] sages take it, [Cain] turned right away from Him; turned his back on God, and banned by the earth and mankind . . . [tried] to found an independent life on his own."¹²⁵

The stories of Adam and Eve and of Cain and Abel both serve as demonstrations of how shame is experienced by human beings. Adam and Eve become acquainted with shame as they realize they are not in harmony with each other, creation, or God. They are naked, exposed, without covering. Shame drove Adam and Eve to hide from God. Likewise, shame, in the present day, leads to silence, to withdrawal, to isolation. Cain's shame at not being chosen led him to ignore God's words and rise up against his brother. Cain recognized the wrong of his action in the shame of his isolation, and in recognition that he, in a sense, murdered himself, in

¹²⁴ Hirsch, 1:107.

¹²⁵ Hirsch, 1:109.

the act against his brother. Grace, in these stories appears, too. God's interaction with all the characters appears just, and though from Adam and Eve to Cain, there is an intensification of shame and alienation, God does not seek to destroy. Hirsch suggests God goes so far as to invite Adam and Eve to try and do better out of the garden, keeping their nobility intact.

Further stories of scripture display moral injury, such as Esau and Isaac, Joseph and his brothers. Saul, who goes against a divine command, loses his position as King of Israel and descends into madness. David too experiences moral injury in the incident with Bathsheba, Uriah, and Nathan. Later in the New Testament, parallel stories of Judas and Peter, who both betray Jesus, detail the injury of both men. Unable to find a salve for his wound, Judas hangs himself. Peter, on the other hand, encounters Jesus who offers grace at the meal they share and who three times commands him to "Feed my sheep."¹²⁶ There are many more examples throughout scriptures.

The conundrum of moral injury raised in these stories has to do with how the actions of Adam, Eve, Cain, and others square in relation to God and themselves. Can reconciliation be accomplished? Traditional religious views of Judaism suggest yes because the mission of humanity is to emulate God. Failing in that mission is a moral injury, but not one that completely debilitates, since "As morally responsible agents, one is not condemned to endlessly repeat the past."¹²⁷ For Christians, reconciliation from morally injury is found in the promise of redemption at the empty tomb: that forgiveness is offered to humanity that has transgressed relationships between each other, God, and all created in God's image. "The presence of God serves to assure

¹²⁶ Joseph McDonald, ed., *Exploring Moral Injury in Sacred Texts* (New York: Jessica Kingsley Publishers, 2017). I am particularly indebted here to Warren Carter's chapter on Peter and Judas, beginning on page 151.

¹²⁷ Marek S. Kopacz et al., "Towards a Faith-Based Understanding of Moral Injury," *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications* 71, no. 4 (December 2017): 218, <https://doi.org/10.1177/1542305017743249>.

the weak and most vulnerable that they are not alone, and that the source of our comfort is a suffering Christ.”¹²⁸ Moral injury presents an opportunity for God’s grace to reign supreme.

Care for moral injury goes far beyond a psychological practice, it is a triumph of grace. The biblical examples show an enactment of grace, for those who suffer greatly. Moral injury is a further explication of the human condition. That condition, evidenced in the biblical stories of the first humans, also exists for modern day humans. Humans feel shame. Silence and resistance around discussing shame seem to prove its presence. Humans experience grace. With one another, from one another, and from God, grace practiced and received, offered and unwarranted, is present. Warren Kinghorn, assistant professor of psychiatry and pastoral and moral theology at Duke University, argues Christian communities are able to bring redemption to suffering since they are not value-neutral.¹²⁹ Indeed, the practice of pastoral care contextualizes human experiences through the lens of scripture with one goal being spiritual growth. Pastoral care approaches and listens for shame in order to achieve a fuller expression of God’s grace. Growth accomplished through suffering is still growth. This process of integrating our experiences into one whole is a reflexive, reflective process.

Recognizing that moral injury is both disorienting and distressing, care for moral injury as evidenced in local pastors, builds on biblical images. Each of these images has a theological basis in responding to moral injury. Listening as a pastoral caregiver is akin to representing, even if only for a short time and moment, the God who heard the cry of the Israelites enslaved in Egypt. Building trust is finding ways beyond betrayal; it is akin to Jesus’ response to Thomas,

¹²⁸ Kopacz et al., 218.

¹²⁹ Warren Kinghorn, “Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury,” *Journal of the Society of Christian Ethics* 32, no. 2 (2012): 66, <https://doi.org/10.1353/sce.2012.0041>.

“Put your finger here, see my hands.” Staying the course is an embodiment of Jesus as Emmanuel, God with us. Creativity is recalling that humanity is called to be a co-creator with Christ, living into God’s goodness and blessing for creation.

Pastoral care for moral injury responds to and searches for those theological roots. The ability to hear and articulate theological themes as well as existential issues in conversation is a consequence of good listening skills integrated with theological education. Foundationally, this is what pastors bring to a caring situation that other professional disciplines do not stress. Pastoral conversations begin with the pastor—a listening and caring individual, who is willing to hear the challenging confession amid the words offered by the parishioner. The pastor, with the gift and insight of a keen study of scripture and theology, will hear theological themes emerge from the conversation, often centering around forgiveness, guilt, or shame. Sometimes, as Pastor Eli said, they come with a request like at the end of the movie, *Saving Private Ryan*. Private Ryan, who, years after WWII, looks at his wife in the graveyard in Normandy, France and says, “Tell me I’m a good man.”¹³⁰ While most parishioners may not verbalize that to their pastors, at an existential level, it is the unvoiced request, evidenced by the ways they live the rest of their lives as much as by their actual words in the pastoral conversation.

Clergy are challenged by parishioners to find and work that integrative element, weaving life stories into scripture stories. This process is a grace filled process, with grace to accept the person who has returned from deployment for who they are and to help them make sense of what they have done and what they have become. This is not always easy; it begins primarily with the pastor developing a deep well of grace from which to draw. To develop a deep well of grace, pastors demonstrate grace with themselves, developing a keen compassion for the human

¹³⁰ Steven Spielberg, *Saving Private Ryan* (Paramount Pictures; DreamWorks, 1998).

condition, and with their parishioners. This is accomplished through theological or spiritual integration.

