ASSEMBLIES OF GOD THEOLOGICAL SEMINARY

WARRIOR SUPPORT GROUPS:
REDUCING MORAL INJURY AND TRAUMA-RELATED
SYMPTOMS THROUGH GROUP LEARNING

A PROJECT SUBMITTED TO THE
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BY

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ABSTRACT

The United States military is engaged in the longest war of its history. Post-Traumatic Stress Disorder (PTSD) will torment a significant number of warriors who have taken up arms during the Global War on Terror. Combat stress, spiritual wounds of moral injury, strained relationships, and suicidal ideations will afflict others.

While the medical and mental health communities address a portion of these issues, they remain inadequately equipped to answer the questions that impact the soul of the warrior. Military members need chaplains, clergy members, and local churches to address the spiritual aspects of combat and engage them on paths to healing and wholeness.

The following project develops and implements a three-part curriculum to prepare warriors for the challenges they will face upon their return from combat. It presents contemporary examples of veterans facing reintegration issues and encourages participants to share their own war stories. Participants in the intervention exhibited a 49 percent reduction in trauma-related symptoms, measured by the PTSD Checklist (PCL-5), and a 55 percent increase in positive coping beliefs as measured by the Posttraumatic Growth Inventory (PTGI).

Chaplains and clergy members can use the included curriculum and facilitator’s guide as tool for engaging military members in the process of healing from the invisible wounds of war.
ACKNOWLEDGMENTS

I am ever grateful to the many individuals who have contributed and encouraged me in this project. Dr. Scott McChrystal has served as the ideal project adviser as he encouraged me in simplicity and removed every obstacle on the road to completion. Dr. David Cole served not only as the biblical adviser in this project, but has been my educational hero since my first day of undergraduate studies in 1996. A great deal of thanks is also due to Kim Hunsinger, Erica Huinda, and AGTS D.Min. Project Coordinator Dr. Lois Olena for reading, editing, processing, and improving every word of this project.

I am indebted to Chaplain John Simmons, Dr. Donald Winslett, and Chaplain Mark Hunsinger. A lifetime only produces a few men who deserve the title of mentor. These gentlemen have regarded me as a friend and a colleague; I owe any ability to care for people to the time that they have invested in me.

Finally, I remain indebted to my beautiful wife Danielle. She has endured twenty years of editing résumés, emails, papers, sermons, dissertations, and every other form of the written word. She improves every aspect of me every time she enters the room. Thank you.
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CHAPTER 1: INTRODUCTION

The Context

I serve as a chaplain in the United States Air Force, specifically taking care of the men and women who execute special operations missions. I am stationed at Hurlburt Field, Florida, which has the unique distinction of being the most deployed base in the United States Air Force. I have served in this position for five years. Nearly everyone I minister to has deployed multiple times in support of the Global War on Terrorism. Furthermore, during this project, I was selected for a four-month deployment to Afghanistan that began in July 2016. This provides a unique opportunity to examine real-time solutions for combat stress.

My job as a chaplain consists of three primary duties. First, I provide worship observances consistent with my denominational background, assisting Airmen in the free expression of their faith. The second duty consists of providing pastoral care through counseling and other programs of a spiritual nature that meets the needs of those I serve. This care includes direct workplace visitation with people of various faith backgrounds. Finally, I advise leaders about issues of ethics, morality, morale, and the spiritual needs of their personnel.

A unique aspect of my particular assignment is that I minister to Special Operators. These men and women must meet high standards in order to serve on this team. The Air Force specifically screens them to ensure optimal health, both mentally and physically. Many of the career fields within Special Operations require special
training and unique clearances in order for these Airmen to continue performing their war-fighting activities. A visit to a mental health professional for any reason can potentially compromise their qualifications. Because of this dynamic, operators remain exceedingly reluctant to seek help from either medical or mental health professionals.

Fortunately, chaplains hold a sacred role in the lives of military members. The law has granted chaplains the requirement to hold conversations with military members in complete confidentiality. This right is exclusive, and it prohibits chaplains from divulging confidential information received in the course of duty. Generations of chaplains, tracing back to the foundation of the United States, have fiercely protected this right. They have closely held the deepest secrets and darkest confessions of their troops and earned future chaplains the credibility to continue this sacred trust. This confidentiality remains unique to the Chaplain Corps and allows military members to disclose information to chaplains that they could not possibly tell any other person.

**The Problem**

Many returning warriors struggle with trauma-related injuries. These wounds appear invisible on the surface, but others familiar with the Airman find them easy to detect. Family members and coworkers report significant changes in behavior after deployment. Health professionals frequently diagnose these warriors with Post-Traumatic Stress Disorder (PTSD) and attempt to solve their problems within the framework of the medical and mental health system. This solution is not always an appropriate or helpful fit for the issues with which warriors struggle.

Complicating the matter, these wounds often do not meet precise psychosomatic parameters. Often warriors remain unconvinced that the stigma or career implications of
a psychiatric diagnosis are worth the risk of disclosing their injuries. However, veterans who forego treatment suffer greatly. Research connects aggressiveness, impaired family functioning, homelessness, substance abuse, and numerous other maladaptive behaviors to these types of injuries.¹ Yet, the currently accepted solutions have not effected a suitable reduction in problematic outcomes for warriors and their families.

Furthermore, many of these injuries contain a moral component, leading Airmen to ask hard questions, such as whether taking the life of another human is acceptable. Others struggle with believing in the existence of God in a war zone and question why He allows evil in the world. Warriors have struggled with these kinds of theological and philosophical dilemmas since the beginning of time. One of the factors further complicating these questions is that many Airmen have absolutely no spiritual foundation from which they can seek answers. Unfortunately, my current ministry context allows these warriors to suffer in silence. The system capitulates the issues in the hope that the United States Department of Veteran’s Affairs (VA) will help veterans get their mental and spiritual wounds healed after the military no longer needs them on the battlefield.

This results not from a calculated decision by the Air Force but because a lack of adequate resources persists to assist those who suffer.

The Air Force can no longer ignore the issue, especially among Special Operators. The current operations tempo has guaranteed that struggling troops will continue to move back and forth from austere locations where they execute more missions on a relentless,

regular basis. Soon these men and women will be home full-time, and they need healthy reintegration back into society. Their wounds will need mending.

**The Purpose**

The purpose of this project is to develop small groups of warriors who learn together to preemptively reduce moral injury and trauma-related symptoms.

**Definition of Terms**

_Aircrew_. The personnel that operate an aircraft in flight. The composition of the crew may include the pilot, co-pilot, navigator, electronics operators, weapons operators, cargo handlers, and other positions as required by a particular airframe.

_Airman_. A man or woman who serves as a member of the United States Air Force. Refers to officers, enlisted members, and civilians affiliated with the Air Force branch of service.

_Combat Stress_. Physical, mental, emotional, and spiritual reactions to the rigor of wartime conditions.

_Deployment_. The movement of military personnel from their home station to a combat zone.

_Moral Injury_. An invisible wound of war that may occur after exposure to an event in which a person engages in or witnesses an act that violates sincerely held moral beliefs.

_Post-Traumatic Stress Disorder Checklist (PCL-5)__. A tool developed by the VA to assess a patient based on the PTSD symptoms listed in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*.
Posttraumatic Growth Inventory (PTGI). An assessment inventory developed by researchers to measure personal growth experienced by persons who have experienced traumatic life events.

Post-Traumatic Stress Disorder (PTSD). A potentially debilitating psychological condition that may present in response to an exceptionally terrifying event.

Redeployment. When military members return from the battlefield back to their home duty stations.

Security Forces. A group of Air Force personnel who provide police and protection functions for base installations and military assets.

Special Operators. Troops who are tasked with unique military mission sets different from conventional military fighting forces. The military considers these groups elite and the entry standards for these groups are more difficult than normal forces.

Trauma-Related Symptoms. Maladaptive behavior exhibited by some individuals after exposure to a traumatic event.

United States Department of Veteran’s Affairs (VA). United States government agency charged with providing benefits to military members who are no longer part of the active fighting force. The acronym VA is used as a shorthand description of the numerous hospitals and medical systems operated by this agency.

Description of the Proposed Project

Scope of the Project

Based on research from the biblical-theological literature review and the general literature review, I will conduct two group interventions. The first intervention will consist of three one-hour sessions for military personnel in a deployed setting, who are
approaching the date that they will return to their stateside base. These sessions will begin in August of 2016. Sessions will include reading of narratives from other war veterans, sharing of war stories from group participants, educational training on the invisible wounds of war, engaging of rituals to assist in processing war trauma, and purposeful planning of future homecoming activities. Each participant will sign an informed consent document. This document will provide an overview of the research project and will outline the limits to confidentiality that remain in place when working in a group setting.

Prior to the first session, I will administer a PCL-5 assessment and a Posttraumatic Growth Inventory (PTGI) to establish a baseline of trauma processing. I will hold the group sessions in a private briefing room. At the conclusion of the three one-hour sessions, I will administer an additional PCL-5 and PTGI assessment to compare those results to the pre-session results.

At the conclusion of the final session, participants will complete an evaluation to provide feedback that will help improve future iterations of this process. Participants will identify strengths and weaknesses of the program, and offer ideas for strengthening future group sessions.

Information collected from the first intervention group will be reviewed for potential improvements to the subsequent intervention. I will use this feedback to fine-tune any parameters that might result in a more favorable intervention. The survey specifically considers content, class length, class size, cognitive changes, behavioral changes, and the overall comfort of the participants. Additionally, the individual scores from the participants will be tabulated to determine if useful progress is achieved.
The second group intervention will be conducted with a group of personnel who are approaching the date that they will return to their stateside base. I will follow a similar procedure of assessments, sessions, and surveys. I will again query the participants for their input about the sessions for the sake of improving future interventions by the author or others who might use this curriculum.

At the conclusion of both sessions, I will compare and contrast results from the interventions. The expectation is that the surveys will show an increase in positive thoughts and feelings about the participants’ deployment experiences or a reduction in trauma-related symptoms.

Phases of the Project

The intervention will comprise five phases: research, planning, implementation, evaluation, and writing.

Research

The research phase will lay the groundwork for designing an appropriate field intervention. The first step will examine biblical-theological themes to determine the guiding wisdom outlined in the pages of Scripture. The methods of war have changed drastically in modern times; however, governments must still decide when conflict appears appropriate and necessary. By examining the Scriptures, the reader can recognize principles that permit the taking of life in a limited set of circumstances. Likewise, the histories of biblical warriors exhibit important truths for contemporary men and women who take up arms to confront evil and defend their homeland. Further, the biblical accounts tell stories of human beings. Any narrative of existence will necessarily explore the way in which human beings suffer through and overcome grief. These stories hold
great potential for exposing methods that warriors can implement to heal from the wounds of war.

This research will consequentially inform the topics to be studied in contemporary literature, which leads to the second step in the research phase, the general literature review. This step will examine the treatment of warriors who exhibit various mental, spiritual, and emotional issues related to their time in combat. Numerous historical works document the concept of combat stress; difficulty in returning from battle has ancient roots in every war ever undertaken by humanity. Treatment for PTSD simply describes the modern approach to assisting warriors suffering with invisible combat wounds. This treatment, however, remains clinical in nature and often lacks a holistic approach for the healing of the mind, body, and soul.

More recently, those who work with veterans have identified a fundamental moral component within these wounds. As a result, this research includes an investigation of the burgeoning field of moral injury. Finally, this project will present successful strategies for healing and will devise a working model for treatment of morally wounded warriors.

**Planning**

The planning phase of the intervention will synthesize the lessons learned from the biblical-theological and general literature reviews. From these lessons, a model will evolve that can be used with contemporary warriors. Methods of treatment that currently exist for warriors lack a comprehensive approach or occur after the warrior exhibits maladaptive behavior that severely hampers daily functioning. This project will seek to find proactive steps for helping military personnel recover from the inherent trauma of combat operations.
In order to determine the results of the project, I will identify measurement devices. These assessments should ascertain both the negative reactions typically associated with combat experience and the potential positive outcomes from overcoming difficult circumstances. A specific questionnaire concerning the classroom sessions will also be designed to provide feedback and to allow the combat warriors to contribute ideas for future iterations of this intervention.

A crucial step in the planning process will consist of identifying suitable participants. The criteria for selection includes men and women who have been (1) subjected to combat, (2) are willing to voluntarily participate in a group that talks about that experience, and (3) serve under the authority of a commander who allowed members of their unit to voluntarily participate.

The final planning step involves gathering narrative materials from veterans of combat. The narratives will describe situations in combat that proved difficult to process or highlight the issues returning veterans face when attempting to integrate back into society. Group participants will read these stories and discuss them, which will encourage them to share their own war stories with the class.

Implementation

Classes will be held during the months of July and August 2016. I will administer assessment forms prior to the initial session and at the conclusion of the final session. The evaluation of these documents will determine the progress made in reducing trauma-related symptoms and in measuring improved coping mechanisms. Two small group classes will be held, each consisting of three one-hour sessions. I will conduct the sessions approximately five days apart. During these sessions, participants will read the
narratives of combat warriors and engage in discussion about these veterans’ experiences. The discussion should initiate the telling of the participants’ combat stories. Open discussion will follow, and the participants will be presented educational information to aid them in overcoming common combat-related issues. These sessions will be held in a private, closed-door room at the deployed location.

Evaluation

The project will be evaluated by comparing the participants’ scores on the two measurement scales given at the beginning and the end of the intervention. The PCL-5 results will be examined to ascertain any change in trauma-related symptoms. A successful intervention should show a downward trend in these behaviors. The participants’ PTGI inventory will also be compared. Upward movement in these scores would indicate a better capacity to process the deployment experience. A successful intervention will consist of improvement to either metric. Additionally, I will administer an end-of-class survey to elicit feedback from participants and to improve future iterations of the intervention. I will tabulate and compare evaluations during September 2016.

Writing

Writing will occur throughout the entirety of the project, beginning in December 2015 and concluding in October 2016. Writing the biblical-theological literature review (chapter 2) and the general literature review (chapter 3) will inform the field project. The project and its results will then be examined in chapter 4, which will then be followed by an overview and critique of the entire project in chapter 5.
Conclusion

The invisible wounds of war remain alive and active in modern combat warriors. The current methods of assisting these personnel from the battlefield back into society do not fully meet desired outcomes. Adequate space exists for a new intervention directed at those who have faced the horrors of war. Outlined in the pages to follow is research into a biblical-theological understanding of warfare, which is then followed by a general literature review of contemporary means and methods for treating the cluster of trauma-related wounds: combat stress, PTSD, and moral injury. A proposal for a working treatment model and associated curriculum will be derived from this research and validated with two positive field tests (chapter 4). An evaluation of the project follows, examining the project’s keys to project improvement and keys to project effectiveness and providing suggestions for future study and implementation (chapter 5).
CHAPTER 2: BIBLICAL-THEOLOGICAL
LITERATURE REVIEW

Introduction

War remains a complex and difficult topic that has caused issues for every society that has ever existed. The necessity and origin of war present frustrating questions for soldiers and citizens. All profess a desire for peace; however, the Scriptures tell a different story. From the moment that “Cain rose up against his brother Abel and killed him,” humanity has remained at war. Moreover, Cain immediately denied involvement: “Am I my brother’s keeper?” he asked (Gen. 4:8-9).\footnote{All Scripture references, unless otherwise noted, are from the English Standard Version (ESV).} Cain’s denial cemented the inextricable link between a right relationship with God and the problem of violence.

Circumstances exist in which the world demands the bearing of arms; however, by heeding the wisdom of Scripture, a nation can ensure that these actions are, at the very least, God-fearing and, perhaps, even God-honoring. The biblical-theological review that follows seeks to provide that wisdom by examining (1) war as a tool of justice, (2) principles of justified warfare, (3) positive traits of biblical warriors, and (4) scriptural coping mechanisms for times of trauma.
War as a Tool of Justice

Some individuals have difficulty understanding the outcome of war as anything other than senseless killing for ill gain on one side or another. Certainly, throughout history, bad actors have fought immorally; however, this is not a required feature of combat. An examination of relevant Scripture reveals the causes of war and the mandate for governments to confront evil.

Evil as the Root Cause of War

The Book of James provides insight into the root causes of war. It follows upon the deductions from Genesis, which show human frailty as the catalyst for outward catastrophe. Amidst a discussion that contrasts the wisdom of heaven from the wisdom of earth, the epistle’s author explains, “Where jealousy and selfish ambition exist, there will be disorder and every vile practice” (James 3:16).

James continues, “What causes quarrels and what causes fights among you? Is it not this, that your passions are at war within you? You desire and do not have, so you murder. You covet and cannot obtain;” (James 4:1-2) therefore “you fight and war” (v. 4:2, NKJV). The Greek root word φονεύω, translated murder in this passage, is the same word Jesus uses when quoting from the Ten Commandments (Matt. 5:21, Exod.

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2 The ESV renders this phrase as “fight and quarrel,” but this is more accurately captured in the New King James Version (NKJV) and others as “fight and war.” Uncharacteristically, ESV translators present a softer version of the text than a simple reading of the original language suggests. The preface of the ESV states that “each word and phrase in the ESV has been carefully weighed against the original … to ensure the fullest accuracy and clarity and to avoid under-translating or overlooking any nuance of the original text.” The Holy Bible: English Standard Version (Wheaton, IL: Crossway Bibles, 2009), vii. Translators of modern English versions are not immune to societal bias that decrease their willingness to use the full force of the Greek text. An insightful video captures an example of this process. See “ESV Bible Translators Debate the Word ‘Slave’ at Tyndale House” (Cambridge, England: University of Cambridge, 2011), accessed November 27, 2015, https://www.youtube.com/watch?v=Mx06mtApu8k.
20:15). These are not metaphorical motives for war and murder; rather this is a precise accusation.\(^3\) James speaks about the root causes of literal, physical battles.

Contemporary sensibilities remain highly uncomfortable with war. Some even contend that the world is evolving away from conflict.\(^4\) It is “going out of style” and should continue to do so as society hones the “faculties that inhibit” violence, “like self-control, empathy, reason and a sense of fairness.”\(^5\) However, a critical examination of the passage in James must reject this modern, naïve bias and place the passage back in a historical context that is less anxious about warfare.

Understanding the culture behind the writing of the epistle requires acknowledging two important points. First, the author writes to an intended audience, the Jewish members of the Early Church (James 2:2). These congregants were no longer allowed to inhabit their homelands (1:1). Their dispersion left them poverty stricken, oppressed by local landowners (5:4-6), and opposed by governmental officials (2:6).\(^6\) In short, they constituted a beleaguered class of people who also happened to belong to the Church, attempting to follow the teachings of Christ.

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The second issue concerns the influence of the Zealot movement during this timeframe. Zealots were those who “desire[d] to maintain the observance of the Law of Moses and the purity of the land, temple, and people of Israel—even when such a desire might require suffering, dying, or killing others.” As participants in the Early Church (Acts 1:13), Zealots’ ideology shaped the opinions of James’s audience. There existed a persistent “temptation to join the Zealots.”

James wrote to a people group devoid of means and power. The Zealot way of life offered a tangible, human solution to this struggle. Even Christ’s own disciples felt strained and anxious for “the kingdom of God … to appear” more “immediately” (Luke 19:11). The text implies that some members of the Early Church had considered taking matters into their own hands.

Accounts of quarrels, murders, and fighting were occurring “within the fellowship of Christians who” hoped they were “free from deformed desire in this life.” The problem in James traces all the way back to Genesis. Simply stated, “Evil desire is a reality within every human being and must be confronted.” As long as humankind continues to struggle with an internal spiritual war, outward signs of physical battles will remain apparent, a vicious cycle that only concludes after the return of Christ. The Book

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10 Richardson, James, 36:174.

11 Ibid.
of James and the consistent witness of Scripture clearly explain the origins of war. As long as sin persists, humankind will continue to engage in warfare.

