

What Spills Blood Wounds Spirit: Chaplains, Spiritual Care, and Operational Stress Injury

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Summary

In addition to response to post-traumatic stress, spiritual care for military personnel experiencing the wound of war should attend to what is now being called moral injury. Old beliefs about self and world shattered by modern warfare need transforming with the aid of sacred rituals and narratives.

I write as a military chaplain on active duty and begin with a discussion of the enduring nature of war, its concomitant effects on the warrior, and follow that with an examination of the particularities of military chaplaincy. My aim is to create a primer for chaplains on *spiritual care and the wounds of war*, combining best practices from the field of pastoral counseling with insights from clinical disciplines. Although this essay is written first for military chaplains, I believe the perspective will be beneficial for any religious professional providing care to returning veterans and their families wounded in spirit, as well as body. My time in Afghanistan has deepened my belief

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in the importance of preparing a broad base of religious professionals for the consequences of modern warfare.

The fields of psychiatry and psychology provide invaluable insight into combat operational stress injury and posttraumatic stress disorder (PTSD). At the same time, those disciplines of care are often ill-equipped to address many of the recurring spiritual concerns increasingly identified with trauma. Chaplains, because they are grounded in enduring religious traditions and communities of faith, bring specialized knowledge in theology and philosophy, distinctive pastoral care training, and sacraments and rituals of meaning to the care and healing of operational stress injury. Additionally, chaplains “are visible and available caregivers who offer a sense of continuity with centuries of human history, a feeling of being a part of something greater than oneself and an established pattern of responding to crises.”¹ However, both clinicians and chaplains need to find an integrative approach that responds to veterans wounded in body, mind, and spirit. “The difficulties individuals face in the aftermath of horrific life events do not stand in isolation from one another, but are interrelated.”² We treat the full human—body, mind, and spirit—because the whole person went to war. Upon return from war, “what presses is the weight of the soldier’s full humanity, and not just a soldier’s duty.”³ That ‘weight’ often becomes a spiritual and moral crisis for returning veterans.

THERE IS NOTHING NEW UNDER THE SUN

The preeminent theorist on war, Carl von Clausewitz, was unequivocal regarding the unchanging nature of combat. No matter the time or place, war will always involve such certain and predictable elements as danger, uncertainty, and chance. Though the means and methods of conflict change, these realities are constant and their consequences inescapable regardless of strategy, operations, or tactics of war. The preeminent thinker on the psychological wounds of war, Jonathan Shay, is equally unambiguous regarding the inescapable nature of war injuries: “As long as we send Marines into fights, they will get hurt, both physically and psychologically.”⁴ In an address to the first Marine Corps Combat/Operational Stress Control (COSC) Conference in June 2007, Shay said this: “Psychological casualties and physical casualties, with rare exceptions, are yoked together: what spills blood wounds spirit.”⁵

In his book *War and the Soul*, Edward Tick, another long time clinician of combat veterans, has written this: “Though the affliction that today we

call posttraumatic stress disorder has had many names over the centuries, it is always the result of the way war invades, wounds, and transforms our spirit.”⁶ More recently, practitioners working with veterans of Iraq and Afghanistan have begun to utilize the nomenclature of “moral injury” as a means of capturing and categorizing operational stress injury and trauma that affects the mind and spirit but have not yet been fully conceptualized within existing models of PTSD. According to this working definition, “Potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially.”⁷ Both Shay and Tick articulate the importance of an interdisciplinary approach to care that is capable of moderating and mediating moral injury after the event.⁸

As our representatives on the battle field, we ask our warriors to contravene the ethical touchstones we have instilled in them since infancy, those culturally agreed upon moral imperatives which facilitate decency and civility in a normal context. As our representative on the battle field, within the space of a few moments, a warrior may be required to both save the life of a child injured in a roadside bomb and take the life of an approaching enemy. Since guilt may be experienced both as a result of failing to ensure the child’s safety and being responsible for the death of another human being, it is no wonder Shay and Tick articulate the importance of an interdisciplinary approach to care that is capable of moderating and mediating moral injury after the event.