Spiritual Integration: Seeking God's Grace

Not every pastor has practiced intentional theological integration. The process of theological integration or reflection seeks to connect the one reflecting to the wider Christian tradition, particularly to the tradition of biblical theology. The lens of theology is embedded in each human in some way. Integration seeks to make the connection cognizant, plain, and visible. Reflection and integration are critical components in the care of moral injury because they ground the experience of the person in a wider narrative and creatively help to discover grace to combat what is often experienced as shame. Carrie Doehring, professor of Pastoral Care and Counseling at Ilif School of Theology, offers this insight, "While pastoral caregivers since the 1950s have emphasized the importance of reflection on emotions in establishing a non-anxious presence, they have not fully understood the theological importance of reflection on emotions."¹³¹ Her rebuke makes the way for a new approach that she calls "spiritual integration," and involves three steps:

1. Connecting with God/the goodness of self and others through compassion-based spiritual practices
2. Identifying one's own embedded theologies that generate moral stress because of intersecting social systems of oppression like racism, sexism, and classism
3. Co-creating intentional theologies experienced through compassion-based spiritual practices that are flexible, integrated, and capable of complex meanings, and relationally connected within life-giving webs of relationships¹³²

¹³¹ Doehring, "Resilience as the Relational Ability to Spiritually Integrate Moral Stress," 642.

¹³² Doehring, 638.

The way Doehring describes spiritual integration, it is intentional, self-reflective, and built within community—it is a claiming of freedom, a claiming of community over isolation, a claiming of meaning over the void; it is life-affirming, attempting to both make meaning of lived experience, and seek out new opportunities for abundant life. Justice confronts systemic patterns that restrict and confine life in this process, and the strength of the community supports that confrontation. Doehring’s process encourages people to consider why they feel the way they do and claim creative power to adjust. Spiritual integration is ultimately a way to claim and incorporate God’s grace against the milder forms of death—shame, isolation, guilt, and alienation.

Moral injury sufferers face the challenge of becoming cognizant of embedded theologies that condemn. In doing so, they begin to make new meanings of old experiences. The importance of meaning-making regarding moral injury is that that it can assist the military service member in dealing with a morally injurious experience and thereby reduce the impacts of PTSD, depression, suicidality.¹³³ Meaning-making includes processes of reflection that may be led or participated in with clergy; it will also involve other actions—service, compassion, reparation, rebuilding. These actions serve two purposes: to make right and to reconnect the morally injured with some sense of internal goodness, widening the field of vision that shame and guilt constricted.¹³⁴

Doehring’s model is critical for pastoral caregivers of those with moral injury because of its insistence on compassionate practices which are practices of grace. Connecting with God is also termed as connecting with the goodness of the self. It is a gracious act to re-discover the goodness of oneself. It is also difficult work if shame has come to be the silent definition of oneself. Doehring first addresses the isolating nature of shame by placing her process in the

¹³³ Joseph M. Currier, Jason M. Holland, and Jesse Malott, “Moral Injury, Meaning Making, and Mental Health in Returning Veterans,” *Journal of Clinical Psychology* 71, no. 3 (2015): 238, <https://doi.org/10.1002/jclp.22134>.

¹³⁴ Doehring, “Military Moral Injury,” 13.

connect of the community. The value of a community-based practice is that the gathered community keeps that graciousness honest by holding members accountable and encouraging their participation. Community also confirms compassion by its faithful hearing and listening, thus creating a space for trust.

Military moral injury arises most frequently at the intersection of the military culture and civilian culture. If it arises elsewhere, this intersection intensifies it. Pastors and caregivers likewise need to identify how theology fits into the intersection of military and civilian culture and consider what moral stresses exist there. By first considering that in a supportive, gracious compassionate community, pastors are then able to extend that knowledge outward to those they serve. This extension of integration relies on trust built in community. Due to the challenging nature of identifying embedded theologies, this is step that aligns with staying the course.

Staying the course as a pastoral care giver involves deeply considering, in the context of grace, where cross the crowded ways of life. Moral conundrums are part of our lives; they have existed since the first man and woman walked the earth. Searching for theologies that generate stress is searching for the moral injuries that occur in the course of life. Larry Kent Graham is helpful in outlining some categories regarding moral challenges. The implication here is for clergy to discern their own sensibilities around moral challenges they face as a way to model how to approach more pointed larger moral issues.

Moral dissonance refers to the recognition that my internal sense of right and wrong is unclear or in conflict. ...Moral dilemmas refer to the tensions and struggles that arise in individuals and communities when the pervasive dissonances in our moral landscapes become a stressful conundrum. ...Moral injury. . .is the burden of harm and the diminishment of vitality that arises in individuals and communities when we violate our own moral compasses.¹³⁵

¹³⁵ Graham, 12–13.

These categories, from dissonance to injury, indicate a progression of moral challenge that is helpful for reflection as clergy seek to understand their own moral injuries and the societal responses to moral challenges. None of this ought to occur in isolation; reflection on moral issues is best done in consultation with trusted colleagues, as within a clinical pastoral education framework, or in the collaborative conversation model proposed by Graham. In either case, the voices of fellow strugglers on the path helps to tease out new possibilities and creative solutions. In a word, community is hope.

Once the reckoning of the intersection of stress and injury and belief is examined, the community is again a helpful and hopeful presence. This time the task is a creative one—designing intentional new theologies built on the grace of God and the supportive community. Grace is again a critical element in this endeavor, as the creation of these intentional new flexible theologies build relationships capable of complexity and of reflection. At this point in Doehring's process, though she does not call it this, blessing results. Blessing not in the material sense, but in the sense of the gift of power. Blessing is more related to grace and mercy, the Aaronic sense of blessing. The community so vital for the process of integration blesses its participants to go out into the world again, strengthened.