Government’s Role in Confronting Evil

As long as the problem of evil exists, nations will be forced to fight offensive and defensive wars; however, engaging in conflict encompasses more than just the practical issue of survival. Governments have a proper and specific role to play in the execution of warfare. Scripture establishes that justice remains a function of the government. A biblical understanding of government provides the foundation for a biblical understanding of war. What follows is an overview of government’s role—specifically in confronting evil—over the course of biblical history and into the Early Church.

Hebrew Nation

Before departing the wilderness, God’s wandering people prepared to become a nation. Even in this early form, God issued commands concerning warfare: “Take a census of all the congregation … every male, head by head. From twenty years old and upward, all in Israel who are able to go to war” (Num. 1:2-3). This command offers a first glimpse at the necessity of military force in the covenantal transition into nationhood.

In Deuteronomy, the nation prepared for a change in leadership. A proven warrior, Joshua served as a military spy (Num. 13:17) and as a trusted general’s adjutant (Exod. 17:9). His role was to be “the commander-in-chief” of the army that conquered

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Canaan.\textsuperscript{14} Deuteronomy retells of God’s promises to a new generation of people and provides excellent material for understanding the role of government and warfare in early Israel. God includes numerous commands for the army preparing to take the land.

His instructions for the conduct of war can, at first, seem contradictory and inconsistent. The text speaks of “complete destruction” for particular populations. It demands that warriors “show no mercy” (Deut. 7:2) and keep “alive nothing that breathes” (20:16). Meanwhile, for other locales the command is to “offer terms of peace” (v. 10) and “not destroy … trees” that bear fruit (v. 19). Secular critics often jump to quick assertions about this passage without fully engaging the text. Influential author and scientist Richard Dawkins concludes that God is “a petty, unjust, unforgiving control-freak; a vindictive, bloodthirsty ethnic cleanser; a misogynistic, homophobic, racist, infanticidal, genocidal, filicidal, pestilential, megalomaniacal, sadomasochistic, capriciously malevolent bully.”\textsuperscript{15} Even certain Christian scholars handle this passage poorly. Wesley Morriston concludes that God’s command to eliminate an entire people group constitutes “a strong \textit{prima facie} case against” the inerrancy of Scripture.\textsuperscript{16}

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A thorough examination addresses purported discrepancies, however. Detractors have misrepresented the warfare spectrum on both sides. The incredibly harsh passages that speak of destroying a people group do not indicate divine racism. Instead, they reveal His exceptional desire for the nation of Israel to be holy and set apart from the evil that inhabited the land. The Hebrew word haram (הָרָם) is the basis of the “annihilation texts.” The word holds a dual meaning of “utter destruction” and “devoting an object for service to God.”

Everything that inhabited the land was “hostile to theocracy” and needed “to be either destroyed, or, in the case of certain objects … set apart to sacred uses.”

In order for Israel to properly exist, a cleansing of the land had to take place. God commanded haram because the previous inhabitants “might otherwise seduce Israel to follow other gods … Israel is not displacing the Canaanites because of any supposed moral excellence, but rather because of Canaanite depravity.” God’s foremost concern centers on the spiritual well-being of both the covenant land and covenant people. Abraham’s promise and the Christological promise in the following lineage can only occur through precise, God-ordained measures. As Christian Hofreiter eloquently summarizes, “This does not obviate the moral challenge involved, but should be borne in mind as one evaluates claims that Deuteronomy is irredeemably ethnocentric.”

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20 Ibid.
Likewise, the non-חרם commands remain equally misunderstood. Conservative scholars perceive these “ordinary warfare” passages as supremely benevolent.\(^\text{21}\) Daniel Block notes that some sections of Deuteronomy “exhibit a remarkably humanitarian tone, expressed toward recruits (20:4-9; 24:5), civilians of subjugated cities (20:10-15; 21:10 - 14), and even the environment (20:19-20).”\(^\text{22}\) While this line of thinking captures a measure of God’s grace, it presents an idealized gloss of reality. The understanding of William Tecumseh Sherman proves useful here: “War is hell.”\(^\text{23}\) The entire subject matter is staunchly inhumane. The Deuteronomic provisions for extending peace to a hostile town was tantamount to offering “terms of surrender.”\(^\text{24}\) The arrangement did not provide an evenhanded peace treaty; instead, it demanded capitulation. “Only under such terms could the threatened city expect survival.”\(^\text{25}\) Subordinate residents gained a certain amount of protection and freedom only if they upheld their part of the treaty.\(^\text{26}\) An offer of peace, in reality, presented an opportunity for servitude without bloodshed.


When a town resisted an offering of peace in normal warfare, the command was to kill all of the combatants and to “enjoy as war booty everything else, including women, children, and cattle.”

Behind this text stands the gruesome reality of war: a potential enemy cannot be left alive. Eligible enemy recruits must be executed—common sense for any battle strategist. However, readers should not “miss the barbarism implied in the permission to take women and children as captives of war. All of the certain cruelty of such a procedure is understood, in uncritical fashion, as a gift of [God’s] sure victory.”

The consideration of these terms as humane remains only possible when compared to the vicious realities of war. Peace in servitude is a favorable option to utter annihilation. Not executing women and children is decidedly humane if the alternative means complete slaughter—a recognized feature of warfare in the Ancient Near East.

However, to minimize the realities of war is disingenuous by both those who would condemn all killing or romanticize the necessity of warfare.

The early books of the Old Testament provide the reader with the most detailed information about the conduct of both war and government from a biblical perspective. Yet it would be invalid to make a direct comparison between Israel and any other form of government; no other nation can claim a legitimate theocracy. This leaves the question of what would serve as the appropriate parallel to modern warfare. Theologians must decide

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27 Brueggemann, Deuteronomy, 211.

28 Ibid.

if there exist timeless principles or if the review of “the deuteronomic law [remains] merely of historical interest.”\textsuperscript{30} In the subsequent pages, answers to these questions will emerge from the writers of the New Testament and leaders of the Early Church.

\textit{Captive Israel}

Jeremiah presents a drastically different understanding of war in the lives of God’s people. In a dramatic reversal from the triumphant entry into the Promised Land, God empowered the Babylonian king Nebuchadnezzar to destroy Judah. This was God’s punishment for disobedience and an unwillingness to hear the repeated warnings from God’s prophets (25:1-9). A shift occurred in which the Judean king no longer served as “Yahweh’s servant, shepherd, or anointed.” He relinquished that role to a foreign power and in doing so, “the linkage of Yahweh and Judah is jeopardized, if not broken.”\textsuperscript{31}

The Hebrew root \(חָרֵם\) reappears in this passage (Jer. 25:9). God chose the pagan king to establish a new order, the “reverse of the holy wars.”\textsuperscript{32} The unrelenting battles once meted out by the Hebrews returned at the hands of Nebuchadnezzar. So vicious was that destruction that his deeds were “never to be forgotten.”\textsuperscript{33} He captured the physical meaning of \(חָרֵם\), utter destruction, when he conquered Jerusalem, tore down the temple, and deported the captives. While a tangible devastation was inflicted upon the landscape,

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\textsuperscript{30} McConville, \textit{Deuteronomy}, 323.
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When necessary, even an unbelieving king can execute the judgment of the Lord. Nebuchadnezzar, perhaps unwittingly, led “his army against the nations according to God’s will.”\footnote{Smelik, “My Servant Nebuchadnezzar,” 112, 124.} For the purposes of warfare, this is a startling revelation. An otherwise evil ruler, in the absence of godly leadership, can institute God’s will for the geopolitical landscape. Von Clausewitz, a highly respected Prussian general, reminds military thinkers that “war is politics, by other means.”\footnote{Military academic environments use the above abridged version. The full, quote is “War is simply a continuation of political intercourse, with an addition of other means.” Carl von Clausewitz, On War, trans. Michael Eliot Howard and Peter Paret (Princeton, NJ: Princeton University Press, 1989), 605.} In the case of Israel, the prophetic warnings offering God’s terms of repentance went unheeded. He progressed to other means. He sent Nebuchadnezzar, a messenger “of a different sort who could not be ignored.”\footnote{Peter C. Craigie, Jeremiah 1-25, Word Biblical Commentary 26 (Dallas: Word, Incorporated, 1998), 366.} The narrative underlines a timeless truth: God may use governments of all types to bring about righteousness on the earth.


New Testament

New Testament writings are rather limited in their discussion of the function of government and a sovereign’s responsibility in waging war.38 However, a handful of passages provide insight into a believer’s responsibilities to the government. Romans 13 serves as a normative passage that summarizes an appropriate response to those in authority. Echoing the Nebuchadnezzar story, Paul instructs, “Let every person be subject to the governing authorities. For there is no authority except from God, and those that exist have been instituted by God … for he is God’s servant for your good” (Rom. 13:1, 4). Peter expounds these sentiments when he instructs Christians to both “fear God” and, simultaneously, “honor the emperor” (1 Pet. 2:17).

Acknowledging the legitimacy of governmental authority appears as a recurrent theme throughout the Scriptures. Given the shift in political climate from the theocratic Hebrew nation, through captivity, and into the confines of Roman rule, the consistency proves remarkable. Paul’s words in Romans are especially surprising. He experienced government brutality. He endured “numerous imprisonments and floggings, and then specifically mentioned that he was beaten with rods … When he composed these lines he had scars on his body from unjust floggings by rulers and authorities.”39

38 Biblical instructions on matters of governmental affairs follow a pattern. As the intended audience is less directly involved in the system, less text is devoted to the civic issues. By the time of the Early Church, “all those serving as public officials probably were nonbelievers.” Robert H. Mounce, Romans, New American Commentary (Nashville: Broadman & Holman Publishers, 1995), 243. Therefore, it should not be surprising that Christ has very little to say about the role of government (Matt. 22:21, Mark 12:17, Luke 20:25, John 19:11).

The harsh treatment was not confined to Paul. As he wrote the Book of Romans, there existed significant tension between church and state. The Roman officers and Jewish religious leaders were “unfriendly or even hostile” to members of the early church (Acts 18:12-17, 19:27-28-30).\(^{40}\) Furthermore, “when we consider who may have been on the Imperial throne, who presided in the Roman Senate, or who the local political authorities were at the time of Paul’s writing, Paul’s instructions are nothing short of scandalous.”\(^{41}\)

Yet his understanding of the role of government is clear. The government has a God-ordained role to play—to “bear the sword” and to be “an avenger who carries out God’s wrath on the wrongdoer” (Rom. 13:4).\(^{42}\) Some have suggested that this passage provides a metaphorical understanding of justice; however, this is inappropriate for the context.\(^{43}\)

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“the power of life and death,” is “the ultimate sanction for government.”\[^{44}\] The state has the “right to deprive of life those practicing evil.”\[^{45}\] God expects governments to fulfill this duty.

Another important feature of the New Testament witness resides in the attitudes of Christ and the apostles toward those who serve the government. Groups that advocate non-violence have long used the Sermon on the Mount (Matt. 5-7) as the definitive text that prohibits Christian participation in warfare. Indeed, the passage establishes a radical set of ethical standards for the followers of Christ—even a warrior should turn the other cheek (Matt. 5:39). However, a “rather large number” of New Testament converts “held public office without anyone calling them to renounce.”\[^{46}\] This fact alone stands in stark contrast to the idea that Christian conversion requires pacifism.

In Romans, Paul demonstrates the ethical considerations Christians must make as servants of the state as they navigate the tension between the role of believer and that of the government.\[^{47}\] J. D. Charles helps to illuminate the seeming double standard.

[There is a] contrast in Pauline thought between the personal sphere and political authority … Romans 12 ends with a list of exhortations aimed at Christian interaction with the world … The apostle’s exhortations are straightforward: avoid a retaliatory mode … Believers are not to take justice into their own hands, for justice has a proper context … illuminated in chapter 13. Whereas force and vengeance are prohibited in 12:17–21, they are both permitted and sanctioned in 13:1–10. Paul’s argument is not that force and retribution … are inherently


immoral. In the realm of the private relationships, justice is illegitimate and
governed magistrate, however, it is prescribed. A clear understanding of this duality allows Christians to function as ethical warriors.

For this reason, the gospel reveals examples of Jesus positively portraying those
who serve as military members. He overtly praises the centurion: “Truly, I tell you, with
no one in Israel have I found such faith” (Matt. 8:10). Even at the Cross, no animosity
occurs toward the soldiers who crucified Jesus under orders. Rather, they fulfill the
Scriptures (John 19: 24, 36, 37). Jesus speaks of their actions with a near conciliatory
nature: “Father, forgive them, for they know not what they do” (Luke 23:34). Given the
gruesomeness of the situation, it seems significant that not one gospel writer criticized the
soldiers.

The scriptural teachings on governments and the ability to wage war contains one
consistent theme: God remains intimately involved in the entire process of world affairs.
As Peter Craigie suggests, one should start with a base assumption that “war is always
evil,” a “sinful, human activity” displaying human depravity. However, God chose to use
people as part of His redemptive plan. Therefore, as He interacts in the affairs of
humankind, He encounters and directs both the good and the evil. War is always tragic,

48 Charles, “Pacifists, Patriots, or Both,” 36-37. Charles also draws this conclusion with Matthew
5: “Not resisting evil and turning the other cheek (5:39) are contextualized among several instances of
personal injury. Consider the nature of the other three: the loss of an article of clothing, being conscripted
to walk a second mile … and loaning to the person who wishes to borrow. Each of these situations of daily
life is personal; all of them mirror issues of discipleship, not statecraft or policy. In terms of emphasis, then,
Matthew 5-7 finds a parallel in the latter part of Romans 12, which addresses Christian’s relationship to the
world, and specifically, handling personal injury or insult. To conflate the Sermon on the Mount and its
parallel, Romans 12 (vv. 17-21, in particular), with Romans 13—that is, to fail to distinguish the context
and the qualification of justice properly and improperly applied—is to confuse the personal and the
political. Indeed, it is to do violence to the New Testament text and to Christian social ethics.” Ibid., 40.

49 Peter C. Craigie, The Problem of War in the Old Testament (Grand Rapids, MI: William B.
Eerdmans, 1979), 41-42.
painful, and ugly; however, the alternative proves even more deplorable. The biblical text confirms “battle as a necessary evil in the context of a greater, cosmic struggle between good and evil.”

God requires people and their governments to undertake roles and responsibilities in this struggle.

**Just War**

Theologians and ethicists credit Saint Augustine of Hippo with the development of Just War Theory. Prior to Augustine, the Church Fathers recorded minimal information about how Christians might undertake, participate, or even create reasonable opinions about the conduct of war. In addition to being the first Christian to write extensively about the subject, he also integrated Roman philosophical and military thought, while preserving biblical integrity. His work is the cornerstone for both Roman Catholic teaching and nearly every Protestant denomination’s view on warfare. Also, most secular thought on the issues of morality in war, including national and international law, build upon the foundational principles of Augustine. To examine morality in war is to rely upon Augustine.

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51 See Appendix A for additional information about the views of the Early Church and Church Fathers on warfare. After the conversion of Constantine and the integration of Christian and Roman societies, this became a subject of great importance. Ambrose, Augustine’s teacher, found considerable influence in the Roman philosopher Cicero. Augustine inherits this task. See John Mark Mattox, *Saint Augustine and the Theory of Just War* (London: Continuum, 2009).


Augustine enumerates the government’s role in declaring war, but he also broaches an even more important topic for soldiers. The previous Church Fathers did little more than begrudgingly admit that Christians had been in the service of the national military. In contrast, Augustine implied that a good Christian might choose military service: “It was he who synthesized the hesitant and often times equivocal views of his Christian predecessors into a statement which justified Christian participation in war.”

Augustine’s theory constitutes two major parts. The first is *jus ad bellum*. The principles of this part determine when a sovereign may justly declare war. God holds leaders accountable for the decisions they make leading up to war. The second part is *jus in bello*. The principles herein explain the righteous conduct of soldiers during the course of battle. Once the conflict begins, regardless of the justification, nations rely upon soldiers to complete war-making activities. The division of the two parts remain necessary as Augustine’s theory does not always operate congruently. A warrior, for example, may fight immorally in an otherwise justly declared war. Conversely, it is possible to maintain a moral fighting ethic in an unjust war.


55 In no single work does Augustine outline a systematic view that is his “Just War Theory;” rather his numerous writing on warfare have been cataloged and categorized for centuries by authors, ethicists, and theologians. They have developed a schema that fits his theory into manageable concepts. See Mattox, *Saint Augustine and the Theory of Just War*, 5-8.

Jus Ad Bellum – Righteous Justifications for War

Just Cause

The first criterion a sovereign nation requires to declare war is just cause. Some heinous act must have been committed that surpasses a declared threshold. This criterion extends to countries that have allied forces or to those seeking to intervene on behalf of human rights violations. The aggressive actions required to qualify as just cause have evolved over time; however, there exist some long-standing, traditional reasons to declare war. Defense of territory remains a recognized, justified use of force. People have a right to organize themselves into forms of government, and the land within their control is theirs to protect by military power. Nations can also protect ships at sea, planes legally in available airspace, and citizens appropriately traveling abroad.

Injury to property or people constitutes another standard just cause category. Augustine explains, “A nation or state has to be punished for refusing to make amends for the wrongs inflicted by its subjects, or to restore what it has seized unjustly.” Harm can occur at the hands of either the ruling class or actions of the citizens of a country. This clause must meet a significance threshold. As an example, it would be unjust to declare war over a trade dispute or to collect a debt.

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Preemptive strike does have a place in the discussion of just cause, such as those times and places in which significant evidence exists that an enemy is preparing an attack. However, distinguishing preparations from posturing remains difficult. This complication serves to “underscore the importance of an actual—and not merely perceived—breach of international peace and security. Something must happen in the real world, not just in the minds of those who fear an attack.”

**Proper Authority**

The second principle of *jus ad bellum* states that a limited number of people can justly declare war. Augustine clearly articulates “the natural order,” which “ordains that the monarch should have the power of undertaking war if he thinks it advisable.” He distinguishes the role of the soldier as one who “should perform their military duties on behalf of the peace and safety of the community.”

Soldiers or citizens, on their own, do not hold the right to make a formal declaration of war. Only those whom God has placed in control of a sovereign nation hold this authority (Rom. 13:3-4). Most acts of terrorism frustrate this particular principle. When no state authorizes an act of war, determining how to respond in a just manner remains exceptionally difficult.

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61 Ibid.

**Last Resort**

This condition provides a limiting feature of just warfare. Even when an offense that merits just cause and the valid authority as a sovereign exist, one does not necessarily have the right to engage in warfare. A ruler should undertake warfare only as a last resort; any other route should be the preferred method (Deut. 20:10-12). War as a last resort is inherent in a just warfare schema because of the primacy of peace: “It is therefore with the desire for peace that wars are waged … peace is the end sought for by war.”

Modern thought upholds Augustine’s thinking. Conducting battle requires intense capital loss of both humans and resources. The state must seek the “possibility of using a less costly means of defense” and consider any “reasonable alternative under the circumstances.” War is a serious undertaking. To make aggressive moves without engaging adequate calculations proves both irresponsible and unjust.

**Reasonable Probability of Success**

This point builds on the previous condition of last resort. War creates a terrible reality, and any course of action to that end must consider second- and third-order effects. Leaders must ask significant questions before engaging in war: Can the nation sustain a wartime footing? Can the military reasonably defeat the enemy (Luke 14:31)? Will war cause an insurmountable harm to the nation itself? If any of these conditions are possible,

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64 Fletcher and Ohlin, *Defending Humanity*, 90.
the question then centers on whether the just cause indicator remains so egregious that it demands action regardless of the potential ruin of the nation.

Delineating all of the political and military variables in this calculation proves extremely challenging. However, a nation must consider the probability of success. A nation cannot lightly engage in the destructive force of war. Low probability wars have the potential to result in a tragic waste of people and resources.