In the prologue to *The Untold War*, Nancy Sherman, a professor at Georgetown University and former Chair in Ethics at the United States Naval Academy, encapsulates perfectly the eternal realities of war and the soul:

Combat is nothing if not existential: it pits an individual against life and its ultimate challenges. It requires seeing the unspeakable and doing the dreaded. It is a role that is immersed and transformative and lingers long after a soldier takes off the uniform. Because of the stressors it involves—unpredictable attack, helplessness in the face of that unpredictability, pervasive and gruesome carnage—it imbeds deep.⁹

Indeed, it is the very nature of these interminable stressors—the violence, danger, uncertainty, and chance—when combined bind so insidiously to the warrior’s body, mind, and spirit. To say “it imbeds deep” is both a physical and metaphorical assertion. Physical, in that advances in science enable measurement of the literal rewiring that occurs in the brain in the face of

traumatic exposure; and metaphorical in its allusion to the ways in which the spirit will forever bear the weight of the experience of war.¹⁰

In an article entitled "Healing the Wounds of War," Jonathan Shay argued that the wounds of war are fundamentally a religious issue. Something is lost when we package psychological wounds only as a mental health issue. Even those who have developed secular treatments for the trauma of war feel a need to address its religious dimensions.¹¹ In *Odysseus in America*, Shay goes on to say that even though medical-behavioral health therapies often help manage guilt, they should not be the only therapies available for moral pain. He states, "Religious and cultural therapies are not only appropriate, but may well be superior to what mental health professionals conventionally offer."¹²

In an effort to recognize and identify the spiritual components of war-related trauma and moral injury, we begin with this idea:

[T]hat soul is the nexus of our deep connection with all that is good, true, and beautiful: our connection with the rest of creation, and our connection with God. [Moreover,] soul wounds result in a diminishment of everything meaningful to the person. They erode the human capacity for connection, trust, gratitude, appreciation, creativity, playfulness, compassion, forgiveness, peace, hope, love, and zest for life.¹³

For those reasons, it is critical that chaplains and others who care for those experiencing moral injury know the indicators of the spiritual wounds of war in order to respond appropriately and to educate fellow providers regarding the signals of spiritual distress.

TRAUMATIC INJURY AND THE PARTICULAR ROLE OF THE CHAPLAIN

There are three unique aspects of military chaplaincy that oblige chaplains to be first line responders in the care of those suffering moral injury: the sacred context of pastoral care, the locus of provision, and the protected content of spiritual counsel. In this next section, I examine how these three factors combine to propel chaplains to the front lines of care.

In *Ritual and Pastoral Care*, Elaine Ramshaw identifies the 'ability to bless' as one of the distinctive characteristics of pastoral counseling.¹⁴ In its simplicity, blessing signifies the larger sacred reality within which chaplains serve and counsel. Veterans come to chaplains because they represent "access to a symbolic world large enough and powerful enough to embrace the most intractable events of life and death."¹⁵ Chaplains respond from centuries of "religious traditions which have developed pathways to assist individuals in their attempt to hold on to the sacred," and then point

to narratives that speak to the fundamental questions of human existence, universal stories that convey the deepest truths of our experience.¹⁶ While it is undoubtedly true that many medical and behavioral health providers understand their own healing capabilities as a sacred trust, it is the chaplain—identified and trained to represent religious communities—who is recognized by active military personnel and returning veterans as a trustworthy resource for healing moral injury.

Spiritual caregivers have historically accompanied those they serve through many of life's most significant events and are often given an unparalleled depth of access into peoples' lives at those moments of greatest need. While such accompanying presence is essential, the nature of the communication is equally, or even more, important to the active duty service member. In an environment where a military service member's medical or mental health records are subject to scrutiny it should be no surprise that military personnel are often reticent to speak honestly about their situation. Thus, "a sacred trust of maintaining absolute confidentiality,"¹⁷ contributes immeasurably to the chaplain's unique role. That 'sacred trust' will be nuanced differently as religious professionals minister to returning veterans who are having difficulty keeping the pain of moral or spiritual injury hidden from those they love or in how they live.

Unfortunately, an unintended consequence of protected communication can be the resistance of active duty service members' to pursue the full spectrum of care critical for restoration. When this is the case, the most important aspect of pastoral counsel may very well be the ability to persuade and then refer individuals to the proper resource. The spiritual distress related to operational stress injury cannot be treated effectively until baseline issues concerning depression, anxiety, and substance abuse are addressed by the appropriate provider.