Strengthened by the grace of lived theology and the blessing of the community, pastors and care givers offer grace to others; they move from reflection, back into action. The process here is also the product; it is a very practical theological method to integrate the goodness of God as experienced in compassionate and gracious ways as antidote to sometimes harmful, unexamined beliefs, creating a new theology for the present. For moral injury sufferers, too, this process spurs to new action with a gracious foundation toward reconciliation of self to God and

self to others. Theological or spiritual integration and reflection helps appropriate the grace of God for those who feel abandoned, alienated, or isolated from God.

Experiences of Military Culture

Matthew Young, an author and former Marine, chronicles his experiences from boot camp to his difficulty integrating his service with civilian life. The integration he discovered was that through writing and speaking his own story, he was able to tease out a future that was congruent with him. It is, in a sense, a new gracious practice, conducted through a community of writers and educators: he helps people. Discovering that has helped him to effectively use his experiences of military culture.

In Hampton Roads, Virginia all five branches of the United States military having an installation within the borders of those seven cities. Also, NATO's Allied Command Transformation is based in Norfolk, Virginia. Many civilians support the installations that house the armed-forces in this area. The military permeates life—economically and socially so much so, that one interviewee mentioned that “Churches have a USO culture.” Television and movies often provide a backdrop of what the military is like. Some renditions are truer than others, though entertainment is not reality.

The soldier that Pastor Leo counseled in the Kandahar airport doesn't appear as a character in most popular movies and television shows. The weight of his actions, despite the pride of being one of and serving the Army's elite fighters, was enough to cause the soldier to question everything. Pastor Leo's story highlights that despite catchy slogans, the reality and weight of war cannot be fully prepared for.

Each branch of the United States military, Army, Navy, Air Force, Marines, and Coast Guard is guided in mission by the Department of Defense. And each branch has an attractive recruiting slogan that attempts to encapsulate the organization. *Born Ready* the Coast Guard advertises, hearkening back to their motto: *Semper Paratus* or “Always Ready.” *Aim High, Fly-Fight-Win* the Air Force proudly trumpets. *Forged by the Sea* is the Navy’s most recent effort. It replaces the slogan *A Global Force for Good* and the memorable old slogan that promised recruits would see the world. The Army has famously had some trouble with slogans over the years. For almost twenty years, the Army announced *Be All You Can Be*, though in 2001 the slogan was changed to *An Army of One*. Noting the incongruity of one-ness and the army reality of teamwork, the slogan was changed to *Army Strong* in 2003. The Marines have the most consistent slogan: *The Few. The Proud*. They are also known by their motto *Semper Fidelis* or “Always Faithful.”

The slogans of the military direct attention to the qualities of toughness, strength, resolve, and perseverance needed to complete the mission. Recruits to the armed forces are “...trained, identified, rated, promoted, and retained based on their occupation and how well they perform that occupation.”¹³⁶ Hence, many veterans and military service members are concerned with their ability to function in their occupation and develop a sense of pride in their work. Many who have served speak of a desire to be a part of something larger than themselves. Pastor Eli, who came to serve a larger church in the area was assigned a senior retired Army Colonel to acquaint him with military culture when he arrived at the church. The Colonel shared about protocols, helped Pastor Eli identify the rank hierarchy extant in the congregation, pointed out the pastors

¹³⁶ E. G. Meyer and Gary H. Wynn, “The Importance of US Military Cultural Competence,” in *Military and Veteran Mental Health: A Comprehensive Guide*, ed. Laura Weiss Roberts and Christopher H. Warner (New York: Springer-Verlag, 2018), 15, www.researchgate.net/publication/322918017.

of the congregation maintained a “higher rank” than the highest-ranking congregation member, outlined commander’s intent, and then offered an example of the lasting effect of military service. He shared that new conflicts, such as the September 11 attacks and the war on terror caused him to have recurring nightmares. The French had buried their soldiers standing up and facing France in mounds some years earlier. The mounds were blown apart, exposing the skeletons. The colonel could not escape that recurring dream. The war disturbed the dead. The dead disturbed the living.

There is a deeper connection between this story and military culture. The horror of what the colonel saw in the exposed burials of the French soldiers from years before was also a window into the future that had a distinct possibility awaiting him in Vietnam. It was shocking because it cut through the various layers of military culture and laid bare a reality most choose to ignore. Military service is not only about vaunted slogans and the challenges of war, it is also completing the mission and working toward a common goal. Warrior culture is about accomplishing the mission, making the desired result happen. Clear priorities must exist.

The military runs on authority and trust. It develops a moral code that is rigid. This begins in basic training, where a common sense of sacrifice is inculcated. This leveling experience that requires recruits to “. . . relinquish aspects of his or her previous personal identity in favor of a new shared identity.”¹³⁷ This creation of a new shared identity is an important part of framing a new moral code or as Zachary Moon, assistant professor of practical theology at Chicago Theological Seminary, argues for, a “moral orienting system” that the newly minted soldiers, sailors, airmen, coast guardsmen, and marines have. This new moral sensibility is socially constructed through the process of recruit training and has a strong base in social

¹³⁷ Litz et al., 32.

psychology yet is combined with a sense of loss and grief over what was left behind.¹³⁸ Beyond the sacrifice of the civilian who was to the warrior who has become, there are hardships to face in deployment and training schedules, moving hither and yon at a moment's notice. There is an unspoken sacrifice that those who go on repeated deployments may face—a deeper entrenchment of the military moral code and a disdain for the civilian moral code.¹³⁹

Reorienting moral codes makes sense; high school graduates become warriors. This reorientation creates tensions between embedded theologies and newly learned military theologies. A pastor described an eighteen-year-old who had enlisted in the Air Force who was only about six months passed her high school graduation. She was assigned to an intelligence unit and spent her days watching monitors in a windowless room. When she saw the target, her mission was to call a number to report exact location information. Then she would sit back down. A bomb drone would be activated. After her call, her mission changed. Now she had to watch the screens to ensure the elimination of the target, this was the next step of her mission. Often, the pastor described, there was “collateral damage.” Six months past high school graduation, this young lady was calling in coordinates that resulted in her watching the “targets” that is people, be killed, along with “collateral damage,” that is non-combatants. This was her job, her service. It was different than she imagined. And like the soldier in Pastor Leo's story, her soul felt the weight of the things she witnessed. Tensions emerged between her moral code and what she was doing. She sought out pastoral counseling to connect with grace. The grace she sought was a word of blessing, a reminder that sins have been removed from her, that her existential suffering would have an end.