*Proportionate Means*

Nations must also consider proportionate means in war-making. A war is just when there exists a positive balance “between the wrong to be prevented … and the [expected] human and material destruction.” Countries should not impose a greater evil on the world than is appropriate for the offense committed (Exod. 21:23-25). This determination requires more than calculating a ledger of casualties on the battlefield. Proportionate action demands an understanding of all parties involved and potential outcomes.

The sovereign needs to address complicated ethical questions to determine appropriate actions. Some end results could be simultaneously positive and yet morally repulsive. For instance, an economic upswing from increased weapon production should

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not be considered wholly positive. Likewise, reducing fatalities at all cost by not confronting a hostile enemy is not a constructive outcome; it enables evil. Other difficult questions vex this condition. Proportion is a constantly moving target. Ultimately, the force proposed and the operations executed need to effectively return a status quo of peace without doing more damage than necessary.

*Right Intention*

Nations commonly overstate an opponent’s actions in an attempt to build a case for a just war. The principle of right intention requires a sovereign to consider personal motives. This dovetails with the characteristics of God, who can “search the heart and test the mind” determining if one might be guilty of acquiring “riches, but not by justice” (Jer. 17:10-11). This criterion asks sovereigns to hold their intentions to a level of honesty.

Frequent temptations to violate this principle find root in vengeance, territory expansion, and monetary or resource gain. The spoils of war can usurp the just motive of the undertaking authority. Certainly, some gains might naturally outflow a victorious just war, but this should never serve as the goal: “A war will not necessarily be unjust if it results … in some benefits that of themselves would not justify the war; right intention requires only that wars should not be waged for the sake of such benefits.”

Because judging the motives of others remains impossible, in practice this criterion sets up a

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68 Hurka, “Proportionality in the Morality of War,” 42-43.

69 Regan, *Just War*, 85.
conundrum. If a nation stands to benefit from any of these items, its just cause criterion would need tangible elevation to offset potential gains and pacify onlookers.

*Jus in Bello* – Righteous Actions in War

_Jus in bello_, the second major category of the Just War Theory, explains how the participants execute a just war. Whereas the sovereign is primarily responsible for _jus ad bellum_, the _jus in bello_ rules impose “diffused responsibility” throughout the ranks of the fighting force.⁷⁰ To highlight the separation between the categories, Jeff McMahan explains that “combatants do not do wrong merely by participating in an unjust war. They do wrong only if they violate the principles of _jus in bello_.”⁷¹ After a declaration of war, soldiers on both sides are moral equals.⁷² _Jus in Bello_ principles apply to all who enter the battlefield, regardless of the circumstances that brought them together.

Discrimination

The principle of discrimination addresses the determination of roles. Soldiers engage either voluntarily or under conscription on behalf of the sovereign. However, those same duties do not bind citizens surrounding the battlefield. In military terminology, these are non-combatants. They earn this status because they “are

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⁷⁰ Though the responsibility is more concentrated toward the top of the hierarchy, all are accountable in some measure to the execution of a just war. This takes on an even more meaningful component in the West, where citizen soldiers both enlist under the authority and vote to give authority to the sovereign. Andrew Fiala, *The Just War Myth: The Moral Illusions of War* (Lanham, MD: Rowman & Littlefield Publishers, 2007), 142-144.


⁷² Walzer, *Just and Unjust Wars*, 34.
technically innocent of aggression.”

Citizens’ mere existence places them in a warzone, not their actions; therefore, they are not legitimate targets of intentional attack. Augustine captures this understanding concisely when he states, “As violence is used towards him who rebels and resists, so mercy is due to the vanquished or the captive, especially in the case in which future troubling of the peace is not to be feared.”

Nations have set up very specific international rules to respect the long-standing tradition of separating those who participate in war from those who do not. The most notable is the Geneva Conventions. These treaties set the boundaries around war-worthy targets and enumerate protected classes. In addition to the safeguarding of civilians, it grants special protection to wounded soldiers, shipwrecked seamen, prisoners of war, medical personnel, and chaplains.

Proportionality

The second principle, proportionality, appears in both major categories of Just War Theory. It is a macro and a micro concern of both the sovereign and the soldier. Those on the battlefield must apply force in such a way as to reduce the unnecessary suffering of the human participants in warfare. This consideration remains universal and

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must include the enemy and the civilians who inevitably find themselves threatened via collateral damage.

The legal requirements are fairly vague: militaries shall “take all feasible precautions in the choice of means and methods of attack with a view to avoiding, and in any event to minimizing, incidental loss of civilian life, injury to civilians and damage to civilian objects … which would be excessive in relation to the concrete and direct military advantage anticipated.”\(^76\) Again, a soldier must implement a moral judgement to avoid undue harm.\(^77\) Proportionality is an incredibly difficult scale to judge. Often without thorough intelligence and obscured by the fog of war, soldiers must make split-second decisions about who lives and who dies.\(^78\)

Unfortunately, the discrimination criterion is only foolproof in briefing rooms and simulators. Proportionality remains an ideal to be striven for, not a reality that can ever be obtained.\(^79\) Strategic bombing, long-range artillery, unconventional warfare, and even accidental engagement continues to demonstrate that this goal lies beyond reach. This admission drives numerous questions: how does an army conduct itself in such a way as

\(^{76}\) Ibid. Protocol 1, Article 57.

\(^{77}\) A full understanding of this principle might even incur greater force to be unleashed against an enemy: “Whereas the proportionality principle condemns use of excessive force, it does not necessarily condemn using overwhelming force … a bold and powerful attack may induce the enemy not to yield serious resistance. As a result, the enemy loses the fight but does not lose many lives. Likewise, the attacking side’s casualties are less than they otherwise might be.” Nicholas Fotion, *War and Ethics: A New Just War Theory* (New York: Continuum, 2007), 22.

\(^{78}\) von Clausewitz, *On War*, 101.

\(^{79}\) There is a connection between proportionality in the conduct of war to the initial just cause. See Hurka, “Proportionality in the Morality of War;” McMahan, “The Ethics of Killing in War.”
to reduce unnecessary pain and suffering? Most importantly, how does it reduce civilian casualties?

The principles recorded by Augustine still hold a great deal of influence. Churches, military academies, international courts of law, and media conglomerates all reference these theories—often without understanding their origins—whenever they discuss warfare. Augustine faithfully interpreted Scriptures, applied those truths into a military theory, and changed the course of warfare spanning the last two millennia.

Examples of Warriors’ Positive Characteristics

Scripture portrays soldiers in a positive light.80 This realization did not elude the writings of the Early Church Fathers, nor should it escape the modern reader. The Bible does not place a ban on enlistment. Further, none of its interactions with soldiers compels them to disassociate with the military. The warrior motif prevails throughout the Scriptures, and modern warriors can gain tremendous insight from a thorough review.

Training

In the same spirit embodied by Paul’s words to “work heartily, as for the Lord and not for men” (Col. 3:23), a search of the Scriptures reveals insight into the readiness of the biblical warrior.81 Faithful warriors prepare long before a battle to both appropriately

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discharge their duties and return home with honor. The Bible captures this most thoroughly in the portrayal of David. He writes in the Psalms about training his hands “for war” and his “fingers for battle” (Ps. 144:1). David also speaks of his acumen with weaponry. He gratefully acknowledges that he has the physical strength to “bend a bow of bronze” (Ps. 18:34, 2 Sam. 22:35). David praises the Lord not “generically,” but he praises the God who equipped him “for success in his vocation.”

David also shares responsibility; he must exercise and hone his skills: “God may have taught David to fight, but David still had to do the fighting.” This picture of a willing, well-trained warrior captures the sense of what is good and right in all faithful soldiers.

As David matured as a warrior, the tensions with King Saul escalated. David was presented an opportunity to assassinate his antagonist (1 Sam. 24:1-7). Saul’s troops massively outnumbered David’s men, yet somehow, David showed great restraint, patience, and deference toward Saul. He understood his place as subservient to Saul and respected that status. Not only did he show great personal maturity, but he stood down his men who were encouraging him to strike, proving that his leadership skills had also flourished.

It was clear that David took his profession seriously. He performed admirably in training and in battle. Though he stumbled, he admitted his failures (2 Sam. 12:13),

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corrected course, and was honored by God. As a proficient soldier and man of faith, David confirms that these two can indeed coexist.

Faith and Spirituality

Warriors in the Scriptures maintain a strong bond between the sacred and the secular. For the Israelites, everything, including government and warfare, was inherently spiritual. Therefore, the clergy remained an intricate part of the battlefield. When recording the laws of warfare, the author of Deuteronomy provides evidence of this connection: “When you draw near to the battle, the priest shall come forward and speak to the people … for the Lord your God is he who goes with you to fight for you against your enemies” (Deut. 20:2-4). Likewise, the priests and the Ark of the Covenant play a prominent role in the battle of Jericho (Josh. 6:1-7). Even in times of inconsistent obedience, the kings consulted Elisha about how to proceed in battle (2 Kings 3:11-20).

The link between spirituality and warfare in the Old Testament is quite strong.

The New Testament record, however, markedly differs from that of the Old Testament. The army would not have recruited Christ-followers, yet numerous stories tell of warriors who find faith. One such instance occurs at the very foot of the Cross. As the Gospel of Matthew recounts, “When the centurion and those who were with him, keeping watch over Jesus, saw the earthquake and what took place, they were filled with awe and said, ‘Truly this was the Son of God!’” (Matt 27:54). R. T. France reasons that the soldiers may not have fully understood their words, however: “Matthew intends his

85 The words mirror the disciples after Jesus walked on the water: “Truly you are the Son of God” (Matt. 14:33). Donald Hagner acknowledges the “irony and tragedy” of the proclamation “made by Roman soldiers … and not the Jews to whom Jesus had come.” Donald A. Hagner, Matthew 14-28, Word Biblical Commentary 33B (Dallas: Word, Incorporated, 1998), 852.
readers to recognize that here was the true response to what had happened.” These men had discovered the Savior in the course of their profession. God, indeed, works in the lives of warriors.

At the conversion of Cornelius, God drew another warrior to faith. Remarkably, the first Gentile to receive the good news was a centurion. Note that Peter did not demand that Cornelius abandon his post. He seemed unfazed by the centurion’s profession. Instead, the text reveals that Peter was merely hesitant about his nationality. The conversion of Cornelius resulted not in a sole confession of faith. The text captures the “household” (Acts 11:14) aspect of the story. A modern understanding of the nuclear family is insufficient here, for this conversion included servants, slaves, friends, relatives, and other soldiers as part of the “many persons gathered” (Acts 10:27) in the house of Cornelius. The text indicates that a Gentile can simultaneously be a soldier, a Christian, and an evangelist.

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87 In the pacifistic literature, Cornelius receives little attention. Preston Sprinkle argues, “We need to be careful not to force these stories to say more than they actually do. They tell us that the gospel reaches unlikely candidates: Gentile military men.” This cautions just war theorists to carefully handle the text. Yet, the passage does not include the phrase “sin no more” (John 8:11), spoken by Christ when He encounters the adulterous woman, nor is there a confrontation of sin as in the woman at the well (John 4), Jesus at the temple (Matt. 21), or Peter with Ananias and Sapphira (Acts 5). To argue that one should not draw a conclusion from silence is problematic, as it is the silence itself that makes the passage so powerful. Preston Sprinkle, Fight: A Christian Case for Non-Violence (Colorado Springs, CO: David C Cook, 2013), 208.

Submission to Authority

Rightful submission to authority remains a necessity in military service. Characters in the Scriptures exemplify this in both physical and spiritual dimensions. The case of the soldier with the paralyzed servant (Matt. 8:5-13) illustrates a prime example of submission. A centurion approached Jesus during His ministry in Capernaum. The centurion told Jesus about his servant who had been stricken by disease. Jesus offered to come to the centurion’s house to heal the servant. The soldier responded that his home was unworthy of a visit from the Almighty: “Only say the word, and my servant will be healed. For I too am a man under authority, with soldiers under me. And I say to one, ‘Go,’ and he goes, and to another, ‘Come,’ and he comes, and to my servant, ‘Do this,’ and he does it” (vv. 8-9). Jesus commended the man’s response: “He marveled and said to those who followed him, ‘Truly, I tell you, with no one in Israel have I found such faith’” (v. 10). This account, on its own merit, thoroughly and accurately illustrates how authority works. Yet, its greatest feature resides in the recognition that one authority figure outranks all people—both military and civilian. The centurion demonstrates a firm grasp on the power of the spiritual chain of command.

In the Old Testament, authority is often connected and expressed in the language of fear. Scripture instructs officers to confront their troops about fear: “Is there any man who is fearful and fainthearted? Let him go back to his house, lest he make the heart of his fellows melt like his own” (Deut. 20:8).89 The Israelite army was “dismayed and

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89 von Rad picks up this critically important point in his classic work on the subject of war: “Warriors had to be acceptable to Yahweh in every respect and had to be bearers of Yahweh’s intention even with regard to their inner disposition … the weak and fearful … constituted a danger for the enterprise.” Gerhard von Rad, *Holy War in Ancient Israel*, trans. Marva J. Dawn, 4th ed. (Grand Rapids, MI: William B. Eerdmans, 1991), 46.
greatly afraid” of Goliath, and “invading armies” would incite intense fear upon “their enemies in an attempt to demoralize them (2 Chron. 32:18, Isa. 7:6, Hab. 1:9).” Fear remains an omnipresent theme in both modern and ancient military campaigns. However, Scripture provides a cohesive method for conquering fear through the proper understanding of authority. This understanding occurs in spiritual, not physical terms.

A semantic study of the word fear in the Scriptures recognizes that its usage most frequently and most importantly occurs in response to God. In biblical terms, fear has a wider range of meaning than modern language captures. The ancient word concerns more than distress and terror; it emphasizes awe and reverence for the Deity. Therefore, proper authority is to “fear God” and, consequently, only “honor the emperor” (1 Pet. 2:17). Governments and their agents—armies and soldiers—demand fear only in accordance with their status as subservient to God (Rom 13:3). To render an inappropriate amount of fear to others while neglecting the fear of the Lord remains tantamount to idolatry. God’s encouragement to “fear not” is highly prominent in Old Testament war texts. As the supreme authority, He could offer this “comfort and


94 Merrill, Deuteronomy, 4:283.
reassurance before battle."95 Diligent training, confidence in equipment, and competent team members can significantly reduce anxiety. However, it is in the spiritual realm where a soldier truly conquers fear.

This understanding of fear also demands that warriors consider their actions when following orders. Christians have a responsibility to principles that outweigh governmental concerns. When faced with an option between following the demands of the profession or the demands of God, Christians must choose the latter.96

This small sample of biblical texts discuss the positive characteristics of biblical warriors. The positive treatment of service members throughout the Scriptures enforces the compatibility of faith with the warrior spirit. As it was then and continues to be, the values that make a strong person of faith also serve the soldier well in both battle and peacetime.97

**Traumatic Events**

**Reaction to Killing**

The problem of war has always revolved around the taking of human life. In its absence, the responses to military action would take a wholly different perspective. It is therefore useful to examine God’s response to bloodshed.98 The cities of refuge provide

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96 Peter and John precisely model this behavior in Acts 4:1-31. When presented with governmental demands that conflicted with Christ’s mandate, they continued teaching despite threats from the Sanhedrin.


98 Though bloodshed exists in both war and murder, there are substantial differences. Scripture treats accidental killing as unintentional sin, whereas no passage exists condemning as sin the actions of warriors operating under Just War principles. The comparison is necessary to draw out biblical truths on
exceptional insight. The Lord instructs Joshua to establish cities to which those who “inadvertently killed another human being” could escape for protection (Josh. 20:1-9, see also Exod. 21:12-14).99

The establishment of cities of refuge exposes significant truth surrounding righteous responses to those who kill. Ancient ethics required an “eye for eye” and “tooth for tooth” (Exod. 21:24). This constituted neither a suggestion nor pursuit of revenge; rather it was a judicious requirement for societal order: “The nearest relative of a murder victim was required to take the life of the murderer … It was his duty to the widow, other family members, and to society. Murderers were not allowed to live.”100 The biblical mandate for refuge redefines ethics in terms of intention. The code maintains a deference to both the seriousness of taking a life and the “due process” necessary to determine the motive behind the bloodshed.101 The establishment of cities is a physical manifestation of God’s mercy and an acknowledgment that there exist degrees of guilt when life is taken.102

The biblical code required the killer to appear before the elders of the city to explain the circumstances of the death. Once the accused submitted the case, the


community partook in the responsibility of adequately bringing justice to the victims. If guilty, it was mandatory that the elders “hand him over to the avenger of blood” (Deut. 19:12). If the elders determined that the case was accidental, the community inherited the cost of protection. The city remained obliged to take him in and secure “provision for his ordinary life (‘give him a place’) … possibly for a considerable [amount of] time.”

Furthermore, the locations of the cities imply religious overtones. The biblical narrative inseparably “links the cities assigned to the Levites and the places of refuge.” While the Bible provides no definitive explanation for this, it is unlikely a coincidence. Scripture does expound upon the requirements for unintentional sin (Lev. 5:1-6) in the sacrificial system. Regardless of premeditation, consequences remained and a person was required to atone for his or her actions:

Sin has to be dealt with ritually. This sets the background for understanding the city of refuge. It is not only a place of safety but also a place where the sinner must pay the consequences of his sin… The man does not simply go free even though he has proven that he acted without malice aforethought. Proven innocent, the man remains a virtual prisoner in the city of refuge, most probably in the service of the priest and/or temple of the city.

This process of atonement lasted until the death of the high priest (Josh. 20:6) and only then could the person return to his home and property.

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The principles established in the cities of refuge prove enlightening as society determines the appropriate response to those who have shed blood. While the rules of the Old Testament outline the minimal protective measures afforded to those who commit some degree of murder, a returning soldier who has fought justly is a killer, not a murderer.\(^{107}\) Contemporary differentiation of these two categories has grown indistinct. Sadly, modern society does not even provide the common grace of refuge to those who have killed on behalf of the community. Returning warriors need time, space, and resources to process their actions. They need encouragement to tell their stories to the elders (seasoned sergeants and veterans of prior conflicts) and to the clergy (pastors and chaplains). Likewise, society must absorb the physical, mental, and spiritual cost of asking a soldier to take the life of another. Reclaiming these forgotten principles is vital for the proper functioning of modern warriors.

**The Healing Role of Rituals and Ceremonies**

In the wake of the tragedy of September 11, the citizens of New York constructed memorials, conducted honor processions, held prayer meetings, and assembled for vigils. The events permitted people “to share something of their distress and bewilderment.”\(^ {108}\) The rituals were nearly spontaneous and continued for many days. The community instinctively knew they should share their “grief, gratitude, and, here and there, hope.”\(^ {109}\)

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\(^ {109}\) Ibid., 398.
Catherine Bell talks about these specific events and challenges the notion that rituals contain overt “formality and traditionalism.” Rather, rituals—especially religious rituals—connect the participant to an ingrained sense that speaks to the primal, spiritual, and ancient.

Scripture provides insight into the rituals of the Israelites and the early believers. These actions often have a direct or corollary relationship to warfare: “War rituals communicate military power, create solidarity within a nation and between military leaders and their troops, and stimulate confidence in victory.” For the biblical writers, the communal nature of ritual was accompanied by spiritual components: “Ritual communication with the divine was an indispensable part of human actions before and after war and battle in the ancient Near East.” Many of those same customs persist into the modern world and will be referenced in the subsequent text.

**Death Ritual**

Ordered death rituals remained exceptionally important and directly tied to the understanding of spirituality for ancient peoples, and “burial was an especially sacred act.” One must still render appropriate honor to a body, regardless of the circumstances. “Even in times of war, conquering armies allowed for the proper disposition of the

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110 Ibid.