While many people today see religion as irrelevant to their lives, it is still common that those with no previous religious identity blame God when they encounter suffering.¹⁸ Even the neuroscientist and rationalist Sam Harris, best known for his criticism of religion, writes in the conclusion to his book, *The End of Faith*, "Mystery is ineradicable from our circumstance, because however much we know, it seems like there will always be brute facts that we cannot account for but which we must rely on to explain everything else."¹⁹ When veterans in spiritual distress seek help, it is likely because they have encountered a set of "brute facts" that do not correspond to the world previously known. When they come to a chaplain, they are look-

ing for a companion or guide who can provide a path for them to come to terms with this “new knowledge” and integrate it into a new understanding of the world and themselves.

Throughout history, the intensities of combat have challenged the warrior’s fundamental beliefs and assumptions about the world and God. Upon return from war, in order to move forward, the warrior needs first a way to integrate new, disturbing experience of the world with a previously unknown knowledge regarding humanity, evil, and suffering as an avenue for re-integration into everyday life. Chaplains, and enduring religious traditions, offer possible pathways by directly addressing the spiritual wounds at the heart of operational stress injury.

COMFORT YE MY PEOPLE:
SPIRITUAL CARE AND THE WOUNDS OF WAR

In the novel *Acts of Faith*, written by former Marine and Vietnam veteran turned journalist and author, Philip Caputo, we are introduced to a host of characters who must wrestle with the complexities of their experiences amidst the backdrop of the Sudanese civil war. One of the characters in the story, an evangelical relief worker from a Christian aid organization, witnesses an event that causes her to question the very fundamentals of her faith:

It was the fact of mutilation that caused her to think the inappropriate thought, “There is no life after death.” The mortar shells had laid bodies open, seeming to expose a terrible truth: a human being is only skin, muscle, bone, blood, organs and slimy viscera, no fit dwelling for an immortal soul.²⁰

When asked in an interview what got him to think about how mutilation might cause someone to question his or her view of the afterlife or their view of the body and the soul, Caputo responded that it was a result of his own experience in Vietnam. Raised a Roman Catholic and educated in Catholic schools, he remembers the first time he was in action in Vietnam and saw people torn apart by artillery shells and by rifle and machine gun fire and the images haunted him.²¹

Haunting can be an apt description of the lingering effects of combat stress injury, the symptoms of which manifest in an assortment of ways that exact an overwhelming toll on the body, mind, and spirit. However, the word does not adequately express the depth of anguish so many survivors experience. Studies suggest that “veterans with high combat exposure are more likely to seek Department of Veteran Affairs (VA) services due to guilt

and loss or weakening of their religious faith than PTSD or lack of social support."²² While doctors will address the issues associated with the physical and behavioral aspects of the wound, it is chaplains who will be called upon to walk with those for whom the "dark night of the soul," feels endless, and those for whom "the knowledge of suffering" may seem at times too heavy to bear, certainly too heavy to bear alone.

Chaplains prepare to attend to spiritual distress and injury by leveraging previous work in the field of pastoral care and counseling, which offers invaluable insight into the treatment of the spiritual characteristics of combat stress injury, with literature and research from the clinical disciplines addressing issues of trauma and recovery. These tools provide an overview of symptoms, insight into of the areas of expertise addressed by partners in healing, and a list of indicators suggesting points of entry for spiritual care. With the collected wisdom of faith traditions regarding the response of the soul to crisis and suffering, we are able to extrapolate a recurring set of theological themes associated with the wounds of war. Before addressing those theological themes, we must first briefly address the medical and behavioral health issues typically associated with combat stress injury.

MEDICAL AND PSYCHOLOGICAL HEALTH ISSUES OF COMBAT STRESS INJURY: RECOGNIZING SYMPTOMS

Care for the military service member begins with or without an official diagnosis of Operational Stress Injury, especially since chaplains are often the first person from whom they seek aid. Thus, an in-depth familiarity with the diagnostic criteria is essential to our ability to recognize symptoms and will go a long way in ensuring that he or she receives all of the services necessary for healing. This is especially true for those who might otherwise be resistant to mental health care.

It is important to note, in cases involving severe depression, anxiety, and/or substance abuse, that chaplains can do little to effectively alleviate spiritual distress until these other symptoms are addressed. The first order of business then is the ability to recognize manifestations of injury and make the necessary referral. Establishing solid, collegial relationships with medical and behavioral health professionals fosters an environment conducive to holistic healing and augments the probability that our colleagues will in turn refer to chaplains when issues of spiritual distress emerge.²³ Once possible issues of depression, anxiety, and substance abuse have been attended

to, spiritual counsel can continue. It is important, however, for the chaplain or religious professional to maintain this accompaniment role throughout medical and/or behavioral treatment—maintaining contact, advocating when necessary, and bearing witness to progress.