¹³⁸ Moon, *(Re)Turning Warriors*, 2016, 78.

¹³⁹ Moon, 76.

The military moral code seeks to redeem the suffering and sacrifice as part of a larger duty to country and, potentially, God. It further seeks to see the work a servicemember does as necessary and right, serving the right purposes. It appears to be built on clarity of purpose and certainty. One way of seeing this in action is through Pastor's Leo's comments on God as ultimate authority, as sovereign.

We believe God is sovereign. And I'll be quite honest with you. When I first went to Afghanistan, I got over there, and I've always said I believe God is sovereign. . . The fact is I don't. I feel like I can pray to God, but I need to give him lots of direction because he just doesn't. . . he's too slow and he doesn't understand what's going on on the ground, especially when it relates to me. . . but then I had to come to this realization: ok, is he sovereign or not; are you gonna trust him or not; you gonna trust his goodness? That really got me through the whole experience. And I had to ask that question each time because each deployment is a bit different than the previous ones. . . I found that soldiers really resonated with that. They wanted to know that some something, somebody, something, whatever, was in charge.

Sovereignty may assure some solidity when the whole world seems fluid. Thus, the theological claim of God's sovereignty becomes an anchor, at least for Pastor Leo, as he describes how each deployment challenged his notion of sovereignty, and how he found solace preaching the goodness of God amid great suffering and the cataclysmic wreckage of war. He found his faith tested, refined, and now understands that those suffering trauma and moral injury might find that connection to power and purpose meaningful. This was not an easy task for Pastor Leo. However, his struggle with it, and his honesty about that struggle, was helpful to the men and women he served.

Knowing that God was in charge resonated with soldiers who had to make life and death decision, who put themselves in harm's way for the country. Their resonance also implies that God was watching over them so that whatever happened, God was there. This belief likely allowed them to live out being their brother's keeper. And it certainly lent itself to finding redemption in suffering. One aspect of suffering in the military, beyond the sacrifice of basic

training and constant moves, is the high standard of performance service members to which service members hold themselves. It is called the warrior ethos. As an external object, it is a succinct group of rules arranged in the first person: I will always place the mission first. I will never admit defeat. I will never quit. I will never leave a fallen comrade.¹⁴⁰ The warrior ethos is this characteristic spirit and can-do attitude only partially summed up by those words. This ethos is forged as the work of the basic training or boot camp, where the old is gone, the new remains. It is refined when men and women deploy. It is proven in the conduct of the military service member in combat and when returning home. The morals of the service member, inculcated at basic training, frame the work they do. More than most civilians, military who live the warrior ethos, adhere to a moral code that is strict. Failure is not an option.

Human beings fail. And when warriors experience failure, there can be trauma and moral injury. A case in point is the story of a bomber pilot who was providing air support in Iraq and Afghanistan. He was on a mission, flying to support American troops. As he flew, he listened in on radio chatter. While he was still far off, he began to overhear radio transmissions from the troops he was to provide air cover for. The Americans were being over-run; and the pilot could not do anything to make it to them quicker. Later, after all the reports were written, he struggled with his aural witnessing of his failure to provide adequate air cover; he was too far out to make it in time.

The pilot's story is a snapshot of the warrior ethos being challenged. The pilot could easily find himself asking the same question as Mary: "Lord, if you had been here, my brother would not have died" (Luke 11:32). Though, the pilot in this case takes the role of the Lord,

¹⁴⁰ Richard J. Westphal and Sean P. Convoy, "Military Culture Implications for Mental Health and Nursing Care," *Online Journal of Issues in Nursing* 20, no. 1 (January 31, 2015): 4.

swooping in with salvation from the skies. But through the guilt the pilot felt for not being able to complete his mission and being haunted by the radio transmission he was powerless to remedy, he needs to be unbound and let go from his self-recriminations and guilt. He needed grace, which is not always in great supply in the military or warrior culture. Grace is countercultural.

There is a much more to military culture, but these stories indicate how military culture can point one way and actions and feelings point another. For service members to reach out to pastors and local clergy is significant. It indicates that barriers to care are being broken, and it is usually a theological call for help. Theological reflection and integration assist pastors in their task and help those in need discover meaning in their challenge. As service members prepare to separate from the service, a new set of opportunities emerge. The service member is leaving a small unit where unified effort and suffering produced strong bonds. Churches can provide small group opportunities, support opportunities and the ability to continue serving some thing larger than oneself to service members.

For all the talk of grace that is so popular in churches, moral injury presents an opportunity to fully enact and discover the power of God's grace in relationship with men and women who have served in the armed forces or are still serving in the armed forces.

Conclusion

Moral injury calls for a robust pastoral theology that reflects both the human condition and God's grace. Care for moral injury is an example of enacted practical theology that honors the human being God created, the capacity held within for the knowledge of good and evil, and

God's grace. Pastors are uniquely in a position to most fully communicate God's grace to their parishioners and other military service members and veterans who struggle with war.