112 Ibid.
dead.” As the Jewish culture envisioned a hope in a future redeemer, the burial ritual was meaningful (1 Kings 13:22; Jer. 16:6). In early Christian culture, which celebrated the death, burial, and physical resurrection of Christ (1 Cor. 15:3-4), the ritual was the height of symbolism.\(^{114}\)

Following the death of Christ, the gospel writers provide significant details about historic death rituals. Joseph of Arimathea “took courage and went to Pilate and asked for the body of Jesus” (Mark 15:43). His boldness proved exceptional considering the circumstances, “a personal and risky initiative” as the “Sanhedrin had condemned [Jesus] as a blasphemer.”\(^{115}\) The body of an executed criminal would normally forgo the honor of a proper burial.\(^{116}\) Custom dictated the “body to be left upon a cross either to rot or to be eaten by predatory birds or animals.” The courage of the Arimathean to redeem the remains and afford them a proper burial has an equivalent on the modern battlefield. Nearly all warriors adhere to *nemo reside*, no one left behind.\(^{117}\)

Joseph’s story further connects to modern warriors in that he led the witnesses from the foot of the Cross to the tomb. The women “followed;” they “saw the tomb, and

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114 Still a contentious issue, some theologians hold burial as the only acceptable form of body disposition: “Cremation is a horrifying testimony ... decidedly pagan in both origin and in practice.” Russell D. Moore, “Personal and Cosmic Eschatology,” in *A Theology for the Church*, ed. Daniel L. Akin, David Paul Nelson, and Peter R. Schemm (Nashville: Broadman & Holman Publishers, 2007), 918.


how his body was laid” (Luke 23:55). Nothing indicates on this night that the women participated in making the arrangements or preparing the body. Instead, they merely witnessed the event.¹¹⁸ Warriors at home and abroad replicate this moment by participating in “patriot details.” Robert Branham captures one of these events:

We held our salute ... I could observe several faces with trails of tears, men and women alike, young and old. For we have lost one of our own. One who put service before self ... Every member of the formation joined together, side by side... as the chaplain recited the 23rd Psalm ... All of us made a commitment to serve. Most of us made some sacrifice while in service. Some made the ultimate sacrifice.¹¹⁹

There is a sense that there must be a witness to death—after all, witnessing is really all one can do, for they cannot repair the cause of death. This duty transcends the centuries.

A final connection in this passage is the tension between handling remains and Sabbath worship. The gospel writer notes, “It was the day of Preparation, and the Sabbath was beginning” (Luke 23:54). Only after the holy day when they had “rested according to the commandment” (v. 55) would they then return to the tomb to prepare the body of Christ. The primary inference is that the women would not have done the manual task of body preparation on a holy day, but there exists an underlying cultural phenomenon.


The Old Testament affirms that handling the dead, practicing worship, and living in community remains at odds: “Whoever touches the dead body of any person … Whoever in the open field touches someone who was killed with a sword or who died naturally, or touches a human bone or a grave, shall be unclean seven days” (Num. 19:11, 16). Per Leon Morris, “nothing could be more ‘unclean’ than the inside of a tomb,” for they are “full of dead people’s bones and all uncleanness” (Matt 23:27). Joseph of Arimathea, Nicodemus (John 19:39), Mary Magdalene, Mary the mother of Joseph (Mark 15:47), along with anyone else who accompanied them became ritually unclean because of their proximity to the site of the Crucifixion, the grave, and the body. E. N. Fallaize explains that death “is the greatest pollution of all—so much so that it commonly puts an end for a time to all activity over a social circle of varying extent.”

The implications for those who take life on the battlefield are staggering. In the Old Testament, “the very act of killing in war renders the Israelite soldier unclean. He, 

120 Purification rituals were required after the battle with Midian in Numbers 31. There is a “connection between warfare and corpse contamination. It seems likely that the underlying notion of death being the ‘utmost desacralization’ is what leads to warfare being considered a defiling activity … Defilement most essentially represents estrangement from the divine presence and death constitutes the ultimate form of such separation.” Brad E. Kelle, “Post-War Rituals of Return and Reintegration of Warriors,” in Warfare, Ritual, and Symbol in Biblical and Modern Contexts, ed. Brad E. Kelle, Frank Ritchel Ames, and Jacob L. Wright, vol. 28, Society of Biblical Literature Ancient Israel and Its Literature Series (Atlanta, GA: Society of Biblical Literature, 2014), 213.


too, must be purified before resuming his life as a whole member of the people Israel.”

To occupy the profession of soldier required not only the taking of life, but also isolating oneself from the community in order to heal at the completion of battle: “Killing may be unwitting, accidental, sanctioned, or forbidden. Either way there is pollution. Blood clings to the hands of anyone who sheds it. The purification of killers in nearly every instance requires among other things a period of exile.”

The Early Church understood this phenomenon. When soldiers returned, their participation in worship remained limited for a time. They were to pause, reflect, lament, and mourn. Only after this exile, could a warrior fully rejoin the community and “re-enter normal life.”

Memorials

As the Jericho campaign loomed just six miles on the horizon (Josh. 4:13), Joshua stopped the people of Israel for a memorial. These types of remembrance ceremonies hold both historical and contemporary significance and still persist in every modern military force. Napoleon reminds the military leader of the importance of ceremony when

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129 Howard, Joshua, 5:138.
he says, “Give me enough medals and I’ll win you any war. A soldier will fight long and hard for a bit of colored ribbon.”¹³⁰ To be sure, warriors do not lay down their lives for ribbons; however, the presentation of these trinkets at formal gatherings proves powerful.

A memorial requires much more than the retelling of stories; it serves a call to action that evokes the importance of community.¹³¹ The community of Israel paused to reflect on how far they had traveled, both physically and spiritually, since their Egyptian departure. As they finished “passing over the Jordan” the Lord said, “take twelve men” and “twelve stones from here out of the midst of the Jordan, from the very place where the priests’ feet stood firmly, and bring them over with you and lay them down in the place where you lodge tonight” (Josh. 4:1-3). This memorial, indeed all memorials, intend to stir up the thoughts, feelings, and actions of all who attend.¹³²

A commemorative event expresses a constant, underlying theme of thankfulness. Gratitude extends both to those who have sacrificed for the sake of the cause and to God, who has seen fit to protect and guide. In Joshua’s memorial, the community bestowed honor upon both God and man simultaneously.¹³³ The participants displayed an undeniable unity: “The twelve men and the twelve stones together represent Israel as a whole. The Jordan River … marks Israel’s entry into the land, even for the tribes who


¹³¹ The people and Joshua both assume an active role in the ceremony. Butler, *Joshua*, 7:49.


lived on the eastern side of the river.” A unified Israel was taking hold of the covenant land by God’s command, and this fact proved terrifying (Josh. 5:1) to the inhabitants.

Embedded in the ceremony is a distinct linking of generations, and an “appropriately symbolic memorial allows visitors to participate imaginatively and emotionally in events they have not personally experienced.” The crossing of the Red Sea could not have been far from the minds of the participants. Both generations were people of God, connected by the heritage of God’s providence. The ceremony brought a future legacy into view as well: “The purpose of the stones … is to provoke future generations to ask the question ‘What do these stones mean?’ The memorial invites later generations who were not present to enter imaginatively into the event of the crossing of the Jordan and to incorporate its meaning into their personal story and identity.”

Combat is a terrible reality, yet behaviors, customs, and traditions can restore a sense of humanity and decency to the direst of situations. Karl Marlantes, a Vietnam veteran reminds his readers that there is always “a time, when you can spare a moment for ritual.” Rituals constitute the most important connective tissue in the tense space

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137 Hubbard, “What Do These Stones Mean,” 10.


between the physical and spiritual worlds. In the process of preparing warriors and restoring them from the battlefield, God-honoring ritual is crucial.

Grief Expression through Lament

Numerous passages of Scripture contain a literary form called the lament. Claus Westermann outlines the basic structure of the lament: it begins with an address to God, followed by a complaint to be registered, a turn toward God that expresses trust, a plea for God’s intervention, and concludes with a promise of praise.\(^{140}\) Richard Hughes discusses the importance of this extensively used form of speech. It comes as

a cry of anguish protesting pain and suffering and seeking relief from God ... discharged convulsively as a groan, outburst, or accusation ... It erupts spontaneously as a cry in protest against the suffering and as a search for deliverance. The dual phases of protest and search mean that lament carries a moral intentionality, namely, to persuade God to reverse the suffering and provide justice ... Biblical lament faces God directly and ... should be regarded as prayer.\(^{141}\)

The text that follows examines two psalms that conform to this structure and reveals themes particularly salient to warriors.

Psalm 120

In Psalm 120, an adversary has brought false accusations against the writer. Rather than confront the perpetrator of the deceit, the author brings his concerns to the Lord. The slanderer distresses him greatly, for “lies subvert life; deceit undermines it; the


soul is left insecure and damaged.”

For whatever reason, the author cannot proclaim or defend his innocence. Therefore, he appeals to divine intervention and, appropriately, submits the issue to God. The development of the poem moves in three precise directions encapsulated in the first verse: “In my distress, I called to the Lord, and he answered me” (v. 1). In a powerful expression of faith, the author acknowledges an anticipatory confidence in the Lord that develops even before the resolution of the situation. The psalmist “anticipates his rehabilitation … through the exercise of divine justice.”

The psalm is replete with the language of warfare and perhaps that is why it echoes with the warrior spirit. The author knows the feeling of living far away from his culture and home: “I sojourn in Meshech … I dwell among the tents of Kedar” (v. 5). The two locations are at a great distance from each other. Therefore, numerous commentators dismiss the verses as a literal reference to those lands, for “it seems unlikely that a single person would have sojourned to both of these places.” Instead, they favor a


145 John Goldingay potentially identifies a warrior author by suggesting that “the psalmist’s words hardly suggest a person who is for peace.” However, this stereotype from Goldingay warrants caution. Augustine reminds that “it is therefore with the desire for peace that wars are waged.” A warrior can hold both perspectives providing adequate tension between words of war (v. 4) and the desire for peace (v. 7). John Goldingay, *Psalms: Psalms 90-150*, vol. 3, ed. Tremper Longman III (Baker Books, 2008), 453; Augustine of Hippo, “The City of God,” 407.

metaphorical sense of far-away places or “hostile barbarians.” All the while admitting “it is as though the psalmist were among these notoriously ferocious tribes.” If the writer is a warrior, then perhaps his travels do extend this far, or at least he has camped near the tents of the enemy nation on the move.

The psalmist writes either as a warrior, or at the very least, with the perspective of a warrior. He understands the need to apply force in order to reconcile injustice. He engages wartime imagery and understanding. The “sharp arrows” (v. 4) are a representative of an offensive stand, not the passivity of a defensive holdout. The glowing coals (v. 4) he references are the best for surviving the cold nights by the fire. Further, this poem becomes part of community worship. It morphs from a “sharply personal” psalm to an important part of the group worship of Israel. These words of lament hold healing for those then and today who face the adversity of an enemy.


150 “In ancient warfare, the purpose of arrows was not merely to kill individual members of the opposition; it was to set fire to a city. Arrows were missiles, not merely bullets.” Goldingay, Psalms, 3:451.

151 Ray Vander Laan, Walking with God in the Desert (Grand Rapids, MI: Zondervan, 2010), 86.


Psalm 143

In this psalm, King David expresses his concern for righteousness. He comes clean with an admission of his sinfulness (v. 2). When he admits his failure, he exhibits a “more mature theology” before the Lord. This psalm captures a desperate cry, exhibiting the necessity of both physical salvation and spiritual salvation. Though there is sufficient blame to pass around, David remains convinced his case is more righteous than the enemy attacking him. He “throws himself on the faithfulness ... and righteousness” of the Lord. David bears his guilt while requesting protection, illustrating those who wrestle with situations that are not black and white.

The psalm presents an intense desperation; the writer is “heavy with distress.” His life is being “crushed” (v. 3) and his “spirit fails” (v. 7). The pursuit remains both physical and demoralizing. He asks the Almighty to preserve his life for his “name sake” (v. 11). David does not fear “death per se,” but he appeals to God to stand by his part of the covenant. David has entered this situation on the assumption that he is doing what is right. God’s grace, therefore, should protect him for that obedience.

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154 David succumbs to one of the primal temptations of warriors, indiscriminate killing. In 1 Samuel 27, David slaughters the citizens of numerous locations. He does this outside of the boundaries of God’s direction or his country’s authority: “He has made himself an utter stench to his people Israel” (v. 12). Psychologists have observed this same phenomenon, known as the berserker stage, in modern combat veterans and it is a primary indicator of severe PTSD; see Jonathan Shay, Achilles in Vietnam: Combat Trauma and the Undoing of Character (New York: Scribner, 1994), 77-99.


156 VanGemeren, Psalms, 5:977.

157 Kidner, Psalms 73-150, 475.

Warrior connections abound here. When the warrior departs for battle, he assumes the war is just. He seeks protection from the Lord because the cause is good. It is encouraging to read the psalmist warrior, “even in the depths of despair,” display overwhelming confidence in the Lord.\footnote{VanGemeren, \textit{Psalms}, 5:980.} His words lead to a surprising—at least in the contemporary mind—conclusion, in which David can faithfully ask God to employ his “righteousness” (v. 11) to “destroy all the adversaries” (v. 12). The words of the warrior David simultaneously express raw dialogue, confrontational facts, hope, faith, and deliverance. This reflects how warriors speak, and David’s words point others toward a path of faith in the midst of chaos.

There exists little biblical text on the subject of the reintegration rituals of the warrior, yet various details touch upon rituals that accompany the end of battle. Ritual separation (Num. 31:19-20), songs (Exod. 15:1-8), processional returns (Ps. 6:21-27), feasting (Esther 9:16-17), and music (1 Sam. 18:6-7) accompanied the conclusion of successful engagements. However, when a battle concluded with less favorable conditions, the people practiced lament.\footnote{Kelle, “Post-War Rituals of Return and Reintegration of Warriors,” 209, 218-219.} In war, life and death, victory and defeat, often accompany each other. Often military success finds itself sharing space with personal loss. Therefore, the song of lament serves as the natural exhale to the song of victory.

Sadly, modern culture has improperly sanitized the lament from the landscape of the Christian community: “It is common practice to simply remove such outbursts of rage from prayer books and liturgies” in spite of the clear example from Scripture that “prayer
that is zealous for the reign of God may understandably explode in outrage."¹⁶¹ The critic of lament overlooks the delicate balance in the form. Hope, faithfulness, righteousness, and God’s grace always intersperse among the words that describe tragedy and grief. The Church cannot unfairly expect a modern-day warrior to live without similar forms of expression. God willingly hears the hearts of warriors; a return to lament offers a model to assist in presenting those prayers to God.

**Conclusion**

Scripture is replete with the stories of battle, the leaders who commission warfare, and the soldiers who fight in combat. Its pages exhibit a well-rounded understanding of why war exists and why it will continue to persist throughout the remainder of human history. The biblical text expresses tremendous concern for the manner in which sovereign rulers conduct themselves in matters of state. God simultaneously requires leaders to take up arms for the sake of righteous causes while maintaining the principles set forth by biblical teaching.

Scripture makes it abundantly clear that God is not solely concerned with the order of the geo-political landscape. His primary aim focuses on the redemption of people. He constantly and consistently draws humankind unto himself (John 12:32). In these narratives recorded by generations of the faithful, God speaks hope into the most desperate of situations. Through these words, warriors can find healing for the tasks they must undertake, and, more importantly, they can discover the hope of their salvation.

CHAPTER 3: GENERAL LITERATURE REVIEW

Introduction

Warriors partake in the business of evil; they either prevent it or perpetrate it. Furthermore, war possesses a corrosive quality; every encounter with it leaves an imprint on the spirit. As service members take stands on both sides of a conflict, they must endure the soul altering nature of war. They train for this; it is how they serve their nation and comrades.

When warriors leave the battlefield, they expect the problems of war to stay far behind. Frequently, however, returning home offers little in the way of relief: “When a loved one asks, ‘What was it like?’ and you look into the eyes that have not seen what yours have, you suddenly realize that home is farther away than you ever imagined.”¹ The journey home for many warriors is a long and complicated process.

Some believe acts of war are simply senseless, indiscriminate violence. This simplistic idea remains untenable and becomes undermined every time service members begin to tell their stories. Examples such as the Christmas truce, benevolent U-boat captains, and casualty care for sworn enemies reveal one truth: the warrior is more complicated than “kill, kill, kill.”² They constantly wrestle with moral decisions on the

¹ Bridget C. Cantrell and Chuck Dean, Down Range: To Iraq and Back (Seattle, WA: Wordsmith, 2005), 30.
² Charles Hoge, Once a Warrior—Always a Warrior: Navigating the Transition from Combat to Home—Including Combat Stress, PTSD, and MTBI (Guilford, CT: Lyons Press, 2010), 167. See also Stanley Weintraub, Silent Night: The Story of the World War I Christmas Truce (New York: Plume, 2002); William Geroux, The Mathews Men: Seven Brothers and the War against Hitler’s U-Boats (New York:
battlefield. They deserve treatment that stands as robust and comprehensive as the problems they face.

For the last few generations of veterans, methods of handling combat stress have grown stale and clinical. Service members now process the moral questions of good and evil through the lens of psychiatry. This process of fixing has removed the reality of the wounded soul. What follows is an examination of how society cares for veterans today dealing with combat stress, Post-Traumatic Stress Disorder (PTSD), and moral injury—and how it should care for veterans going forward.

**Combat Stress**

For centuries, civilizations have witnessed, documented, and treated the human phenomenon of invisible battlefield wounds. Ancient literature shows “that among the Egyptians, Romans, and Greeks, men broke and ran in combat … afraid of dying.”

Likewise, scriptural accounts describe warriors who endured traumatic situations.

Combat stress remains as rampant as war itself.

Generations of warriors most often found solace for their grief in the context of groups. They confided in other veterans and supportive citizens. They wrestled with questions of mortality and morality in their faith communities. Religion has always
played a key role in the life of warriors.\textsuperscript{5} Prior generations of the Christian church proved instrumental in returning participants from war. Their clergy combined methods of reflection, confession, and forgiveness into a process, which brought “soldiers back to their local and domestic responsibilities.”\textsuperscript{6} It takes a great deal of time to heal and reconcile the tragedies of war, and few places exist where this is possible. As Rita Nakashima Brock explains, this can only occur, appropriately so, in faith communities: “There are no other institutions … that support people over their entire life.”\textsuperscript{7} A lifetime is how long most veterans spend processing their time in combat.

As the age of the Renaissance waned, concerns of the soul became an outdated modality. Spiritually broken combatants became psychiatric casualties. Over the years, physicians diagnosed them with nostalgia, war neurosis, combat fatigue, traumatic hysteria, fright neurosis, Vietnam syndrome, and numerous other classifications.\textsuperscript{8} This

\textsuperscript{5} This is particularly true in the United States. The “Army Chaplain Corps was established in July 1775 by the Continental Congress,” says Paulette Otis in “Understanding the Role and Influence of U.S. Military Chaplains,” in \textit{Military Chaplains in Afghanistan, Iraq, and Beyond: Advisement and Leader Engagement in Highly Religious Environments}, ed. Eric Patterson (Lanham, MD: Rowman & Littlefield, 2014), 22.


shift relegated the group dynamics of healing to a single counselor, and the language of disorders replaced wrestling with life’s great questions of right and wrong.

Further complicating the psychiatric maladies of battlefield stress, the post-combat body is frequently in disarray. A high co-occurrence of physical pain routinely accompanies trauma. Thus, many injuries of the soul also present as somatic in nature. Preoccupation with physical pain produced diagnoses such as shell shock, common during the First World War. Early theorists concluded that exploding ordinance caused damage to “the central nervous system” leaving no “visible external injury.” However, the idea lost prominence when doctors discovered that soldiers far outside of the blast radius exhibited similar symptoms.

Warriors unfamiliar with the existence of invisible wounds present first with physical symptoms. Therefore, the medical community became the primary player in combat stress and fatigue injuries. However, the medical system first considers the body and then the mind, leaving little room for the healing of the soul.