SPIRITUAL CARE WITHIN STAGES OF RECOVERY

Judith Herman, Clinical Professor of Psychiatry at the Harvard Medical School, opens her seminal work *Trauma and Recovery*, with these words: “The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable.”²⁴ Chaplains who have been serving for any length of time know all too well the truth of her words. From time to time each of us bears witness to broken bodies; more difficult and seldom discussed though are those moments when we sit beside the broken spirit, the shattered soul. In *The Untold War*, Nancy Sherman reminds us to look for “the emotional anguish beneath the stolid demeanor and impeccable uniform.”²⁵ Long after the event, many traumatized people feel that a part of the self has died and the most profoundly afflicted wish that they were dead.²⁶

Regardless of their level of involvement, whether at the point of the spear or vicariously as a result of stories back at camp, many carry these hidden wounds of war. They are spiritual injuries that manifest in grief, loss, guilt, shame, lack of forgiveness, loss of meaning and purpose, loss of hope, loss of faith, and a search for restoration and wholeness. They impact every facet of the veteran’s life. On a fundamental level,

Traumatic events call into question basic human relationships. They breach attachments of family, friendship, love and community, they shatter the construction of the self that is formed and sustained in relations to others. They undermine the belief systems that give meaning to human experiences. They violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis...Traumatic events destroy the victim’s fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation.²⁷

Some believe they are guilty of sins of commission and some believe they are guilty of sins of omission. Some will carry for the rest of their lives the knowledge that they have killed; and some will fear they have not just witnessed an atrocity but committed one. With what little trust remains, they come to the chaplain. Each of us is called to create a sanctuary for the wounded.

The creation of safe space is the first stage of recovery in Herman's model. The second stage of recovery involves "Remembrance and Mourning," and the third stage moves toward "Reconnection with Ordinary Life." Spiritual issues are not limited to a particular stage of the recovery process outlined by Herman. In the remainder of this essay, I will explore spiritual insights from the pastoral care tradition in relation to Herman's stages of recovery to develop a way of caring for military personnel suffering from moral injury.

CREATING SANCTUARY

More than any other requirement, safety is essential if healing is to begin. In almost every case of severe trauma what suddenly makes the world feel so unsafe is the shattering of two of the most fundamental existential beliefs: the world is fair and the world is safe. "On a cognitive level, most intelligent adults are quick to acknowledge the inaccuracy of these assumptions. Yet the truth is that on a deep inner level, most people believe (or at least hope) that 'bad things happen, but they won't happen to me.'"²⁸

A war can be just and still be perceived or experienced as evil. If nothing else, it represents a failure in government diplomacy and a breakdown in the human capacity for a reasoned compromise. In *Achilles in Vietnam*, Shay connects the breakdown of safety with the ability to trust. "To encounter radical evil is to make one forever different from the trusting, "normal" person who wraps the rightness of the social order around himself snugly, like a cloak of safety. Trust, which was once an unthinking assumption and granted with no awareness of possible betrayal, is now a staggering accomplishment for the survivors of severe trauma."²⁹ Chaplain William P. Mahedy, a combat veteran himself, confirms Shay's assertion in this way:

Having confronted real radical evil, the veteran is no longer able to accept the cultural assumptions which formed the basis of pre-combat life. Evil of this magnitude encompasses an almost total immorality into which the soldier is drawn. This creates moral pain on a scale incomprehensible to most noncombatants. The veteran's entire belief system collapses into angry, often lifelong nihilism. This is the most enduring and intractable element of combat trauma.³⁰

Rather than being overwhelmed by the depth of the warrior's anguish, the chaplain needs respond simply with the grace inherent in the willingness to listen and bear witness to the anguish that is told and memories that must be managed.

Listening is hard work especially when it involves war and its horrors. In *Giving Counsel: A Minister's Guidebook*, Donald Capps cautions that fear and anxiety can serve as an impediment to listening. Chaplains need to be clear with themselves regarding their ability to hear "the unspeakable" by paying attention to their own emotional, psychological, and spiritual health and recuse themselves if they believe anything might get in the way of establishing a safe environment in which to provide care.

Prayer is the ritual most commonly requested of chaplains although it cannot be assumed that the individual seeking care shares the chaplain's religious tradition or is comfortable with its forms of prayer. Out of respect for the individual and cognizant of the necessity of maintaining a safe environment, it is the chaplain's responsibility to determine the manner in which the veteran is most comfortable praying and to respond accordingly.