In this chapter, moral injury was explored in relation to sin, particularly in the early biblical accounts of Adam and Eve and Cain and Abel. There, moral injury is seen as shame, as a milder form of death. In this prototypical stories of humanity, moral injury appears a part of the human condition. Moral injury appears throughout the biblical witness as humans strive to be God's people. God responds with grace. The process of spiritual or theological integration and reflection is one way for pastors and moral injury sufferers to reconnect to God's grace. Carrie Doehring's spiritual integration process was explored as a model because it specifically builds community and fosters connections to gracious and compassionate spiritual practices. The practice of spiritual integration led to a discussion of experiences of military culture that highlighted needs for integration, and the intersection between military and civilian culture that is challenging for some veterans and can exacerbate moral injury.

Mental health professionals have been on the forefront of moral injury for some time, and their contributions are invaluable. However, moral injury is an issue that demands the voice of theology. Once considered the queen of the sciences, theology has been reassigned, to a position where most people take it for granted. Carlyle Marney, a Baptist pastor and Ethicist, offered this reflection:

Although I've stood hat in hand for over thirty years asking psychology to correct my notions of man. . . Psychology, even that of my own shadow side, is still a downstairs maid in the human house. Theology, no longer queen, never really mistress in the human house is an upstairs maid working for order and meaning and ethics is her bound partner.¹⁴¹

¹⁴¹ Carlyle Marney, *The Shadow Side of New Being*, Lecture, Fundamentals of Relational Ministry (Princeton Theological Seminary, 1976), <http://mediafiles.ptsem.edu/audiolibarypts/1976/3476>.

Marney's 1976 metaphor may appear dated, but his point is valid. Human existence, if it were a house, is served by psychology, theology, and ethics. All three disciplines help the house run. Psychology is largely hidden from view, accessible only with the effort of going downstairs. Theology and ethics provide meaning and order in everyday living areas, brushing up against life more regularly, and influencing life visibly. Moral injury disrupts the house and at its worst, destroys it. Psychology, theology, and ethics work together to help shelter the master or mistress. Pastors, representations of theology, need to be mindful of how they help order a house, a life.

The theological perspective pastors bring is framed by grace and integration of the scriptures into current experiences. Pastoral care for moral injury is work together with those who suffer, making connections, developing reflections, and reorienting to grace. Rather than precluding other disciplines of help, pastoral care for moral injury seeks to work creatively with other disciplines in order to help repair the wounds of war. Christian pastors are fond of talking about grace. Biblical examples show the enacting of relational grace and point to moral injury care as a triumph of grace. The church widely, and pastors specifically, have a large role to play.

Chapter Six—The Future From Here

Next Steps

The term “moral injury” is new to churches. However, effective care for moral injury is not new to churches. Pastors have dealt with the moral choices of the societies they have operated in for as long as they have existed. Pastors have dealt with the morals of their people for just as long. Local clergy in military dense Hampton Roads, Virginia, report that listening, building trust, staying the course, and creativity are practices of care worth replicating for moral injury. Some clergy overstated their knowledge of moral injury while others noted they felt unqualified to provide care since they are unfamiliar with military culture and trauma. Most significantly, the main difference between the clergy most effective at pastoral care for moral injury and others is a willingness to approach their own moral injury and discover a grace broad enough for themselves and others. Having accomplished that internal work themselves, clergy were then able to claim their authority to offer grace.

This chapter begins by considering what significance the conclusions from this study carry. First, the conclusions point to an image of the pastoral care giver as an explorer. Pastoral care of moral injury requires exploring the moral code world of the pastor and parishioners. Secondly, the conclusions lead to a renewed look at the meaning-making function of clergy—how do pastors help people make meaning of the lives they lead and the actions they take. Thirdly, the conclusions point to the importance for clergy in Hampton Roads to become familiar with moral injury (and trauma) to better serve the needs of the people, and to develop relationships for the mutual support and development of care networks for moral injury. Finally, the conclusions remind pastors of the importance of the care they provide and the importance of developing basic and advanced pastoral care skills so they may claim their part in the

interdisciplinary discussions of moral injury. After discussion of these four areas of significance, this chapter notes limitations and possibilities of this study and opportunities for future study.

Pastors Are Explorers

Clergy seeking to work with moral injury among their congregations and communities take on a special role, the explorer. This role is an outgrowth of the priestly function of pastoral care and the theologian in residence role of a pastor. Two prominent scholars, Larry Kent Graham and Zachary Moon, have both used orienteering images related to their work with moral injury.¹⁴² Graham favors the broken compass in his book (which features a shattered compass on the cover), noting two readings of the cover of his book—the need to repair the broken compass and second we need to break the compass to allow healing.¹⁴³ Moon develops and argues for “moral orienting systems” which are the totality of how a person is shaped by internal and external factors while engaged in living and moral decision making.

Connecting the moral compass and moral orienting system to local clergy places great weight and significance on the pastor as a moral code explorer—a somewhat adventurous title of the pastor’s role, but also counter to what may be the traditional pastoral role of moral code enforcer. Practically, the pastor is moral code enforcer for the congregation, but the limits stop shortly outside the walls of the church. The given societal role of pastors is to speak a moral word to the society who then hears that pastoral word as one voice among many—diffusing the pastoral word and minimizing its impact. Functioning as an explorer the pastor may indeed speak the necessary words to society—of grace and judgment, but having a firm grasp of the terrain,

¹⁴² Graham, *Moral Injury*; Moon, “(Re)Turning Warriors,” 2016.

¹⁴³ Graham, *Moral Injury*, 3.

the pastor speaks more poignantly, convincingly, and authentically. Authenticity, here, as always, is a paramount concern and is best addressed when the pastor has explored his or her moral operating system. Then, in the course of care, the pastor assumes the role of exegeting the moral code of the person receiving care, assisting the parishioner's exploration.