Of all the descriptions of a warrior’s internal wounds, perhaps the most apt explanation exists in the Civil War diagnosis of “soldier’s heart,” symptoms of which

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12 “Many of the soldiers with the symptoms of shell shock had not been close to an explosion, and some not even in combat,” according to Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (New York: Psychology Press, 2005), 19.
included “shortness of breath, sweating, [and] nausea.” The men reported feeling downtrodden when thinking about combat. They complained of a “dull aching of the chest [and exhibited] a persistent tachycardia during mild levels of exertion.”

Physically, mentally, and metaphorically, war had broken their hearts. This description speaks to a truth lost in current society; combat engages, grieves, and sometimes breaks warriors on every level. Restoration must address the entire human experience.

**Post-Traumatic Stress Disorder**

Mental health professionals introduced the label of Post-Traumatic Stress Disorder (PTSD) in 1980. Providers use this phrase to describe a set of disruptive psychological symptoms that may follow an exceptionally traumatic event. In the aftermath of the Vietnam conflict, the diagnosis became closely associated with the United States (U.S.) military. PTSD remains one of the most diagnosed conditions rendered to veterans experiencing difficulty in reintegrating into their civilian communities.

**Diagnosis of PTSD**

The ongoing operations in Iraq and Afghanistan have created a renewed focus on PTSD as a “signature wound” for this generation of veterans. In the most current

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14 Ibid.

revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), psychologists have enumerated the following symptoms as the requirements to receive a PTSD diagnosis.\(^{16}\)

*Exposure (Criterion A)*

The foundational requirement for PTSD is exposure to a traumatic event. This criterion serves as a “gate keeping function,” separating this particular injury from other mental health disorders that have similar, overlapping symptoms.\(^{17}\) The delineation allows clinicians to focus their methods on the unique issues affecting trauma survivors. The patient’s experience must meet a particular threshold in order to qualify as a significant trauma. It must be sufficiently extreme, as in the cases of “actual or threatened death, serious injury, or sexual violence.”\(^{18}\)

Exposure occurs when an individual is personally involved or directly witnesses a traumatic event. Those that learn of a trauma inflicted upon a family member or close friend may also meet the exposure criterion.\(^{19}\) This modification proves significant for military members who routinely maintain a close-knit relationship with their combat

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units. Additionally, exposure to repeated traumatic situations or encountering details of such events place individuals at risk for PTSD. This type of exposure, such as the constant witnessing of death and destruction, remains prevalent among first responders, medical providers, criminal investigators, and recovery personnel as part of their professional duties.

Clusters of Symptoms (Criteria B-E)

Four criteria (B, C, D, and E) describe clusters of symptoms exhibited by patients suffering from PTSD. Criterion B explains how PTSD patients re-experience the traumatic event or material related to that event. Recall occurs through memories (B1), dreams (B2), dissociative reactions (B3), psychological distress (B4), or trigger-based physiological reactions (B5). The patient must present at least one of these symptoms in order to receive a PTSD diagnosis.

These experiences are highly intrusive and disrupt normal functioning. A century ago, Sigmund Freud explained that sufferers possess “a fixation to the moment of the traumatic accident;” they “regularly repeat” the trauma as though it is “not finished” and

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20 In a discussion about the deep sense of betrayal that was felt by the soldiers left behind after Army Private Bowe Bergdahl abandoned his post in Afghanistan, Sarah Koenig says, “That bond, that brotherhood they feel, it’s not just a cliché. Well, it is a cliché, but it’s also profoundly true. I think about it this way. In my life, who would die for me, really? My mom, maybe. Who would I die for? My kids. And so imagine you’re in a platoon. You become so close, so fast, to all these guys around you. You recognize each other’s cough, or their silhouette in the dark. You would die for the other guys in your platoon. Even if you don’t like them, you’d do it. And they would die for you. It’s not even hypothetical. It happens all the time. And because of that, personalities aside, these guys become family to one another,” Sarah Koenig, “Hindsight, Part 2,” (podcast) Serial, n.d., accessed March 5, 2016, https://serialpodcast.org/season-two/8/hindsight-part-2. For further details about the unique social structure of the military, see Guy L. Siebold, “Military Group Cohesion,” in Military Life: The Psychology of Serving in Peace and Combat, ed. Thomas W. Britt, Amy B. Adler, and Carl Andrew Castro, vol. 1 (Westport, CT: Praeger Security International, 2006), 185-196.
“has not been dealt with.”21 These symptoms appear in short bursts bereft of context. In these moments, individuals are unable to process or integrate the traumatic experiences into their current surroundings.

Criterion C addresses the avoidance of trauma-related stimuli. This appears in both internal processing (C1), through “memories, thoughts, or feelings,”22 and in external processing (C2), through the avoidance of people, places, or things associated with the trauma.

Normally, avoiding danger is a healthy reaction. In the physical world, it reasonably protects one’s personal safety. Emotionally, avoiding negative stimuli guards well-being by limiting overwhelming “emotional flooding” and providing “temporary relief from pain.”23 PTSD occurs when this normally adaptive function of human behavior continues long after the traumatic situation has concluded. Unresolved safety issues continue to disrupt healthy functioning.24 Avoidance of either emotional or physical stimuli exists as a requirement for a PTSD diagnosis.

Criterion D categorizes changes in a patient’s mood and thinking. The DSM-5 lists seven potential cognitive alterations: amnesia about parts of the traumatic event (D1), an overwhelmingly negative belief system (D2), inappropriate self-blame (D3),...


persistent emotional negativity (D4), lack of interest in important activities (D5), feelings of isolation or estrangement (D6), and a lack of capacity for positive feelings (D7).

The stressed individual faces profoundly negative stimuli at the time of the traumatic event. This serves as “either a confirmation or shattering of previously held beliefs.”

Inability to reframe new information causes continued psychological strain. The patient must meet at least two of these criteria for a diagnosis.

Criterion E provides the final symptom cluster. The DSM-5 describes these behaviors as “marked alterations in arousal and reactivity.” Irritable, angry, or aggressive behavior (E1) without being provoked remains a primary feature. An over-exaggerated sense of vigilance (E3) in safe circumstances is also very common, along with being easily startled (E4). Sufferers might also experience difficulty in concentration (E5) and may lack adequate sleep (E6). A recent addition to this cluster of symptoms is intentional risk-taking (E2). An exaggerated tendency exists among individuals with PTSD to engage in potentially self-destructive behavior.

To meet this cluster of symptoms, two or more of these features must be present.

Further Limiting Criteria (Criteria F-H)

For an official diagnosis of PTSD, patients must meet a number of further criteria, in addition to the requirements for a traumatic event (Criterion A) and the clusters of

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symptoms (Criteria B-E). PTSD is a time-sensitive diagnosis. The duration requirement (Criterion F) separates short-term coping reactions from a long-term disorder. The DSM states that indicators must remain present for a minimum of thirty days. Prior to the passage of one month, individuals exposed to a traumatic event will commonly exhibit similar symptoms.

Most individuals who display trauma-related behaviors adapt and adjust. After a short period, they return to normal daily functioning. Therefore, a diagnosis is only appropriate when the symptoms cause a significant, lasting disturbance (Criterion G) in “social, occupational, or other important areas of functioning.” Finally, the presenting issues do not qualify as PTSD if they prove attributable to the effects of chemical dependence or any other medically diagnosable issue (Criterion H).

Assessment of PTSD

Following the initial inclusion of PTSD in 1980, every release of the DSM has adjusted the diagnostic criteria. Over time, constant tweaking has redefined the nature and treatment of the disorder. A significant concern, however, is that the diagnosis conceived by the American Psychiatric Association (APA) does not limit itself to war-induced trauma. Instead, as an over-arching disorder, PTSD includes many different types of traumatic events that may trigger symptoms. This broad categorization can cause tension between groups of victims.

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28 The DSM-5 includes an alternate diagnosis during the first thirty days after a trauma, Acute Stress Disorder. The goal of this diagnosis is early intervention and a potential prediction matrix for PTSD. See Richard A. Bryant, “Assessing Acute Stress Disorder,” in Assessing Psychological Trauma and PTSD, ed. John P. Wilson and Terence M. Keane, 2nd ed. (New York: Guilford Press, 2004), 48.

29 American Psychiatric Association, DSM-5, 272.
This has led warriors with combat specific trauma and their caregivers to identify several shortcomings in the current criteria. Skeptics who question the motives of the mental health care system attribute many of the modifications to the influence of the legal system, politicians, and insurance companies.\textsuperscript{30} Regardless of motive, changes do not always reflect the best interests of the veteran. Several criticisms of the current system persist.

\textit{Shifting Criterion}

The medical community has persistently sought a transient, life-altering event as the necessary precursor for patients who exhibit the symptoms associated with PTSD.\textsuperscript{31} In response to feedback, the DSM-IV significantly softened the requirements needed to qualify for trauma exposure. Suddenly, harmful but less serious offenses, such as sexually explicit workplace language, constituted sufficient traumatic cause.\textsuperscript{32} As a result, a lower traumatic threshold changed the nature of the disorder and appropriate treatment methods. The association backpedaled this change with the return to a more stringent Criterion A in the DSM-5.\textsuperscript{33} However, this too has yielded unintended consequences.

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\textsuperscript{31} The APA created the Committee on Reactive Disorders and tasked them with “justifying and developing a diagnosis.” They studied concentration camp survivors, burn victims, and those injured on the job in addition to combat veterans. They believed that a more comprehensive disorder would gain wider acceptance. Ibid., 306-307.


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For military members, a definitive causal trauma might remain impossible to identify. More than sixty years ago, Ronald Fairbairn wrote about the unique nature of military life. He asserts that the separation of a soldier from a stable home environment might itself prove enough to trigger symptoms of combat trauma. Karen O’Donnell more recently contends that “all warriors who experience combat will suffer from some form of stress either during combat or, in some cases, many years after.”

Extreme exposure to a traumatic event is not a prerequisite to becoming a battlefield psychiatric casualty. Many other factors, including depressed morale, lack of unit cohesion, and a loss of faith in leadership, can contribute significantly to combat stress. The increased stringency of Criterion A, to require exposure to “actual or threatened death, serious injury, or sexual violence,” very well may restrict ailing warriors from receiving a qualifying PTSD diagnosis, thus limiting their treatment.

Even if the APA drafts incredibly precise language, Criterion A still presents another, more substantial issue. To receive a diagnosis, mental health professionals must make “philosophical and value judgments.” They must determine if the presented

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“stressor events … are capable of producing PTSD.”

Judgment calls about invisible injuries remain fraught with bias. Clinicians will overlook some individuals who desperately need treatment because they do not personally view their trauma as significant.

One suggestion to address this concerns removing the requirements of Criterion A. As it stands, there remain significant “practical difficulties in defining Criterion A in such a way as to include all relevant cases but exclude inappropriate ones.” However, wider criteria would further overwhelm the already taxed system. Perhaps the easiest and most sensible solution is to allow the symptoms to determine the diagnosis, rather than relying on a patient’s ability to convince a medical professional that a traumatically significant event occurred.

A second substantial criterion change occurred with the introduction of the latest version of the DSM. Previously, there existed three major symptom clusters consisting of re-experiencing, avoidance/numbing, and arousal. The APA split the avoidance/numbing category into what they now identify as the “avoidance” and “persistent negative alterations in cognitions and mood” clusters.

However, both branches of the previous criterion must be present to qualify. This has caused a significant change in caseload. Some individuals, who previously qualified


under the DSM-IV, no longer meet standards. Others who did not qualify before now fully meet the newly implemented criteria. In one study of Army soldiers, 30 percent of those who qualified under the previous system now fail to meet the DSM-5 standards.41 Some cases are certainly false positives; however, the new criteria have prohibited some service members from a diagnosis that would entitle them to appropriate medical care.

It is not just the recent split that remains concerning, however. The avoidance symptoms have always proven problematic in the diagnosis of PTSD. Previous research shows that “not having the required [avoidance] symptoms was the most common reason people [did] not meet full criteria.” A less than full criteria match is a constant concern. For nearly two decades, groups have worked on a designation for a type of partial PTSD with little success.42 Genuinely distressed service members seek professional help, but because they do not have “full-blown PTSD,” the system may deny treatment.43 Worse, the system often recycles them back into their units to wait for their symptoms to erupt into a formally diagnosable problem. In the interim, they have limited functioning, supervisors frequently treat them as malingerers, and they suffer a much longer road to recovery.


Mental Health Stigma

American society holds a judgmental stigma regarding those who suffer from mental health issues.\textsuperscript{44} This perception has persisted largely unchanged in recent decades, with only slight modulations. Military subculture is even more fully entrenched in this mindset and stigma remains exceptionally prevalent in the ranks. Among combat veterans, more than half of those who meet qualifications for a mental health disorder are simply not interested in seeking help.\textsuperscript{45}

Five long years after the conclusion of the Vietnam conflict, countless veterans continued to find difficulty with reintegrating into society. They understood their symptoms as an injury that would heal in time. However, when the APA formalized a name for their struggle in 1980 and codified PTSD into the professional literature, the association chose to call their injury a disorder. In a mental health context, the patient is either diagnosed or healthy. However, reintegrating into society continues as a dynamic process that occurs over a considerable span of time. A warrior is unlikely to seek early intervention in this model. When their symptoms do finally drive them to enter the clinic, they may be well beyond the point of most effective treatment. The societal stigma associated with a PTSD diagnosis continues to remain a significant obstacle for veterans seeking treatment.


\textsuperscript{45} Mark C. Brown et al., “Factors Associated with Interest in Receiving Help for Mental Health Problems in Combat Veterans Returning from Deployment to Iraq,” \textit{The Journal of Nervous and Mental Disease} 199, no. 10 (October 2011): 797-801.
Two more barriers, in particular, prevail in surveys of military members. The first concerns the longevity of a warrior’s career after a visit to mental health. In a 2011 study, of the members who felt like they needed psychiatric care, 53 percent also believed that seeking those services would cause problems with their job.\textsuperscript{46} This perception has grown so deeply entrenched in service culture that Marines refer to mental health professionals as “wizards.” A colleague explained this phenomenon to psychologist Robert McLay when he landed in Fallujah: “I guess witchdoctor is too obvious. Half the service members are going to think everything we do is nonsense and voodoo. The other half is … afraid that you will find out a dark secret about them and have them kicked out of the military. The wizard makes people disappear.”\textsuperscript{47} This concern is not without merit. Of those who sought care, 21 percent reported that their choice had “a negative effect on their careers.”\textsuperscript{48}

A second major concern involves an individual’s social standing following a psychiatric appointment. A survey of combat units reveals that 65 percent of those who met the criteria for a mental health disorder felt discouraged from seeking treatment because they “would be seen as weak,” and 59 percent said unit members would “have less confidence” in their abilities.\textsuperscript{49} Status is vital in military organizations. Units serve as


\textsuperscript{48} Acosta et al., \textit{Mental Health Stigma in the Military}, 21-22.

“surrogate families” to warriors, and troops build “close affiliative bonds” as early as basic training.\textsuperscript{50} Correct functioning inside of this structure remains paramount and loss of standing among peers, perceived or actual, proves devastating.

Far too many military members who need treatment simply do not seek mental healthcare. To compound the issue, rules and restrictions force providers to act in ways that do not prioritize help-seeking behavior. This unacceptable combination ensures that warriors remain in anguish.

\textit{High Prevalence}

Research shows that PTSD prevalence among reintegrating warriors is “relatively high” when compared to demographically similar members of the civilian population.\textsuperscript{51} Furthermore, the number of service members diagnosed with PTSD has exponentially increased over the last decade. The Department of Defense reported in 2012 that personnel are thirteen times more likely to suffer from PTSD than their military counterparts from just eight years earlier.\textsuperscript{52} Psychiatric casualties are trending much higher in the United States military than other comparable nations, including demographically similar populations such as Canada and the United Kingdom.\textsuperscript{53}

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\textsuperscript{51} Tanielian and Jaycox, \textit{Invisible Wounds of War}, 434.
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\textsuperscript{52} Institute of Medicine, \textit{Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment} (Washington, DC: National Academies Press, 2014), 37.
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A U.S. Department of Veteran’s Affairs (VA) representative reports that mental health remains the second most common ailment of returning troops, following joint pain.\textsuperscript{54} Despite astronomical numbers, treatment for warriors woefully underperforms. The military struggles to “provide adequate therapy sessions for thousands of active-duty troops,” and “only a third” of those with PTSD “receive the minimum number of therapy sessions after being diagnosed.”\textsuperscript{55}

The inability of the mental healthcare system to handle clients, coupled with the frequency of pain that often accompanies mental distress, has caused a redirection of patients to primary care physicians for first-line treatment, a concerning trend. A physician’s preparation excludes understanding internal war wounds, nor do they undergo the same clinical training as mental health professionals. At best, they administer a version of psychological first aid. They do not have the scope of practice to care for a patient’s emotional and spiritual needs.

The shift toward primary care systems for treating PTSD has driven doctors to respond with increased pharmacological answers. Dr. Matthew Friedman, Senior Advisor at the VA National Center for PTSD, recommended this practice during a recent lecture: “What I would suggest is screening for PTSD in primary care settings. If the person has


it, give them a good trial [medication] ... if they still are not doing well enough ... then do the mental health referral.”

Medicate first has become standard operating procedure at the VA and active duty military treatment facilities. However, mass medication of the armed forces remains an unsustainable practice and does not adequately address underlying issues. Primary care physicians lack the training to wrestle with complicated questions about human flourishing. They will tend to treat emotional and spiritual pain in the same manner they treat physical pain, by eliminating it as much as possible, stifling sorrow. Some degree of


sorrow remains necessary to participate fully in the human experience.\textsuperscript{59} Overmedication thwarts necessary ethical or moral development and proves counterproductive.

Conclusion

The current system of treating internal war wounds as a mental health or medical problem is fraught with difficulties. Numerous, highly qualified professionals attempt to assist in this endeavor; however, underlying structural problems remain, which stem from both military and societal concerns. The medical model is not equipped or robust enough to treat the current number of PTSD patients. Furthermore, it is an ill-fitting system that has been forced to take the primary role in combat stress treatment because other social structures have failed.

Wars on multiple fronts continue to exacerbate this issue. A significant need exists to remove combat stress injuries from the currently imposed one-size-fits-all models. The high prevalence of PTSD and inadequate treatment methods will result in many suffering warriors who fail to assimilate back into their civilian communities. Numerous veterans slip through the cracks of the system. Some find ways to cope with their pain while others lose their battles to suicide, broken relationships, and lifelong addictions.

Moral Injury

The current system of treating combat stress misses a critical component. Humans have long understood that combat causes injuries to the soul. Unfortunately, American culture has lost its understanding of the internal struggles veterans face. Only recently has the idea of combat causing a moral wound regained traction. Psychiatrist Jonathan Shay rediscovered the idea as he cared for veterans at the VA outpatient clinic in Boston. In the course of his work, Shay found himself “agitated” by the “diagnostic jargon” of PTSD. His personal experience with veterans lacked the supposed “illness, malady, disease, sickness, or disorder” that PTSD implies.

Shay coined the phrase “moral injury” to describe what he had been witnessing. His patients were experiencing a betrayal of “moral order” and a violation of “what’s right.” In his book *Achilles in Vietnam*, Shay looks to the Greek poet Homer for ancient wisdom from the battlefield. History justifies the struggles his veterans face, and he discovers ways in which he can ameliorate their suffering. From Shay’s beginnings, a

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60 Written accounts of the concept occur as early as Bishop Butler who preached in England during the first part of the eighteenth century: “One, who has been in a moral sense injurious either to ourselves or others” responds with “anger or resentment.” Joseph Butler, “Sermon VIII: Upon Resentment,” in *The Works of Bishop Butler*, ed. David E. White (Rochester, NY: University of Rochester Press, 2006), 92.


63 Ibid., 3.
field of study has developed. Moral injury as a discipline functions in a professional spectrum somewhere between psychology and theology.  