The overwhelming emotional aspects that make relating traumatic experiences so difficult for the warrior are compounded by feelings of guilt or disgust about the things they have done and the related fear of those acts being unforgivable. Most of all, however, 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. While there are some instances when a transgression has occurred and rare instances when an atrocity has been committed, what is more likely the source of shame is the broken heart the warrior has about "failing to save someone he loved more than himself."³¹

Creating sanctuary begins by creating a space where the warrior knows the chaplain is someone who can, and will, hear the whole story, replete with all the horrors of war without alarm or judgment. When the anguish and moral struggle is heard clearly and deeply, then the chaplain's prayer "can be a way into the need, rather than a way around it...by putting some of the patient's feelings into the prayer, the chaplain has communicated that all the patient's experience is worthy of God's own attention."³² When the chaplains or religious professionals listen deeply and responds empathically to the unspeakable anguish of war, they embody God's attention without judgment and with grace.

In order to do this type of pastoral care and pastoral counseling effectively, chaplains will need to have a solid grasp of their own position of the Divine's goodness and omnipotence in view of the existence of evil and suffering. In the final analysis, the warrior's ultimate questions will not be about war; they will be about God.³³ While care for the spiritually injured

is a daunting task, the words of the seventeenth century French theologian, Fenelon provides apt guidance with which to begin:

Speak little; listen much; think far more of understanding hearts and of adapting yourself to their needs than of saying clever things to them. Show that you have an open mind, and let everyone see by experience that there is safety and consolation in opening his mind to you...Let no one fear to be deceived by trusting you.³⁴

At this stage the chaplain, whether rabbi, priest, imam or minister, embodies the possibility of a gracious connection and the hope that the sufferer might come to understand his or her distress in relation to centuries of human history and within a community of faith that points to something greater than the current misery.³⁵ The origin of evil and the presence of suffering in life is a mystery for which listening silence is often the only appropriate response.

The internal soul struggle for the veteran includes integrating knowledge of the depth of brokenness in the world heretofore unknown and unimaginable with a deepened awareness of one's own vulnerability. In the establishment of sanctuary, chaplains "have a responsibility to respond to the spiritual crisis of service members with respect, understanding, and as a source of support and hope."³⁶ Part of that understanding and support will involve knowledge of the common manifestations and symptoms of operational stress injury and the ability to refer accordingly. But the larger part will be the task of companioning the warrior through despair and hopelessness all the while representing the possibility of reconnection with all that gives life hope and meaning.

REMEMBRANCE AND MOURNING

Once safety has been established, remembrance and mourning can begin. While this work will generally fall within the larger rubric of grieving many losses, there will also be issues of guilt, shame, anger, and feelings of separation from the Sacred. Some losses the service member has endured involve missing holidays, birthdays, and anniversaries. Other losses are physical such as the loss of limbs or mental capacity. There are also deep, spiritual losses such as a loss of confidence, the loss of intimate relationships, the capacity to love, feel joy, have hope, or even to believe in God.³⁷ What some may grieve most is 'losing' who they were before they went to war.

The common lament, "Why can't I be who I was before?" is one great source of grief and a plea from the survivor that we understand he is different now; he has not returned the same person who left. "Who am

I now?" may be the most difficult and important question the survivor must finally answer."³⁸

Before that question can be answered, however, losses must be grieved. Nancy Sherman points out that as long as there is war, there will be loss and "grieving is a way to mutually acknowledge that what is at risk in war is not just life, but goodness."³⁹ It is to be expected that this portion of the healing process will be arduous and involve all dimensions of grieving that includes mourning internal losses that no one can see. In some instances of recovery from trauma, veterans will say "my body survived but I died." Even so, as the poet Robert Frost reminds, "the best way out is always through."⁴⁰

During the work of 'Remembrance and Mourning', recollections will likely stir up feelings of guilt and shame as well as deep grief. Herman writes this: "In the aftermath of traumatic events, as survivors review and judge their own conduct, feelings of guilt and inferiority are practically universal."⁴¹ Shay is quick to point out, however, that feeling guilty does not mean a person is guilty. "A person of good character feels moral pain—call it guilt, shame, anguish, remorse—after doing something that caused another person suffering, injury, or death, even if entirely accidental or unavoidable."⁴² Sherman is insistent upon this point as well when she underscores the ubiquitous nature of the feelings of guilt and shame in war. "They are not just responses to committing atrocities or war crimes. They are the feelings good soldiers bear, in part as testament to their moral humanity."⁴³