The first adventure for the pastor-explorer is into their own moral code. A foundation of exploration there allows for the honesty and tenderness in helping other people on their expeditions. The basic way of exploration is conversation—listening deeply, reflecting, clarifying emotions, parts of the code—it is making the implicit explicit. This usually occurs in the background of the care relationship. In the case of moral injury, it may need to be an intentional part of the conversation. The role of explorer can also play out in congregational settings—perhaps a small group, support group, or class setting can set out on an expedition in moral orienting systems. It is important that the group be suited for the task, and that they agree that disagreements will not become dilemmas. The point of the group exercise is to demonstrate the uniqueness of the moral codes we carry and how they interact with the larger group—the way that each person influences and is influenced by an organization.

The exploration of moral codes will be useful as people seek to recover from the various forms of moral stress they face; it also allows the pastor practice so when working with a morally injured parishioner, the full weight of the pastor's empathy and warmth may be felt. Exploring takes into consideration the particular experiences of the person and does not rush to absolve or vindicate.

An explorer enjoys the adventure and respects the terrain. An explorer is not an evangelist, not a missionary into some strange new country. The goal of the exploration is to assist the parishioner in discovering what moral code they are operating under. Military service

members and veterans may retain much of their military training code of morals so carefully developed. Others may retain that moral code only in snips and bits. Exploring this with veterans and service members will help to frame or reframe the issues they have and help the pastor to understand what moral violation is offensive. In other words, the exploration occurs to allow the pastor to know where the work is needed, but the pastor cannot own the work being done, that responsibility rests with the person. Supporting human thriving requires a stance in pastoral care that does not rush to condemnation or absolution but is willing to supportively journey and explore areas of the inner and socially constructed world of veterans and military service members. It is to be undertaken with care and with great humility. This is an adjustment from pastoral care as usual.

Explorers Discover Meaning

The pastoral role helps to make meaning of the experiences of those who are morally injured. Meaning-making is an important part of recovery from wounds to the soul. A mere checklist for meaning-making would serve no one. Each makes meaning individually and at one's own pace. I have been informed by reading literature in existential psychotherapy, particularly Irvin Yalom, professor of psychology from Stanford, and a prolific writer, who lays out "...four ultimate human concerns: death, freedom, isolation, and meaninglessness."¹⁴⁴ That all human beings struggle with issues at some point or another is borne out in experience. Perhaps there is no surprise to the rise of existential philosophy following World War I, as men and women of that generation grappled with the war to end all wars. Pastors are expected to

¹⁴⁴ Irvin D. Yalom, *The Yalom Reader* (New York: Basic Books, 1998), 172.

assist parishioners in approaching existential issues, yet the circumstances of moral injury and the complicating shame and guilt, or feelings of meaninglessness may be more intense.

Pastors have the training and skills to assist with meaning-making. The most critical of those skills is theological competency, which as Donald Capps understood makes the care or counseling encounter pastoral. That theological sensibility and connectivity between the divine and the mundane give pastors the ability to move in and out of many assumptive worlds, to be a useful sounding board, to speak the word of grace. Making meaning as pastors is integrated into the normal routines of the week—sermon preparation, reading the newspaper, all involve making meaning and assisting others with understanding the importance of the meaning of things.

Pastors also possess the interpersonal resources to connect people if necessary, and it may be necessary. The work of community is ever present in the meaning-making endeavor. as Jonathan Shay expresses “What a returning soldier needs most when leaving war is not a mental health professional, but a living community to whom his experience matters.”¹⁴⁵ Shay goes on to lift up the role of the unit as the primary place to debrief battle experiences. However, the living community is more than the unit, however, it also the community that provides a home to these military servicemembers and veterans—society has a stake in the way war is fought and in those returning from war.

Explorers Open New Terrain

Moral injury needs a public relations campaign. Awareness and knowledge of moral injury ought to increase. Local clergy need to learn what the term means in order to respond to it

¹⁴⁵ Shay, *Achilles in Vietnam*, 198.

with the full weight of pastoral care, theological reflection, and grace. However, awareness of moral injury as a defined term is not the end, but the beginning.

Awareness is the beginning that leads pastors to consider if they have suffered a moral injury or perhaps been party to creating one. Pastor Ian surmised this; Pastor Leo has lived it. Larry Kent Graham is explicit on this, “Moral injury—both rendered and received—is a dominant challenge in our current environment. Indeed, we may say that the toxic moral climate in which we find ourselves is more than injurious.”¹⁴⁶ Graham puts emphasis on knowing and acknowledging the moral dilemmas we all face as a way to own up to society’s failings. He is right to do so since there is much of contemporary society that involves moral challenges. One need only switch on the television news, the radio, or pick up a news paper to find a wealth of examples.

The military has created a system that recruits, trains, cares for and eventually discharges members. Churches have attempted to do the same. As more and more veterans and military service personnel age, further stresses from moral injuries are likely to appear. As the effects of these soul wounds appear on society, clergy are uniquely positioned to help respond. Most clergy have some pastoral care training. Development of the basic skills acquired in preparation for ministry into more advanced practices of pastoral care that integrate experiences of caring with theories of care and the humanity of the pastor will build capacity to care for the depth of wound that warriors carry. Advanced pastoral care skills include story or deep listening, and the ability to accurately conceive of a pastoral diagnosis and care plan for the diagnosis. Familiarity with psychology is critical to advanced pastoral care.

¹⁴⁶ Graham, *Moral Injury*, 11.

Explorers Benefit from Interdisciplinary Work

The four functions of pastoral care: healing, guiding, sustaining and reconciling are still descriptive of care provided by the local shepherd. However, these historic functions are enlightened, helped and encouraged by the growing literature of the psychological field, with its many attendant theories and practices. Seward Hiltner, one of the primary voices in the pastoral care movement of the mid-twentieth century, recognized in 1951 how the burgeoning psychological field was changing pastoral care

Pastoral care and counseling of individuals is here to stay . . . The rise of however many therapeutic professions will not succeed in depriving the pastor of some therapeutic obligation to his people. But the rise of these other groups means that his results are judged by standards never before available. Hence, good intentions without study and knowledge become increasingly impossible.¹⁴⁷

How true those words are even today. Effective pastoral care for moral injury does not aim to be a panacea for moral injury but rather seeks to support and work hand in hand with other helping professions. Hand in hand working means that pastors bring their skills to the table for the mutual benefit of the parties already at the table. Among the skills brought are theological reflection, knowledge of the biblical story, as well as the functions of pastoral care.