The Warrior’s Soul

Moral injury is not a spiritual pseudonym for PTSD. The two concepts share some overlapping indicators; however, they fundamentally differ in examining the stresses related to combat. It remains entirely possible to have either, neither, or simultaneous occurrences of moral injury and PTSD. It is important to note that treating moral injury does not eliminate the necessity of treating severe PTSD. However, processing the moral effects of war may slow or eliminate the development of PTSD in some individuals.

The role of fear-based reactions distinguishes PTSD from moral injury. A PTSD diagnosis relies on an overwhelming fear-triggering event to fulfill the DSM’s Criterion A stressor. Moral injury does not depend upon an event; one need only to suffer the harm from “participating in tragic circumstances.” In recent years, “symptoms of guilt and shame” have served as the “leading cause” for seeking treatment with a VA mental health provider. These feelings, by themselves, are not diagnosable as PTSD.

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64 “The construct of moral injury” calls for something that the modern, clinical disciplines structurally cannot provide ... Christian moral theology can offer depth of context to moral injury that clinical psychology cannot.” Kinghorn, “Combat Trauma and Moral Fragmentation,” 59.


Many veterans do not yet suffer from the numerous additional, contributing factors required for a PTSD diagnosis, yet they earn and carry home difficulties from the war zone.\textsuperscript{68} Combat will force veterans to grapple with the mortality of themselves and others: “We cannot expect normal eighteen-year-olds to kill someone and contain it in a healthy way. They must be helped to sort out what will be healthy grief about taking a life because it is part of the sorrow of war.”\textsuperscript{69} To meet this need, veterans need a new paradigm.

Mental health professionals have been serving as the catalysts for the growing field of moral injury. Unfortunately, until recently, churches and clergy have remained conspicuously absent in addressing these issues. Even the targeted frontline ministry provided by military chaplains lacks. The Chaplain Corps from each of the branches are woefully understaffed, and most do not have sufficient training to handle the moral wounds of a prolonged war.\textsuperscript{70}

Furthermore, current military religious support teams routinely miss the mark when tackling moral issues. During a tour in Iraq, Ricky Clousing sought spiritual guidance from chaplains. He found them “more interested in stifling his [moral] misgivings than considering them.” He laments, “[I] told them about the spiritual basis for my conflict of conscience. They came back with all these cliché statements, and even

\textsuperscript{68} For numerous accounts of these emotions see Kevin Sites, \textit{The Things They Cannot Say: Stories Soldiers Won’t Tell You about What They’ve Seen, Done or Failed to Do in War} (New York: Harper Perennial, 2013).

\textsuperscript{69} Karl Marlantes, \textit{What It Is Like to Go to War} (New York: Atlantic Monthly Press, 2011), 47.

Bible verses taken out of context ... just surfacey [sic], watered-down statements that didn’t answer anything that I was really feeling.”

Today’s chaplains inherited this unfortunate legacy from the Vietnam conflict. Author Karl Marlantes recalls his experience in December of 1968. Disillusioned with the perils of war, Marlantes sought “a spiritual guide.” Instead, the battalion chaplain arrived with “several bottles of Southern Comfort and some new dirty jokes.” In the VA system, clergy produce similar results: “chaplaincy services … have rarely been a component of VA [PTSD] outpatient programs.”

Pastors and churches have not always eschewed participation: “Postwar rituals for returning warriors received their fullest and most explicit articulation in … the early and medieval Christian church … The church in this era frequently required soldiers to do various kinds of penance as a means of purification, expiation, and return to the community.” It remains difficult to understand why the Church has relinquished this important role in the life of warriors.

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72 Marlantes, *What It Is Like to Go to War*, 7.

73 Alan Fontana and Robert Rosenheck, “Trauma, Change in Strength of Religious Faith, and Mental Health Service Use among Veterans Treated for PTSD,” *The Journal of Nervous and Mental Disease* 192, no. 9 (September 2004): 582.


75 Two potential theories can be set forth for the abdication of the church’s role in the reintegration from war. First, mainstream thought struggles to adequately integrate the idea of a loving God (1 John 4:8) with a warrior God (Exod. 15:3). “Many of us now cringe at the phrase ... ‘the Lord of hosts,’ [by using it] we are perpetuating the image of God as a dominant male and a fearsome warrior. ... All believers must come to terms with the realization that we need to be selective: we must endorse images of God in our tradition that foster mature faith and reject images of God that are no longer acceptable. It is entirely justifiable to say: ‘We don’t think about God as a warrior any more, even though these images are found in the scriptures.’” Noel Cooper, *What Makes Us Whole: Finding God in Contemporary Life* (Collegeville, MN: Liturgical Press, 2009), 87-88. This type of dissonance blocks churches from being able to engage
Despite the ecclesiastical neglect, members of the mental health community have posited that religious interventions “may well be superior” to other forms of treatment. Veterans who have received help from pastors reported that a visit with a spiritual counselor was less stigmatizing than mental health treatment. “Members of the clergy specialize in guilt, shame, and forgiveness and are uniquely positioned” to assist combat veterans in returning to healthy functioning in society.

Examples from the Battlefield

A prominent feature of the treatment of moral injury consists of telling stories. Trauma disrupts the soul in a myriad of ways; relaying precise parameters, symptoms, and triggers is nearly impossible to do. Narratives of impacted people provide the most thorough explanation of the issue. The following stories present examples of wounds inflicted upon the soul by combat.

Warriors in spiritual matters. A second theory is that the modern church is too comfortable with the idea of an American government that is fundamentally Christian in nature. If “America is in fact a ‘nation under God’ [churches] may be inclined to view government as the handmaiden of God and ... rely on it to carry out the work God has called the church to carry out.” Gregory A. Boyd, The Myth of a Christian Nation: How the Quest for Political Power Is Destroying the Church (Grand Rapids, MI: Zondervan, 2007), 153. The modern American church offloads its responsibilities for the elderly, the widowed, the hungry, and the poor to government social services. Following that same logic, a handful of chaplains and counselors should take care of the spiritual needs of combat service members, removing the requirement for church involvement.

76 Jonathan Shay, Odysseus in America: Combat Trauma and the Trials of Homecoming (New York: Scribner, 2003), 152.

77 Laura M. Bonner et al., “Help-Seeking from Clergy and Spiritual Counselors among Veterans with Depression and PTSD in Primary Care,” Journal of Religion and Health 52, no. 3 (September 2013): 708-709.

The Huffington Post tells the story of Nick Rudolph, a Marine, deployed to Afghanistan in 2010.79 On a hot, summer day, insurgents lured Rudolph’s team into an ambush in the village of Marjah. The men engaged in a firefight for nine hours that day. In the middle of the fighting, Rudolph spotted a figure, who rounded a corner and began firing at the team. As Rudolph took aim, he suddenly realized his target was a young boy, approximately thirteen years old. Rudolph made the split-second decision to fire. The boy died, the team recovered his weapon, and the mission continued.

Rudolph finished his deployment and returned home, but now everything felt different. In Afghanistan, the perfectly correct and moral thing to do was to protect his fellow Marines from a threat; however, now back home in Philadelphia, circumstances were different. As the article comments, “He killed a child, and that is not okay. In fact, it is one of the worst things you can do.” He remains caught in “this dual moral code, where something you are required to do, even rewarded for doing in combat … in civilian life, it’s not okay.” After his deployment, he struggled with alcohol and sleep deprivation. In time, he becomes a discipline problem in the Marine Corps and loses a stripe. Ultimately, they allow him an honorable discharge, but he continues to struggle with who he is and what he has had to do.80

This type of story, where a person initiates the taking of a life, remains rife with moral questions and tragedy. However, one does not need to hold a weapon to endure the


80 Ibid.
stains inflicted by the moral memories of war. Kevin Sites, war reporter and author, recounts his own story of split-second choices while filming a battle in northern Afghanistan along with an associate from *National Geographic*. The film is rolling when a mortar round strikes nearby. Sites turns his camera toward his colleague. Blood pours from shrapnel embedded in his thigh. Sites continues to record capturing rare, close-up footage of the horrors of combat:

This is just the beginning of my dilemma. As a journalist, I don’t want to stop shooting [film], even while the producer bleeds ... He will bleed out in four minutes unless something is done. I continue to shoot ... but finally and with reluctance, I put the camera on the dirt next to the wounded producer but leave it on record … I didn’t choose him over the shot. I chose both.\(^{81}\)

Sites applies a crudely fashioned tourniquet to the wound. Years later, he continues to reflect on that moment and to consider what would have happened if the injury were more serious and the producer died while he was getting his story. He recounts this moment as a part of what he calls “the case against me.”\(^{82}\) Even those who simply bear witness to the carnage play a morally precarious part in war.

The concentric circles of spiritual wounds sometimes spread far beyond the immediate battlefield. Often what warriors cannot do proves more destructive to their souls than what they have done. A young Army Sergeant, Tom Fiebrandt, deployed to Iraq during the early part of that conflict. He was a team lead for a group of intelligence analysts. One of his functions was to offer navigational routes for outgoing patrols. Midway through his tour, the military sent him to an air base in Qatar for mandatory rest and relaxation, a relatively safe distance from the frontline. During his absence, a platoon

\(^{81}\) Sites, *The Things They Cannot Say*, 3-5.

\(^{82}\) Ibid, 2.
led by his close friend was scouting a new route through a nearby city when their convoy hit an improvised explosive device, killing his friend and two others. Fiebrandt learned about the incident while sitting by the pool in Qatar. Fiebrandt recalls, “It was in an area that I knew very well … I almost felt responsible … It is rough. It is a difficult thing for me to process … It was—devastating.” Miles of distance did not relieve the responsibility this young warrior took upon his own shoulders.

Far away or nearby, the memories of soul wounds have a remarkable staying power. A Vietnam veteran, while hooked to a dialysis machine tells his war story:

Talk about death. It was all around me there. I had a Gunnery Sergeant, after I had been there a few days, that took me down to Graves Registration Service. I was new on the ground, never been shot at, never even seen combat yet. He shows me one of those black bags. He unzips it, he unzips that bag and I look straight at a man. This leg is blown off to his pelvis, this leg is blown off to his thigh. This arm is just gone and half his face is missing. I looked at that young man. I assume he was young, we were all young. I looked at him. I’ll never forget that moment.

Moral wounds remain incredibly complicated to process. The line between right and wrong exponentially blurs in a war zone, and often mere circumstances force an individual to participate in what might otherwise be morally reprehensible behavior. The man continues his story:

I was so mad at that Sergeant for what he did. I thought he had no right to do that. I think he was trying to get me not to freeze the first time something horrible happened to me … He probably saved my life. The next day we were out on patrol … I heard something. I didn’t know what it was, but I didn’t freeze. I hit the ground immediately. A few seconds later a piece of shrapnel … hit the

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bunkhouse right next to me. It would have sliced me in two. I hate that he showed me that … but if he wouldn’t have … I’m not sure I would have been ready.\textsuperscript{85} The veteran later confesses that he had not told that story for forty-two years. However, his memories of that day were vivid and continued to haunt him, memories he still processes.

Millions of stories like these exist, and most veterans have a few of them. The unfortunate reality is that many warriors do not get ample space to tell their stories, and they remain even less likely to find a safe mechanism for processing those stories in a context of faith. Herman Keizer pleads with the Church to engage with veterans: “We need to stop talking about cures or healing or diagnosis. … People experiencing problems of conscience are not ill but on a healthy journey to make moral sense of their world.”\textsuperscript{86} The faith community needs to “listen to their story with non-judgmental warmth, keep holding them with positive regard, honor their struggle, and become their friend or confidant.”\textsuperscript{87} The local church has an enormous role to play in healing the souls of warriors.

Defining Moral Injury

The examples cited above convey the types of spiritual wounds that warriors obtain while serving their country; however, these are but a few examples of the damage the soul can endure while in combat. In an attempt to assist warriors, professionals categorize these types of wounds as moral injuries. Psychologist Jonathan Shay first

\[\text{\footnotesize\textsuperscript{85} Ibid.}\]

\[\text{\footnotesize\textsuperscript{86} Herman Keizer, “A Call to the Community of Faith,” The Military Chaplain. Spring 2016, 13.}\]

\[\text{\footnotesize\textsuperscript{87} Ibid.}\]
describes the injury. His preliminary definition states that a “moral injury is present when (1) there has been a betrayal of what’s right (2) by someone who holds legitimate authority (3) in a high stakes situation.” In Shay’s understanding, an authority figure holds responsibility for effecting injurious behavior upon a subordinate. This early, working definition captured numerous misunderstood and undertreated veterans from the Vietnam era. It provided Shay and others a format for treating these veterans. Later researchers would expand upon Shay’s insight to account for a wider scope of soul-wounded warriors.

In 2009, Brett Litz and co-contributors proposed a clinical model of treatment for moral injury. In the interest of creating a more inclusive framework, the authors explain that soul injuries occur when warriors participate, fail to prevent, or witness acts that transgress their “deeply held moral beliefs.” This wider definition accounts for service members who have personally committed morally objectionable behavior. Additionally, it includes those who merely witness tragedy and removes the requirement for involvement of an authority figure.

Combat creates cognitive dissonance. A breach occurs in the individual’s moral understanding of the world that seems irreconcilable with the behavior they have either participated in or witnessed. The disconnect proves painful and sometimes debilitating. Individuals feel as if they “no longer live in a reliable, meaningful world and can no

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longer be regarded as decent human beings.”90 If healing is to occur, the warrior must recognize and work to understand the rift between their moral understanding and the world in which they now find themselves.

The model Litz et al. propose is clinical in nature; however, the authors recognize the vital role that churches and clergy hold in veteran healing: “Forgiveness within religious and spiritual frameworks is potentially instrumental in alleviating guilt, shame, and demoralization.”91 The model adapts various contemporary PTSD treatment schemas and specifically molds them to address moral wounds. After the individual has exposed and explored the soul wound using traditional psychotherapeutic tactics, Litz requires his clients to engage with a “benevolent moral authority.”92 This point is crucial because when an individual sheds the blood of another, God “demand[s] an accounting” (Gen. 9:5).

Edward Tick reminds his readers that troops often act “with little choice” and on the orders of others, yet when they return home, society refuses to take responsibility for the actions they demanded. Consequently, “warriors [personally] ingest” the responsibility for those actions “and may carry it for life with crippling consequences.”93 Governments and societies are rarely in the business of accepting responsibility. They stand even further from the business of confession and forgiveness. The Church

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92 Ibid., 703-704.

desperately needs to speak about moral issues and extend to warriors the practice of forgiveness.

Identifying Spiritual Wounds

The definitions of moral injury presented above apply to many returning warriors in their transition from the battlefield to civilian life. Unlike PTSD, moral injury is not a diagnosis. It is thus not beholden to politics, disability compensation, or classification by insurance companies. Such flexibility proves powerful; however, it can cause difficulty in concisely identifying spiritual wounds. Some symptoms reoccur at a high frequency. A familiarity with these concerns can assist in identifying soul wounds.

Table 1. Symptoms of Moral Injury

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<th>Symptom</th>
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<td>Excessive shame</td>
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<td>Broken belief system</td>
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<td>Loss of hope</td>
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<td>A loss of faith</td>
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<td>Betrayal by friends or leaders</td>
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<td>Feelings of abandonment</td>
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<td>Extreme sorrow</td>
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<tr>
<td>Repulsion to death</td>
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<tr>
<td>Intensely negative thoughts</td>
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<td>Feeling that sacrifices go unnoticed</td>
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<td>Broken relationships</td>
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Moral injuries can be examined by dividing the wound into three broader domains: (1) violation by leadership, (2) violation of self, and (3) violation, i.e. sin, against God and/or others. When veterans tell their painful stories, they routinely fit

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94 Douglas Lumpkin, “Symptoms of Moral Injury.”

into these groupings. Military members maintain long-established guiding principles
inherited from faith, family, life experience, and their branch of service. However, the
context of war routinely causes individuals to violate those deeply-held beliefs. The
difficult hurdle warriors face in the aftermath of the event is to either justify their actions,
readjust their principles, or to seek forgiveness for the violation of their beliefs.

Conclusion

War itself forces a reexamination of an individual’s value system. Warriors often
report that they long for the camaraderie, clarity of responsibilities, and importance of
their work in the battlefield, as in the story of Army Sergeant Genevieve Chase:

Forcing myself back into society unraveled me each time I returned from
deployment. I had an intimate understanding of why the veterans’ suicide rate is
high. … In war, I had the most life-affirming experiences. … But nothing back
home made me want to live. Everything, every situation, and every person
annoyed me except my military buddies. I resented it all. … Every time I heard a
person complain about something trivial, I wanted to grab them by their collar and
make them bleed.96

A nation must never treat reintegration to the civilian world as a routine or normal
capability. Reintegration remains difficult and fraught with unique challenges. The war
videographer Sebastian Junger captures this sentiment succinctly when he asserts,
“surviving peace is the real challenge.”97 Every warrior will need to process and search
for relevant meaning in light of new experiences.

96 Genevieve Chase, “We’re Destroying the Places That Can Bring Us Back from War,” War Is
Boring. June 6, 2016, accessed June 8, 2016, https://warisboring.com/were-destroying-the-places-that-can-
bring-us-back-from-war-418721c68a9a.

The community should invite warriors to tell meaningful stories. The range of wounds reflects a spectrum stretching from the horrendously grotesque to simple bad timing. The individual’s “transgressions can be real or apparent, and in either case, can cause deep and real moral suffering.” Wounds such as survivor guilt can seem insignificant or trite; however, for the veteran, “it can represent a real sense of falling short and failing in one’s care of another.” The listener should remain non-judgmental to honor the veteran’s words.

Society and, to a greater measure, the Church has fallen desperately short of their responsibilities in this matter. Service members have carried their moral wounds on their own shoulders without the benefit of a community to share the weight. The framework of moral injury, with a strong focus on issues that reside squarely within the expertise of the Church, can amass the faithful and draw them to action.

**Strategies for Healing**

The establishment of a tangible, faith-based method to reach veterans carrying the wounds of war has proven long overdue. Certain interventions have shown measures of success in working with combat veterans, providing much to learn from the field. As a result, a new structural method is needed for engaging invisible war wounds. The traumatic event must be (1) reexamined, (2) reframed, (3) ritualized, and then veterans must be (4) reconnected to their communities—all strategies that have shown promise in producing healing.


99 Ibid.
Re-Examining the Trauma

The VA currently endorses two therapeutic methods in the treatment of PTSD, Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). Randomized clinical trials have shown these interventions to be highly effective in producing a reduction of symptoms. Therapists using PE engage the “fear structure” activated by the traumatic event, which harmless stimuli now trigger. A hyper-response that proved necessary during combat becomes maladaptive when returned to civilian society. Individuals with PTSD typically avoid associations with people, places, or things that remind them of the traumatic event. The goal of PE seeks to use real-life and imaginative reengagements of those fears to reduce stress associated with the reminders of trauma.

CPT therapists acknowledge that some minimalistic form of PTSD naturally follows a traumatic event. An individual needs to integrate new circumstances and feelings into previous beliefs systems, and a life-altering event forces that process. However, when normal processing becomes stifled, disrupted, or overwhelmed the client

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experiences diagnosable PTSD. In the CPT process, clients write accounts describing their traumatic event and review them with the therapist with the goal of identifying sticking points that interfere with the client’s return to normal functioning.\footnote{104 Tara E. Galovski et al., “Cognitive Processing Therapy,” in \textit{Evidence Based Treatments for Trauma-Related Psychological Disorders: A Practical Guide for Clinicians}, ed. Ulrich Schnyder and Marylène Cloitre (Cham, Switzerland: Springer, 2015), 191-192.}

Both of these methods rely on some form of cognitive return to the moment of trauma.\footnote{105 Developing research shows positive results with the CPT-C variant. The modified version does not use a written account of the traumatic event. However, the traumatic event is still featured prominently in the Socratic questioning. Kristen H. Walter et al., “Comparing Effectiveness of CPT to CPT-C Among U.S. Veterans in an Interdisciplinary Residential PTSD/TBI Treatment Program,” \textit{Journal of Traumatic Stress} 27, no. 4 (August 2014): 438-445.} Survivors instinctively replay the event during the course of everyday life, such as the veteran who constantly scans the freeway for improvised explosive devices. The mind naturally returns to the disruptive event in “spontaneous attempts to integrate.”\footnote{106 Judith L. Herman, \textit{Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror} (New York: Basic Books, 2015), 41.} Normality returns only once the individual has fully processed the event. Direct engagement with the story is a necessary stop on the path to healing.