While it may be tempting to lessen the suffering by quickly assuring the veteran of his or her blamelessness given the demands of war, the chaplain must be careful to remember the speaker is not asking to be judged, but asking to be allowed the possibility of holding themselves responsible. The chaplain is there to bear witness to their story. Rather than a "simple blanket absolution," the underlying need in recovery is the telling, the remembrance, the opportunity to speak their way to their own particular understanding. Guilt, to a degree, can be understood as "an attempt to draw some useful lesson from disaster and regain some sense of power and control. To imagine that one could have done better may be more tolerable than to face the reality of utter helplessness."⁴⁴

We often think of irrational guilt as needing to be relieved; it is pathology to be fixed. But for many soldiers guilt has a redemptive side. It can be inseparable from empathy for those who have been harmed and from a sense of responsibility and duty—the desire to make reparations—even when the harm was unintentional.⁴⁵

Clearly, these are complicated theological and moral issues, all the more reason for the chaplain to be well acquainted with the sufferer's grief and walk beside them with compassion and courage. When the guilt turns to shame, that is, feelings not about what has been done, but what those actions say about the person's quality of character or, "who they are," a chaplain's nonjudgmental presence may be the single most helpful element in engendering healing. In the wake of traumatic events, survivors will not need advice so much as genuine support,⁴⁶ and slowly, over time, a sense of reconnection with everyday life and the Sacred may once again seem possible.⁴⁷

RECONNECTION WITH ORDINARY LIFE

Perhaps nowhere is access to the sacred stories from our respective faith traditions, filled as they are with metaphor and image, as helpful as within the final aspect of recovery, that of reconnection with ordinary life. A perennial role of all the world's religions has been to teach people to recognize the sacred stories within their own lives through parables that stretch the imagination and allow one to see the world differently, offering "both a degree of predictability and an element of surprise."⁴⁸ In the Hebrew Scriptures, we read of Jacob who wrestles through the dark night to find, come morning, that though he is forever wounded, he is also uniquely blessed. Or we read of Lot's wife who is frozen in time as a pillar of salt, not because of the atrocities she has witnessed in the past, but because she is not able to look forward and imagine a better future. From a Christian perspective, "to believe in the resurrection means that we cannot stop at our wounds,"⁴⁹ while Buddhists embrace the Wheel of Karma in order to transform one's legacy after hurtful actions.

More than mere folklore or myth, these religious stories speak to the fundamental questions in the world and provide methods of coping and meaning-making.⁵⁰ Certain aspects of existence will always resist reason, yet the world's wisdom traditions suggest ways of understanding. In the midst of suffering, when reason alone cannot suffice, religious traditions provide narratives and offer rituals of reconnection to both the sacred and every day while also presenting alternate ways of perceiving those things which cannot be changed. As Edward Tick, suggests, the world's spiritual traditions provide invaluable strategies on which we can draw to support the survivor in their healing.⁵¹

Having come to terms with the traumatic past, the survivor faces the task of creating a future. She has mourned the old self that the trauma destroyed; now she must develop a new self. Her relationships have been tested and

forever changed by the trauma; now she must develop new relationships. The old beliefs that gave meaning to her life have been challenged; now she must find a new sustaining faith. These are the tasks of the third stage of recovery. In accomplishing this work, the survivor reclaims her world.⁵²

Reconnection with ordinary life will involve taking control of posttraumatic symptoms and learning to manage them rather than being controlled by them. Reconnection with everyday life will involve reconciliation, acknowledging who one was before the event, accepting what has happened, and leaning into what one hopes to become. Reconnection with everyday life will involve renewing relationships, recognizing those which have survived and accepting the loss of those that are no longer life affirming. Perhaps most important, reconnection with ordinary life will require, in the words again of Judith Herman, "finding a survivor mission" by transforming the tragedy of what has been endured into an opportunity to alleviate and prevent the suffering of others."⁵³