Hiltner's injunction to match good intentions with study and knowledge are still true today and borne out in the survey and interviews with local clergy in Hampton Roads. The intentional practice of pastoral care means study and development of competent advanced pastoral care skills in order to work with moral injury most effectively. This takes time.

Developing advanced skills will take effort but is possible and beneficial for all clergy. Beyond developing advanced pastoral care skills, time also must be allotted to build the

¹⁴⁷ Seward Hiltner, "Pastoral Theology and Psychology," in Arnold S. Nash, ed., *Protestant Thought in the Twentieth Century, Whence and Wither?* (New York: Macmillan Co., 1951), 198, quoted in Allison Stokes, *Ministry After Freud* (New York: Pilgrim Press, 1985), 109.

relationships of trust among veterans and military service members. Intentionality and time are significant because hearing and listening also take time and intention. Pastors who do not allocate sufficient time for study and listening will not be effective in their care of moral injury, essentially ceding their authority to others.

Research Limitations and Possibilities

The study undertaken here is small. Of all the pastors contacted, thirty-two responded. Of those thirty-two, twenty-five answered all questions. Ten semi-structured interviews were conducted. A representative sample was never the design of the study. However, despite the small population for the survey, a number of denominations were represented, and the viewpoints, questions, and practices shared can stand as witness of what is happening in these congregations in Hampton Roads, Virginia. Generalizing the results of this study survey is possible on a limited and small scale. Generalizations ought to be tested in other locales. The trend evident here is local clergy have limited knowledge of what moral injury is, how they can be of greater assistance in caring for those who suffer from it, and how they can help teach their church members about moral injury. It follows that in a less military populated area clergy would be more limited in what they knew. However, clergy displayed interest in moral injury and are caring for men and women who suffer moral injury. It follows that beyond the region for this study, the same would hold.

The clergy responding to the survey and those interviewed were candid about their desire to know more. They did want to find out resources that would be helpful for them in their ministries. To that end, the resources that I gathered for this project, will be shared with participating clergy. Several pastors expressed interest in an event on the pastoral care of moral

injury as well. From the surveys and interviews, I have a much better idea of where local pastoral practices stand in relation to moral injury, what is known, and what needs to be known. These three things are critical as I look to plan events for local clergy.

Further areas for research have crystalized. Emerging from few pastors who voiced the importance of facing their own moral injuries, the primary future area for research would be in that area: how does an approach of moral injury in the caregiver allow a more effective reconciliation and healing ministry? Another possibility for research would explore the nexus of forgiveness and moral injury. A theology of forgiveness is needed that responds to the needs of moral injury while integrating psychological research into forgiveness of others and self, the historical basis of forgiveness in the history of the church, and current writings on the pitfalls of therapeutic forgiveness. Emerging from a contemporary treatment of forgiveness and moral injury is the potential for new rituals and liturgies, public and private that would assist both moral injury sufferers in recognizing the involvement of God or the felt absence of God in their suffering. Liturgies and rituals might also be a way to assist congregations in recognizing the societal impacts and costs of war fought on behalf of the common good.

Moral injury in the military is a topic that involves multiple disciplines. A needed study requiring interdisciplinary cooperation is a study on barriers to spiritual care that are presented by those suffering moral injury. Engaging the service members and veterans of all religious orientations, a study could seek to determine how access to care is blocked by internal and external factors and may provide a framework for the discussion of how war impacts faith and is operant on the assumption that spiritual care is necessary for moral injury repair.

An additional track for further research is on moral injury as a phenomenon not relegated to the military and combat alone. Where else are moral injuries occurring? Nurses, doctors, and

teachers may be required to compromise their values—does this result in moral injury? The surprisingly large number of school shootings (and office buildings and nightclubs) that are occurring in the United States and the inaction of government entities to address causes and effects could be fruitful ground for moral injury research. Victims of these traumatic experiences and their family and friends may experience a moral trauma. Does arming teachers raise the possibility of moral injury? Perhaps most closely aligned with the military, how do police, firefighters, and paramedics respond to moral injury.¹⁴⁸

Scriptural examples of moral injury and how it was dealt with are a critical resource for engagement of moral injury. The recent volume from Joseph McDonald is a great help and is a good start. The field of Biblical Studies can offer much in the way of reflection on biblical stories which display elements of moral injury. In addition to this incredibly practical request, development of a CPE curriculum that intentionally engages moral injury in the context of clinical pastoral education would be of immense value due to the group dynamics work that occurs in CPE units. I would see this as a clear outgrowth of the current study of local clergy.

Regional and local judicatory bodies ought to consider their role in helping clergy to understand the issues of military moral injuries and culture. These bodies often serve as gatekeepers, but also have the best interests of congregations and denominations in mind. Judicatory requirements or orientations form a way to help clergy understand the importance, influence, and imbued nature of the military in this area. Currently, I know of no judicatory that suggests or requires this type of training. Judicatories could have outsized influence over how pastors gather with each other to collaborate on pastoral issues. The era of the lone ranger in ministry needs to come to an end. Collaboration and connectedness are needed today, and pastors

¹⁴⁸ Three of my interviewees were police and fire chaplains. All recounted stories of moral injury from those fields.

who model that within their denomination or ecumenically will effectively show the importance of community to their congregation and those suffering moral injury. Pastors can model what breaking isolation looks like.

Moral injury remains a topic of continuing research in a variety of fields. I am encouraged by this. This study of pastoral practices around moral injury in Hampton Roads, will encourage more awareness of moral injury in the local area and contribute to the larger discourse around moral injury by noting that in the heavily military area, there are both great opportunities to test moral injury recovery processes and to work on practical education efforts surrounding moral injury.