\section*{Reframing Traumatic Events}

range of the human experience. Rather, individuals, when possible, should strive to grow and progress through the difficult events of life.

Appropriate processing of traumatic events, therefore, “sets the stage for beneficial … changes” in numerous aspects of life. Richard Tedeschi and Lawrence Calhoun have revived a concept first evident in ancient literature. They coined the term “post traumatic growth” (PTG) to describe the positive outcomes produced by many trauma survivors. They developed an inventory to measure PTG and the scale delineates five assessable domains of growth: “relating to others, new possibilities, personal strength, spiritual change, and appreciation of life.” This assessment can aid warriors in determining positive coping mechanisms and can identify growth areas that can occur in the process of trauma.

Research indicates that not only is progress possible, but warriors specifically can thrive because of their experiences. Prisoners of war from the conflict in Vietnam have undergone sustained growth. These men reported a greater ability to be optimistic, and

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many noted a positive development in their religious faith after their imprisonment.\textsuperscript{112} Furthermore, studies consistently find that those who endured a greater amount of time in captivity measured “significantly higher posttraumatic growth.”\textsuperscript{113} Similarly, personnel from the first Gulf War developed a greater “appreciation of life and inner strength” after deployment.\textsuperscript{114} Research indicates that acknowledging and developing PTG has an inhibiting effect on the development of PTSD.\textsuperscript{115}

To implement PTG concepts in practice, the counselor must remain highly engaged in listening to the story of the client, attempting to recognize ways in which growth has taken place since the occurrence of the traumatic event. When appropriate, the counselor can assist in reframing the client’s current circumstances in a way that highlights positive changes. The traumatic event, rather than existing as a wholly negative experience, can be redeemed and thus serve as a mechanism of strength. This aligns with scriptural teaching where suffering leads to endurance, the building of character, hope, and ultimately a recognition of God’s persistent love (Rom. 5:3-5). Spiritual practitioners, in particular, can assist individuals in reframing their struggles as “meaningful” moral suffering.\textsuperscript{116}


\textsuperscript{113} Ibid., 365.


\textsuperscript{116} Kinghorn, “Combat Trauma and Moral Fragmentation,” 67.
Traumatic Processing through Ritual

Returning from combat presents a complicated experience. A seasoned chaplain reflected on why individuals choose drugs and alcohol instead of dealing with their pain. His response was remarkably simple: “If our faith does not guide us, something else will.” Those who choose not to engage in the difficult work of integration need something else to soothe the pain.

Warren Kinghorn chides the Church for its lack of patience with veterans. He calls for Christians to develop the ability to “linger in the ‘middle.’” Drawing from Shelly Rambo’s work, he connects the imagery of Holy Saturday with moral injury. The physical suffering of Good Friday has run its course, but the anguish continues until the Resurrection. Likewise, veterans have departed the battlefield, but they too will continue to bear anguish for a time. It is in these moments that Christians can extend hope and the promise of something eternal.

One of the most powerful ways to connect with veterans exists in engaging in rituals. Modern culture has done away with most symbolic acts. Edward Tick notes that when society fails to “provide meaningful rites,” members of the community “suffer

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118 Kinghorn, “Combat Trauma and Moral Fragmentation,” 68.


120 Kinghorn, “Combat Trauma and Moral Fragmentation,” 68.
confusion, dysfunction, and disarray.” However, the Christian Church has meaningful rituals that permeate history and, God-willing, the future.

Consider the act of receiving communion. It exists as a persistent, regular reminder of one of the most traumatic events in history—Christ’s body, broken and bleeding, given for the sake of the one who will partake of the elements. Surely, there must remain a measure of grace for the morally injured warrior who earnestly considers the most selfless sacrifice and partakes in the ordinance. Likewise, baptism exudes symbolism for blood stained souls. The soldier who finally finds hope can exchange the righteousness of Christ (2 Cor. 5:21) for a war-weary soul.

Consider, too, forgiveness and reconciliation. Adaptive Disclosure (AD) is a new treatment model that has shown promise among active-duty Marines. The program modifies exposure therapy, tailoring it to address moral injury. Paul Fritts rightly notes that AD is the “Sacrament of Reconciliation modified, with the critical exclusion of a priest.” The therapeutic community felt required to replicate a traditional sacrament of the Church. This speaks to the profound need for warriors to engage in deep, honest confession.

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122 “If there is no stable theology of the cross to offer the trauma survivor, how can we preach it?” Serene Jones, Trauma and Grace: Theology in a Ruptured World (Louisville, KY: Westminster John Knox Press, 2009), 82.


Again, this process requires patience. Rita Nakashima Brock and Gabriella Lettini caution against the easy forgiveness meted out by so many congregations today: “We must resist offering hasty forgiveness to absolve ourselves and others.” The clergy member must stand guard against personal anxiety. True confession for the hearts of warriors requires persisting with them as they share ugly, horrific pain. In this process, they can uncover the experience of healing that flows from confession to another believer (James 5:16).

These are a few of the methods that can begin the healing process for veterans by engaging the Church’s unique rituals. Memorial services, responsive readings of Scripture, recitation of prayers, and the singing of hymns offer other opportunities to connect the warrior to the Divine. Regardless, warriors need the Church to process their grief and the Church needs to be the type of place that accepts the broken things of this world, including its veterans.

Reconnection to the Community

The VA officially recommends that providers should conduct therapy directly with a single patient. However, a lack of endorsement has not inhibited the VA and private organizations from the frequent use of group therapy for the treatment of trauma-induced injuries. Research has shown that group methods hold significant potential in treating psychological injuries, especially when clients refuse to seek individual


therapy. “Estrangement, isolation, and alienation are often prominent” features of those with combat stress. Interacting in a group setting provides a useful intermediate step to full reintegration with society.

With regard to moral injury groups, stronger social support networks provide an inoculation effect for those not previously diagnosed with PTSD. As an individual’s support structure increases, they are better able to cope with difficult circumstances that might otherwise become overwhelming. Development of strong friendships has a greater effect on PTSD prevention than the involvement of a spouse or significant other. Comrades can share challenges, expand available resources, and encourage discussion of traumatic events.

Veterans intrinsically understand the necessity of like-minded companions. Group settings offer a chance to normalize combat and reintegration experiences among peers by engaging a “shared understanding” of circumstances. After the Vietnam conflict, veterans gathered in makeshift psychological sessions called rap groups. Robert Jay

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127 Group therapy for PTSD is a topic that has not received sufficient study. It reduces symptoms but researchers are unsure if group therapy is as beneficial as individual counseling. However, given workforce constraints and mental health stigma, the ability to receive individual counseling is highly restricted. Denise M. Sloan and J. Gayle Beck, “Group Treatment for PTSD,” *PTSD Research Quarterly* 27, no. 2 (June 2016): 1-4.


Lifton recalls one participant who noticed that over time the group shifted from “war stories to [examining] ourselves.” These veterans knew that the work of integration needed to occur. At the time, government and community help was scarce to nonexistent, so veterans, as they always do, cared for each other.

Contemporary warriors are rapidly joining organizations and seeking connection with other service members. Veteran service organizations (VSOs), such as the Mission Continues, Team Rubicon, and Team Red White and Blue (RWB) are experiencing exponential growth. Previous generations also returned from war to form American Legions and Veterans of Foreign Wars posts, fostering internally focused veteran socialization.

However, the new breed of VSOs pursue connections with local communities. These groups tap into something vital for these veterans. “When people are actively engaged in a cause their lives have more purpose” and this involvement results in an “improvement in mental health.” These individuals miss the self-sacrificing mission of their military years and most want to continue their service. Team Rubicon, for example, returns purpose to veterans by deploying them to aid in disaster relief. Nearly every member of Team RWB, 92 percent, indicated that being a part of that organization

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“increased their hope and confidence.”136 Veterans remain primed to make meaningful life changes in the context of groups. Finally, when considering the issues of soul wounds, invoking spirituality in a group setting might offer many additional protective measures. It is well established that attendance at religious events greatly reduces drug and alcohol use.137 Self-medicating with substances poses a well-known risk factor for developing PTSD.138 Combat stressed warriors often bury their issues, and any reduction in substance abuse gained from religious affiliation will reduce this tendency.

**Conclusion**

A review of contemporary literature continues to affirm that the scars of the battlefield remain incredibly difficult to diagnose and treat. Men and women engaged in military service have complex experiences that drastically differ from the lives of their contemporaries. The clinical method of treating PTSD is not adequate for reintegrating struggling warriors. Early engagement using the concept of moral wounds affords many benefits over the current system. It seems telling that the pages of ancient literature are full of stories about moral injury, combat trauma, and healing—an indication of hope.

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Humanity has survived the previous wounds of war. By integrating the lessons of history, a solid biblical perspective, and modern psychological techniques, today’s warriors can discover new, yet ancient paths to healing.
CHAPTER 4: DESCRIPTION OF FIELD PROJECT

Introduction

Upon the completion of the biblical-theological and general literature reviews, the following project intervention was devised to reduce traumatic injury symptoms and increase positive coping skills of military members. The intervention occurred in a deployed setting, with troops engaged in combat activities on a regular basis. The following chapter details the planning, execution, and results of the project. Additionally, the chapter will provide consideration on the project’s contribution to ministry.

Preparation of the Project

This project occurred at a combat airfield in Afghanistan. One of the unique features of this environment concerns the restrictions of freedoms. A commander governs everything that occurs on the installation. As a result, the first step in the project required that I explain the intervention to the commander to gain approval to conduct the proposed intervention with military members.

A significant hurdle when working with deployed Airmen is scheduling. Missions constantly appear, disappear, and move to earlier or later times. The teams maintain a twenty-four hours a day posture and may move from daylight shift to evenings and back again over the course of a few days. As reported by one of the participants in the end of course survey, “The scheduling was difficult.” Of the six classes facilitated, three needed

1 See Appendix D, “Project Data.”
rescheduling, two of them on multiple occasions to accommodate the participants’
schedules. Regardless of the time, the group members eagerly returned for additional
sessions, though they might normally have slept during that hour.

Locating a measurement tool to quantify the outcome of the intervention
presented challenges as well. The most readily available assessments focus on PTSD
diagnosis. These tools are the industry standard for mental health professionals assessing
PTSD. Selecting a well-known and proven scale for this intervention increases the
credibility of the results and gives common ground to chaplains and mental health
providers to communicate about reducing PTSD symptoms. Furthermore, PTSD
treatment remains a high priority for every military branch; new ideas about reducing
symptoms are likely to garner attention and support.

However, any measurement of PTSD has severe limitations when implemented
with military members actively engaged in daily combat. A tool of this sort is designed to
measure maladaptive behavior when the participant has returned to a safe environment.
Such an environment does not exist during deployment. The DSM-5 labels behavior such
as the avoidance of things that remind the individual of the stressful event and
hypervigilance as problematic when the “duration of disturbance… is more than one
month.”2 Nearly all deployments extend more than a month in length, and this behavior
proves far from problematic in a hostile environment.3 For example, avoiding one’s

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3 Acute Stress Disorder (ASD) is an alternate diagnosis during the first thirty days after a trauma. However, the criteria for this diagnosis requires that the “duration of the disturbance… is 3 days to 1 month after the trauma exposure” (Ibid., 281). This remains a problematic diagnosis as the traumatic event matrix includes “exposure to war as a combatant or civilian” as a possible trigger (Ibid., 282). One cannot be three
days beyond the event of warfare until after returning to a safe environment. Tools for measuring ASD
firearm or remaining unaware of one’s surroundings is by far the more damaging behavior in a war zone.

While acknowledging the location-based caveat outlined above, I selected the PTSD Checklist assessment (PCL-5) from the United States Department of Veterans Affairs (VA). The survey asks participants to answer twenty questions related to their symptoms on a five-point Likert Scale. Participants complete the questionnaire independently and no requirement exists for a mental health professional to administer an accompanying interview. Patients complete this same assessment in waiting rooms at VA hospitals across the country. I determined that this tool would be beneficial in multiple aspects. First, if any participant scored exceptionally high on the assessment, a visit to a mental health professional would be recommended and continuation in the program would be reconsidered. Second, this assessment would assist in identifying trauma-related trends among participants and measuring any changes in those trends at the conclusion of the intervention.4

include the Stanford Acute Stress Reaction Questionnaire, the Acute Stress Disorder Interview, and the Acute Stress Disorder Scale. However, these are tools based on a previous version of the DSM and do not reflect the changes made to the most recent edition. For further information about ASD, the assessment tools, and changes to the ASD criterion see Richard A. Bryant, “An Update of Acute Stress Disorder,” PTSD Research Quarterly 24, no. 1 (March 2016): 1-2; American Psychiatric Association, “Highlights of Changes from DSM-IV-TR to DSM-5,” 2013, accessed February 11, 2016, http://www.dsm5.org/documents/changes%20from%20dsd-iv-tr%20to%20dsm-5.pdf.

4 For further information about the PCL-5, see National Center for PTSD, “PTSD Checklist for DSM-5,” U.S. Department of Veterans Affairs, accessed October 6, 2015, http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp. The survey used for this intervention can be located in Appendix B, “Participant’s Guide.” An assessment tool is available for determining the potential for moral injury among service members and I considered using this tool for this project. It was ultimately rejected in favor of a PTSD measurement as military commanders, mental health professionals, and chaplains are less familiar with the concept of moral injury. A decision was made to assess this intervention with the more commonly accepted PCL-5 in an effort to more closely match the current concerns of the military. For more information about the Moral Injury Events Scale see William P. Nash et al., “Psychometric Evaluation of the Moral Injury Events Scale,” Military Medicine 178, no. 6 (June 2013): 646–652; Craig J.
The Posttraumatic Growth Inventory (PTGI) is the second assessment employed in this project. Similar to other measurement tools concerning traumatic events, it also focuses on reactions that occur after the veteran returns to normal routines. Life in a combat zone has its own routines; however, none of them should be considered normal. No available evidence indicates how this assessment tool functions in the deployed environment. The PTGI consists of twenty-one questions, evaluated on a six-point Likert Scale. Participants determine their personal growth from traumatic events based on five domains: relating to others, new possibilities, personal strengths, spiritual changes, and appreciation of life. The PTGI exists as the only tool that measures positive changes in a client’s behavior and encourages the notion that deployments can serve as growth experiences. Therefore, I believe the tool remains highly beneficial in assessing perceptions and attitudes about the deployment experience.

In addition to the assessments, I collected further statistical data on the participants. I designed a short form that asks questions about basic demographics, military service, deployment data, and family status. A post-class survey was also developed to capture the reactions of the participants and to improve future iterations of the program.

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5 For more information about the PTGI survey, see Posttraumatic Growth Research Group, “PTGI and Related Inventories,” University of North Carolina at Charlotte, accessed January 24, 2016, [https://ptgi.uncc.edu/ptgi-related-inventories](https://ptgi.uncc.edu/ptgi-related-inventories). The survey used for this intervention can be located in Appendix B, “Participant’s Guide.”


7 See Appendix B, “Participant’s Guide.”
The final planning step involved collecting stories from other veterans who have struggled with combat stress. I derived these stories and quotations from books and online sources. The tremendous stigma associated with PTSD produces an unwillingness to discuss combat-related stress in peer groups; therefore, a method had to be devised to help participants in the program enter into meaningful conversations. War stories prove remarkably similar throughout the course of history. Warriors deal with the same types of struggles, regardless of the conflict or the timeframe. The universal truths that echo through the experiences of other warriors can be spoken about in a generic fashion, without a significant risk to personal vulnerability. Therefore, using these stories as a gateway to personal disclosure from the participants seemed naturally fitting. The desired result is that by sharing the narratives of other combat veterans at the beginning of each class session, participants will ultimately speak about their own stories.

**Execution of the Project**

The intervention involved two groups of Airmen deployed to Afghanistan. I conducted three sessions with each group. Each session lasted approximately one hour, and subsequent sessions were held between five and eight days apart. During the first session, participants completed the initial assessment surveys, consisting of the PCL-5 checklist and the PTGI inventory.

Each session opened by having one of the group participants read a prepared narrative from a combat veteran. I then presented participants with open-ended questions about the story. The goal of these questions sought to elicit knowledge and experiences.

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8 Ibid.
from the group members. In every case, participants identified root causes of the veteran’s struggle and related the details of the narrative to something in their own background.

Toward the beginning of each group’s intervention, participants shared details about third-party individuals familiar to them. The subjects of these stories included battle buddies, acquaintances from their home station, or family members. When the participants concluded these types of stories, I asked the participants to identify the potential issues at work in the situation. After an examination of the story, we discussed means for empathizing with these third-party individuals.

Disclosing and conversing about the issues of others created a fairly safe space in which the participants could engage. Telling another individual’s story incurs a minimal amount of risk and reduces the need for exceptionally high trust among participants and the facilitator. In addition, by discussing others, participants had the opportunity to test the group members’ reactions for future disclosure of their own stories. Careful handling of these events proved vital for building credibility and trust. A failure of the group to correctly parse and hold these stories sacred would have been detrimental to the warriors sharing their own concerns. Sharing others’ stories served as a vital first step in the disclosure process.

As trust increased among the participants and the facilitator, stories of a more personal nature began to occur. These stories often involved a significant element of grief. For the sake of those sharing very personal experiences, the stories were not interrupted, interpreted, or reframed by any other person. Any discussion or processing about the personal story belonged solely to the person disclosing. The remainder of the
group often offered words of empathy after a participant completed telling a war story. The delicate manner in which participants engaged others’ stories did not require any oversight or policing from my view as the facilitator. Group members instinctively reacted this way.

Participants needed to understand the process that was naturally occurring in our small groups. In the second session, I introduced the Deployment Return Model, a visual representation of the strategies for healing outlined in chapter 3. I developed this model to correspond with proven methods that warriors have implemented across the centuries. The first step involves a re-examination of deployment experiences among trusted friends. In previous wars, this processing often occurred around campfires at night or on long trips back over the ocean. In the modern military, combat entails a twenty-four hours a day process, and troops return to the states in a few successive plane connections. The time to re-examine events from the battlefield is absent from contemporary combat zones.

The second step in the model reframes the deployment or the traumatic event. As a story is retold, the participant remembers more details, consults others who witnessed the event, and considers different angles to the story. This fills in knowledge gaps and allows the person to consider the parts of the story that can remain stuck in one’s head and heart.

The third step in the model consists of engaging in rituals. Rituals play a very important role in the life of military members. Units memorialize fallen comrades and

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9 Ibid.
annually remember tragic events for decades after they occur. The military remains serious about these events and implements dress codes, strict procedures, and the utmost reverence for those who participate. Likewise, the Christian community engages in rituals that connect back for thousands of years. Prayer, the singing of songs, receiving communion, and baptism speak to issues of the heart that congregants do not always fully understand. By participating in activities that are out of the ordinary, individuals have the freedom to process difficult feelings.

The fourth step in the model concerns reconnecting with civilian society. Veterans often feel isolated from the community to which they return. The experiences of war expose them to circumstances that 99.5 percent of the American population will never experience. Sebastian Junger captures this sentiment when he writes, “What would you risk dying for—and for whom—is perhaps the most profound question a person can ask themselves. The vast majority of people in modern society are able to pass their whole lives without ever having to answer that question, which is both an enormous blessing and a significant loss.”