On those days when the battle rages within and a wounded warrior is divided by fear and doubt, a chaplain may bear witness to the fact it is possible to transform the horrors of war into more meaningful relationships, positive change, and a sense of peace and optimism. "Recovery from the war, too, is not without horrific suffering, anguish, resentment, guilt and grief. The battlefield lives on, scarred in bodies and minds."⁵⁴ Despite the pain and loss, the spiritually healed warrior is likely to say in the end that they have learned to cope with adversity, enlarged their ability to appreciate life, become more goal-oriented, less helpless, and significantly more resilient.⁵⁵ What often will be discovered in the reconnection stage is what Peter Marin observed in his chapter in *The Vietnam Experience*:

What these men have been forced to confront is their own capacity for error; they understand that whatever they experienced—the horror, the terror—has its roots and complements in their own weakness and mistakes. For them, all conversation about human error or evil is a conversation about themselves; they are pushed past smug ideology and condemnation of others to an examination of the world that is an examination of self...Because they cannot easily divide the world into two camps, and because they cannot easily claim virtue while ascribing evil to others, they inhabit a moral realm more complex than the one in which most others live. They know that a moral life means an acknowledgement of guilt as well as a claim to virtue, and that they have learned—oh, hardest lesson of all—to judge their own actions in terms of their irrevocable consequences to others.⁵⁶

The healing power of Spirit does not allow one to languish forever in isolation. Rather, over time, the warrior is impelled back into engagement with the world. In the final analysis, reconnection with ordinary life is the ongoing process of integrating all that has been with all that will be. Reconnection with ordinary life will never allow the warrior to forget the past but by reestablishing connections with one's self, others and the Divine it will be possible for the warrior to integrate the lessons of battle and move into the future with a tested, if wary, hope.

CONCLUSION

Combat operational stress injury is a crisis of faith. Given the enduring nature of war and the aftermath of its effects upon the warrior, and considering the current reality of more than a decade of unending conflict, the unique healing capabilities of the chaplain have never been so essential to the health and wholeness of our veterans. By examining the historical breadth of spiritual care encompassing the ancient and sacred tasks of healing, sustaining, guiding, and reconciling,⁵⁷ and utilizing the tremendous insights from the behavioral health sciences and clinical medicine, we can identify the theological dimensions of combat stress injury and apply the capabilities of pastoral care directly to those injuries. In so doing we are better able to assess where spiritual care ends and clinical treatment begins (and when clinical treatment has finished what it can do and spiritual care continues) in an effort to utilize all of the healing modalities in a holistic approach to the wounds of war.

There is much yet to be done. Though the spiritual aspects of trauma have been enumerated, there is scant research to substantiate the reports about the spiritual care of trauma victims. Further examination of moral or spiritual injury is needed in order to establish it as a universally accepted diagnostic category within the military. Once moral injury or spiritual distress is recognized, it will be necessary to explore how medical and chaplain corps communities can collaborate regarding PTSD symptoms and moral injury. There is very little published research in the mental health literature on the role of clergy in response to persons suffering traumatic stress. This absence of research contributes to the isolation of chaplains from existing care teams in which they could play a crucial role. Thus, it seems incumbent upon professional chaplains, perhaps most especially those within clinical settings, to deepen the body of research and literature and develop measures of performance and measures of effectiveness with which to substan-

tiate the efficacy of spiritual care in the healing of our warriors. In so doing we will have further credence in teaching other professionals about how to help people whose faith and trust in a benign universe has been shattered by their traumatic experiences of war.

A further remaining task is the utilization of broader faith communities in the care of our returning warriors. Places of worship may become gathering sites for veterans where they can come together and leverage that same devotion which bound them in battle in pursuit of mutual healing. In addition, our faith communities are in need of rites and rituals which openly acknowledge the corporate reality and accountability of war. In a democracy, because a warrior is deployed at the bequest of leaders elected by the populace, an entire country goes to war—not just her warriors. The development of appropriate rituals might deepen the healing of all by naming both the individual and corporate aspects of our shared trauma and grief.

Finally, I would recommend that the spiritual care of operational stress injury be considered a central skill-set of professional chaplaincy. Chaplain professional education should include training in the types of events that trigger operational stress injury and the physical and behavioral symptoms that signify traumatic stress. Such knowledge would aid in the pursuit of the warrior's healing and restoration. Also, as a means of establishing the best standard of care for our warriors, I would recommend the inclusion of a chaplain on all health care teams at all military facilities. Moreover, I would suggest, as I have already mentioned, further research and development of measures of performance and measures of effectiveness with which to substantiate the efficacy of particular modalities of spiritual care in order to establish a set of best practices in the treatment and healing of operational stress injury. We owe our warriors no less.

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