A Final Story

Near Veterans Day in 2014, Mike Scotti delivered a talk on the Moth Veteran's Day Special. His talk was moving. He was a Marine, and most of his talk centered around his experience coming home from war. He spoke of the challenge of calls from fellow marines in the light hours during the week: it meant another marine, a brother, was dead. He speaks of being a pallbearer in funerals and considering suicide. Near the end of the talk, he says the Marine Corps even realized it had a problem—the few, the proud, trained killers, were taking their own lives in record numbers. Marine brass put out a video talking about the struggles of war. Scotti says halfway through a Navy psychiatrist came on the screen, she had served on the front lines at Fallujah.

She talked about her struggle. She looked in the camera and its ok . . .to be angry. It's okay, marine, to be sad. It's okay if you're not okay.' And I remember those words; they hit me like a train. And I've never heard words like that before; it never occurred to me. They were exactly the words I needed to hear at that moment. Because the MC teaches you that vulnerability is weakness, because, in war, vulnerability is weakness. The enemy will exploit that vulnerability and kill you and all of your men. But when you come

home, vulnerability is the one thing that will allow you survive. It will allow you to take those demons that are inside you and drag them from the darkness out into the light. They cannot survive there; they cannot hurt you there.

So now I no longer search for meaning in the war or in the deaths of these beautiful human beings, these Marines and soldiers. I find meaning in helping other veterans and allowing them to help me.

No matter what happened over there or no matter what's happening right now or what comes down the line, one thing is certain: it's okay that you're not okay.¹⁴⁹

Scotti received her words as a simple blessing—for him, it appears this was a reconciling catalyst to his process of healing. Far from complete but begun and with a resolve that is steady. Pastors have a blessing to offer as well: competent, compassionate care of those sent to war, and perhaps it is as simple as reminding them and our parishioners that it's okay if you're not okay.

I think sometimes of the letter my old teacher, Mr. Gardner wrote. I think of his mother, imagining my elderly parishioners who attend church each week. I imagine that she might ask me, her pastor, about her son's loss of faith: "do you think he's still a good man?" It has been about twenty-one years since Mr. Gardner shared his story with my class; it has been about forty years since he was in Vietnam. A new generation of Americans has gone off to fight in the war on terror. The pastoral task of responding with grace to the needs of these soldiers, sailors, coast guardsmen, airmen, and marines looms in my heart and mind. They bear their own anxieties, existential issues, and moral injuries. We can do better than was done for Mr. Gardner. We have to.

¹⁴⁹ "A Sort of Homecoming," *The Moth Veteran's Day Special 2014*, March 22, 2014, <https://themoth.org/stories/a-sort-of-homecoming>.

Appendix A

CLERGY SURVEY ON MORAL INJURY AND PASTORAL CARE

1. I have read and agree to the consent statement

Yes

No

Basic Demographic Information

2. What is your age?

18-20

21-29

30-39

40-49

50-59

60-69

70 or older

3. Please describe your race/ethnicity.

4. What is your gender?

Female

Male

5. How many years have you served in ministry?

The Congregation You Serve

6. Denomination

7. What is your average Sunday worship attendance

0-100 500-1000

100-250 1000+

250-500

8. Approximate Percentage of Military Service Members and Veterans

0-10% 51-75%

11-25% 75-90%

26-50% 90-100%

9. How many years have you served this congregation?

10. Are you the person who leads pastoral care ministries in your congregation?

Yes

No

11. If you aren't the person who mainly leads pastoral care, who does?

- Another minister
- Lay Leaders
- Small Groups or Cell Groups
- Other

Pastoral Care for Veterans and Military Servicemembers

12. Moral injury is defined as a violation of one's own moral code. This violation could result from direct action, inaction, or witnessing an action. Are you familiar with this term?

- Yes
- No

13. If you are familiar with the term moral injury, where or how did you learn about it?

- Book
- Conference
- Magazine
- Congregant or parishioner
- Journal
- Other

14. What distinctive needs are displayed by veterans and military service members in your congregation?

15. List three things you consider critical in providing pastoral care for military related members.

16. Describe a time you provided care for a military service member or veteran that went well

17. Describe a time you provided care for a military service member or veteran in which you felt unqualified or unable

18. Have you received specialized training in pastoral care with persons suffering from moral injury? If so, from what organization?

19. What books or other resources that you have found especially helpful in equipping you to provide pastoral care with military veterans and active duty service members?

Follow up

20. Are you willing to participate in a follow-up interview about religious habits, pastoral care, and moral injury?

- Yes
- No

21. Would you like to be informed of pastoral resources or continuing education opportunities regarding the pastoral care of persons suffering from moral injury?

- Yes
- No

Follow Up Contact Information

22. Please provide an email and phone contact information.

Note: By providing your name and contact information you are giving up your anonymity in this study.

Name

Email Address

Phone Number

Appendix B

Semi-Structured Interview Questions

The semi-structured interview, lasting approximately 60-90 minutes followed these questions with follow-up questions as appropriate.

- A. Group that is familiar
 - a. Tell me how you learned about moral injury.
 - b. Describe the process of care in your congregation. Walk me through how it happens.
 - i. How is the process of care for veterans and military service members different from regular care processes?
 - c. What have you discovered in your care of the morally injured that has surprised you?
 - d. What would pass along to clergy who aren't aware of moral injury?
- B. Group that is not familiar with moral injury, but engaged
 - a. How have you gotten acquainted with military and veteran issues in your congregation?
 - b. What do you envision when you hear the term moral injury?
 - c. Describe the process of care in your congregation. Walk me through how it happens. Any difference in care for veterans and military service members?
 - d. What situations or experiences with people you have pastored come to mind as we talk about moral injury?
 - e. How do you feel about your care of military service members and veterans?
 - f. What do you feel is the most important thing to know about moral injury?

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