The unique experiences offered by service in the military often leads to character changes in the lives of veterans. They often feel significantly disconnected when forced to return to the nation that put a weapon in their hands and

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asked them to shed blood on their behalf. The most effective tool for reentering unfamiliar territory is purposeful exposure. During this step, participants are encouraged to make definitive plans about forcing themselves to re-enter community organizations, such as churches, higher education, clubs, and social situations.

After discussing the four steps of the Deployment Return Model, I concluded the third and final session by again asking participants to complete the PCL-5 checklist and the PTGI inventory to determine if any cognitive or behavioral changes occurred. They also completed an end of class evaluation to determine the need for any modifications to the program for future iterations.

Group One

I conducted the initial intervention soon after I arrived in the Afghanistan theater of operations in August 2016. Identifying participants in this environment was difficult as I had yet to establish a working relationship with the warriors who would later become participants. I made contact with an officer I have known for a few years. I explained the project and the requirements that the participants would need to meet. He recruited the first three participants for the program from an aircrew squadron. These members comprised all junior officers slated for departure from the deployed location in less than three weeks.¹³

During the initial session, the three participants completed a consent form, a brief demographics survey, a PCL-5 assessment, and the PTGI assessment. Conversation

¹³ In a deployed environment or a new location, chaplains may not have an existing social network that allows for participant recruitment. A briefing is included in Appendix E, “Educational Presentation,” that will assist in engaging potential group members.
began almost immediately about the survey instruments. One participant remarked that
the PCL-5 proved exactly what he expected from someone measuring combat stress; it is
steeped in a rather negative tone. Conversely the PTGI was very positive in nature, and
he had never considered the possibility that his deployment experiences might be
beneficial. This particular conversation immediately set the tone for the remainder of the
intervention.

After a few minutes of conversation around this insight, I introduced a true story
about Thomas Fiebrandt, a veteran who lost friends in combat.\textsuperscript{14} The group discussed this
event and speculated about the pain the veteran felt. This led to further personal stories
about the participants’ own combat experiences and what they anticipated when they
returned home. One member of the group had multiple combat tours and shared his
personal experiences. This conversation seemed to reduce the anxiety of the other
members, and the group engaged in an expectations discussion for the remainder of the
session.

Over the next few days, I made individual contact with the members of the group
and received very positive responses about our first session. Five days later, the second
session occurred. I opened this session with the story of a seventy-six-year-old veteran
who committed suicide outside of a VA hospital.\textsuperscript{15} The discussion quickly turned to the
idea of personal responsibility. The consensus was that, though tragic circumstances exist
in the veteran community, each person remains responsible for seeking help before things

\textsuperscript{14} See Appendix B, “Participant’s Guide.”

\textsuperscript{15} Ibid.
get desperate enough to end one’s life. I challenged some of the members on their beliefs about suicide, and we spoke about the enduring, intense emotional pain that working through grief requires.

Another significant turn happened in the conversation. One of the participants asked the senior member of the group if sharing openly with me was allowed. The senior officer concurred that it was appropriate. The participant told a story about a very painful moment that occurred on this deployment. Another member of the group then followed this with a second story. This gesture proved incredibly significant, for at this moment, they no longer considered me an outsider leading the group; I was now a friend whom they could trust to co-carry these battle scars. We talked through both stories at length. The other participants and I apologized about the circumstances and confirmed, in alignment with the storyteller, about the rightness of what was done.

After this important development, I introduced the Deployment Return Process.16 We discussed our group’s natural use of the re-examine step (talk about your deployment with trusted friends) and the individual’s and group’s use of the reframe step (consider your story from different angles). We spoke briefly about the other two steps in the process and concluded the session.

Eight days later, the third session opened with a reading of the transcript of a video by Jake Wood, the CEO of Team Rubicon, a non-profit organization devoted to helping veterans engage in meaningful community projects.17 One participant broached

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16 Ibid.

17 Ibid.
the subject of “coming home different.” We spoke about family expectations and the difficulty of reintegrating into a society that has not seen and does not understand war.

This led into the introduction of the remaining two steps in the Deployment Return Model. We spoke about the third step, the importance of ritual (explore deeper meaning and commemorate). We talked about unit-based rituals, such as memorials and traditions, and religious-based rituals, including confession, communion, and prayer. I explained how these rituals allow people to make meaningful connections to the military and religious communities, both of which can be very welcoming of people who suffer with painful circumstances.

I explained the fourth step, re-connect (purposefully engage in your community). We spoke about the often-cited civilian/military divide. All of the group members were familiar with the rift and had experience with it. I encouraged the members to make a specific effort to reconnect to the civilian community upon return, and we talked about the necessity of reentering the greater civilian world when our time in uniform completes.

At the conclusion of this session, the participants completed another PCL-5 assessment and PTGI inventory. The participants also completed an end of class evaluation. After the conclusion of the formal session, I revisited all participants individually and received helpful informal feedback about the sessions.

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Group Two

Members of the first group indicated in their end of class evaluation that they would have preferred the intervention to occur near the middle of their deployment. This critical piece of feedback highly influenced the selection of the next participants. A group of five Security Forces Airmen, also known as Defenders, were midway through their deployment. I approached the senior member of the group to gauge interest, and then I presented the project to their commander for approval. After obtaining permission, I asked for volunteers, and all five members opted to participate in the program beginning in September 2016.

In addition to the shift in timing of the intervention, there existed two other major differences between the initial group and the second iteration of the intervention. First, the previous aircrew cohort consisted of all officers while the Defenders were all enlisted personnel. Second, first time deployers (two out of three) primarily dominated group one, whereas the Defenders had much more experience, with only one participant on his first deployment. The remainders averaged more than three deployments each.

During the initial session, all participants completed a consent form, a brief demographics survey, a PCL-5 assessment, and the PTGI assessment. One member commented that he does not believe he has changed after his deployments, but further commented, “Everyone else thinks I have.” I asked for further details, and the group discussed why people might hold these opinions. We also discussed the ways that warriors might change after being deployed for a significant amount of time.
After the discussion, I introduced the story of a veteran struggling with losing comrades. Multiple group members identified the survivor’s guilt present in the narrative, but participants shared no personal insights or stories at that time. I asked open-ended questions about deployment experiences and received some brief responses. This first session proved more educational than conversational.

In the days following the first session, I privately conversed with three of the participants. I asked if they believed the session was productive. One of the participants expressed that he has been a member of the military for more than a decade and has never learned about any of the topics we discussed during our first session. This warrior’s significantly helpful response indicated that new material was being addressed during these class sessions, which proves especially meaningful in the context of the dozens of hours of mandatory training that each service member must endure on a yearly basis. This training requirement is higher during the years in which a member deploys. Over his career, the military has required the member to attend numerous classes and click-through multiple computer-based trainings on the issues of suicide, PTSD, and overall resilience. Despite the flood of information and training he already had, our one-hour conversation struck him as different from what he had previously encountered.

All of the participants I spoke with privately expressed the beneficial nature of the session. Two of the three separately told a personal story related to the narrative in session one. These two men had deployed together on a previous rotation and lost a comrade. They identified with the issue of survivor’s guilt in Sergeant Fiebrandt’s

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19 See Appendix B, “Participant’s Guide.”
narrative. It also reminded them of an individual who experienced a similar feeling on their previous rotation. I encouraged them to share these types of stories openly and honestly with the other group members during the next gathering.

Six days later, we met for our second session. I opened by asking questions about the previous week’s discussion and queried the room to see if anyone wanted to discuss something prior to returning to the curriculum. One of the participants shared the story mentioned above and we discussed how sometimes what makes sense in our head (there is nothing I could do to save my buddy) does not always match what we feel in our heart (surely, there was something I could do to save my buddy).

We continued the session by reading the second veteran narrative and we spent a significant amount of time discussing suicide. There was agreement around the room that self-inflicted wounds cause many more problems than they solve, and some of the participants labeled suicidal behavior as selfish. They recognized the impact that poor choices can have on both the family and military units. Some of the group members shared stories about their own experiences with suicide. These men all serve as law enforcement officers, so they spoke on both a personal and professional level about what they have experienced.

I introduced the Deployment Return Model to the group. We talked about the importance of sharing personal stories. I explained that re-examining difficult events helps in processing those events. We also spoke about the necessity of sharing these stories with others who can help think through and reframe situations. Further

20 Ibid.
conversations occurred in regard to the role that ritual provides for members of the military and for law enforcement officers. The participants shared some of their experiences with commemorative events.

I asked the group about the disturbing trends in the suicide rate among veterans over the past few years. Our conversations centered on people being unwilling or unable to ask for help. We discussed the cohesive nature of the military. Members noted that group activities at bases have declined in recent years and that separating members remain even further isolated from the camaraderie they established while in the service. They believe these trends could connect to the rise in suicide.

One week later, we met for our final session. The class members reviewed the topics we discussed in previous sessions and contributed some thoughts about their current deployment. I returned to the model to discuss the community connection aspect of redeployment. One of the members read aloud Jake Wood’s lecture about the founding of Team Rubicon. The participants immediately identified with the potential pitfalls Wood describes for warriors who have separated from the military. When I asked about the participant’s future plans, a number of them stated that they considered returning to combat zones as civilian contractors, thus continuing their connection to the armed services. Most of them agreed that returning to a civilian job would seem like a letdown.

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22 See Appendix B, “Participant’s Guide.”
after their military career. They all expressed interest in finding meaningful and purposeful work after they retire or separate.

We spoke about veterans of previous wars and discussed how they reintegrated back into communities. The participants cited both positive and negative examples. We discussed ways that current veterans can reach back into their communities and intentionally find meaning and purpose. We concluded the meeting by re-taking the assessment tools and the end of class evaluation. Over the next two days, I engaged all five participants in a one-on-one feedback session and received valuable additional feedback.

**Results of the Project**

The measurement tools indicated that the project produced the intended results. Of the total of eight participants in the two groups, six participants reduced their scores on the PCL-5 assessment. The other two participants showed no signs of PTSD symptoms in the first assessment and again scored a zero on the second assessment.

In the first group, all participants scored lower on the PCL-5 assessment. They reduced their scores from an average of 12.0 points to 5.3 points, indicating a 55.8 percent reduction in trauma-related symptoms. Two of the three exhibited numbers that

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23 It is important to note that these scores are not indicative of diagnosable PTSD; the participants were below the thirty-three-point cut-off that the VA determines as the threshold for a PTSD diagnosis. National Center for PTSD, “PTSD Checklist for DSM-5,” U.S. Department of Veterans Affairs, accessed October 6, 2015, http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp.
the VA scoring system recognizes as a “reliable change” to their self-identified symptoms.\textsuperscript{24}

Furthermore, all participants increased their score on the PTGI assessment, indicating that they are more likely to positively integrate their deployment experiences. The first group indicated a 55.6 percent increase in their scoring on the PTGI inventory. The participants averaged 1.4 points per question during the first assessment, indicating that they perceived only limited growth as a result of their deployment experiences. At the conclusion of the class, the participants averaged an increase of 0.76 points on each response, with 19 of 21 questions showing an increased confidence score. This brought the overall average score per question up to 2.1 points, indicating that the participants were more likely to perceive their deployment as having a moderately positive impact on their personal growth.\textsuperscript{25}

In group two, all members either experienced a reduction in PCL-5 scores or continued to remain at zero symptoms for the second assessment. The non-zero scoring group reduced their average assessment scores from 5.7 points to 3.7 points, indicating a 35.3 percent reduction in measured PTSD symptoms. It should be noted that their initial PCL-5 scores were significantly lower than group one.\textsuperscript{26} It is difficult to ascertain significant change in PTSD symptoms in numbers this low; however, all non-zero participants did demonstrate a reduction in scoring.

\textsuperscript{24} Reliable change is defined as greater than five points of change expressed on the PCL-5 assessment. Ibid.

\textsuperscript{25} See Appendix D, “Project Data.”

\textsuperscript{26} Ibid.
In the PTGI assessment, the participants exhibited a 54.4 percent increase in positive coping features. Each participant averaged an increase of 0.94 points on each response, with 20 of 21 questions receiving more cumulative points than the pre-intervention assessment. The increase in points indicates that at the conclusion of the class sessions, the participants now recognize that their deployment caused a high level of positive change in their own personal growth (a shift from 1.7 points to 2.7 points).²⁷

By all measures, the intervention obtained the desired results. The Airmen engaged in effective group learning and encountered material that was new and useful to them. They either reduced their trauma-related symptoms or maintained their lack of symptoms. Furthermore, this project equipped them with the Deployment Return Model, which outlines the key ingredients for healing the invisible wounds of combat in the very early stages of preparing to return home. The sessions encouraged positive coping mechanisms, and participants indicated a higher tendency toward growth at the conclusion of the intervention. The end of class survey indicated that all members learned something new about combat stress (4.6 average on a 5-point Likert Scale); they were able to discuss difficult topics with the group (4.5 average), and they feel better about their deployment (4.6 average).

**The Project’s Contribution to Ministry**

A great gulf exists between the scenes witnessed by America’s battlefield warriors and the work performed by the psychologists and psychiatrists at the VA medical centers. Military mental health professionals have attempted to fill that void, but

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²⁷ Ibid.
overwhelming stigma and career implications block that path for numerous warriors. Chaplains remain strategically positioned to guide military members through the processing of their trauma and assisting them, when necessary, in the difficult decision to seek a higher level of care.

This project provides a cohesive format for engaging Air Force members with chaplain-led, trauma-focused care. Additionally, this care occurs outside the closed doors of a private counseling session. This allows Airmen to engage in relationships with peers who work through similar situations. Frequent deployments and stateside movements of designated helping professionals leave wounded warriors vulnerable. Warriors’ support structures disappear when those in whom they have confided move on to the next assignment. Because of the group nature of this intervention, project participants now have multiple human resources from which to draw.

Additionally, this project provides these Airmen with a physical resource, the *Ready to Return Participant’s Guide* located in Appendix B. This guide can be shared with other members whom they observe struggling with similar issues. Troops find safety in numbers, and the *esprit de corps* that has served the military structure so well when deployed down-range can be utilized to meet mental, emotional, and spiritual challenges that accompany the return process. Service members can work to recover the small group method of processing traumatic events that served their battlefield ancestors.

Current chaplains frequently remain tied to daily ministry details and could use a comprehensive program like the *Ready to Return* curriculum to engage troops at all levels and branches. The preparation necessary to implement this fully developed program is minimal for chaplains working in the field. Its streamlined format remains well-suited for
either a home station or a deployed environment, and the hands-on elements of the outlined program help participants understand that they are the driving force behind their own healing process.

Local churches, especially those near military installations, could also implement this type of program with very little cost or infrastructure. The military and the American public will need to come to terms with the consequences of the longest wars in their history and the issues the warriors who fought them will bring home. Proactively facing these problems from a comprehensive perspective will benefit those veterans who have faithfully served their country.
CHAPTER 5: PROJECT SUMMARY

The following chapter provides an evaluative overview of the warrior support group project and the Ready to Return curriculum.\(^1\) This summary will (1) evaluate the project and its effectiveness and identify areas for improvement, (2) ascertain the implications of the project, (3) present recommendations for chaplains engaged in similar ministry and for the service Chaplain Corps, and (4) propose recommendations for related studies.

**Evaluation of the Project**

The project reliably addressed critical issues in the lives of deployed warriors. The context of this project, specifically the deployed location of Afghanistan, provided an exceedingly unique environment that contributed to both positive and prohibitive aspects of the execution of the study. Likewise, the inherent military culture played a role in the study’s effectiveness. The following sections outline the successes and limitations of the project.

**Keys to Project Effectiveness**

A deployed location provides an excellent and natural opportunity to start conversations about combat-related issues. At the home station, military members easily ignore thoughts of combat as they focus on non-deployed life. Warriors have attempted to

\(^1\) See Appendix B, “Facilitator’s Guide.”
use this avoidance coping mechanism for generations; however, military chaplains, social workers, and mental health professionals will confirm that the issues once firmly tucked away in the military member’s psyche often reappear in everyday life. During my project in Afghanistan, there existed no pretenses about war and its effects.

Furthermore, because the intervention occurred toward the end of the participant’s deployments, they were more likely to engage in reflective conversations about their struggles during this rotation and their concerns about returning home. Furthermore, both groups consisted of teammates, consistently working with each other every day. The longer those relationships foster before the intervention, the more likely the group will have obtained shared experiences and developed trust for one another.

Fortunately, I served exceptionally supportive leaders during my deployment. They understood the implications of combat stress on the people under their command. They willingly permitted me the space and time to do proactive work with their subordinates. I could not have completed this project without this type of top-cover at numerous levels within the organization.

Furthermore, the warriors with whom I deployed were individuals in active combat roles. The constant mission focus during our time deployed and their previous combat experiences equipped them with war stories to tell during our class sessions. This project proved incredibly hands-on in nature because of the experiences that these warriors brought with them into our meetings.

Time is the limiting factor for any program that happens downrange. Chaplains must minimize the impact of any activities that are unrelated to warfare. This provides warriors with the space they need for their primary mission, combat activities.
Additionally, a facilitator must be cognizant of the recovery time necessary to execute war activities at a relentless pace. Any program devised cannot significantly cut into this downtime. If this intervention were to occur stateside, it would have occurred in a greater number of sessions. Therefore, the design of this intervention is incredibly streamlined.

In order to meet these stringent requirements, another variable had to be adjusted. As the ultimate aim of the program is to have warriors engage with their own stories, it was important that a smaller group size was implemented. This decision allowed each individual participating in the group more time to share their experiences. This adjustment correctly accounted for the restraints of the deployed environment.

Relationships constitute a necessary ingredient for achieving positive results. Upon my arrival in theater, I did not have sufficient time to build relationships with crews preparing to depart. As a result, I engaged colleagues who had an existing relationship network within the organization, and they sought out participants for the program. Without these contacts, I would have expended far too many resources on recruiting for the project, rather than executing it. Additionally, these trust relationships paid huge dividends in group discussions. Knowing that one of the members of the group, my colleague, trusted me allowed others to engage in potentially sensitive conversations.

The new relationships I built with other group participants also yielded dividends. I have been able to engage these warriors about issues they have experienced after the conclusion of the formal group sessions. I met with nearly every participant before they departed from the deployed location. Some of those interactions were pertinent to our group discussions. Others discussions centered on family relationships and other problems that were secondarily related to returning home. Still others were merely social
visits, well wishes for safety, or promises to catch up when I return to home station. These interactions likely would not have occurred if these participants were not involved in this intervention. Even three hours of interaction was enough to form a caring relationship that will enable me to be a more effective pastor and chaplain to these individuals. The program’s impact, therefore, will carry on beyond the intervention’s prescribed timeline.

Keys to Project Improvement

The most challenging issue confronted by the project concerned coordinating time to meet with the participants. Military members on deployment might be completely un-tasked one day and then overwhelmingly busy with no reprieve for the next ten days. Finding the appropriate lull in the schedule to engage warriors on preemptive projects like this one takes pre-planning and supreme flexibility.

Many of the sessions had to be rescheduled by hours or days to accommodate the mission. In order to meet the timing requirement for the crews, I had to conduct all of the classes in the middle of my personal sleep schedule, and then I would return to work for a full shift later in the day (twelve to fourteen hours is typical in a deployed location). The crews also sacrificed their off-duty time to meet for the sessions, typically at the beginning or end of their shifts. With the availability of initial positive results from this study, a chaplain might request and a commander might permit members to attend sessions during the workday. If the sessions become a scheduled part of the duty day, they would be less likely to shift timeframes as frequently.

However, a combat zone still demands significant flexibility. This was evident in the inconsistent span of time between each session. I had intended to schedule sessions
five days apart. With necessary delays, however, this interval only succeeded on one occasion. I observed that sessions that occurred seven or eight days apart significantly lacked continuity with the previous discussion. Simply too much time had elapsed since our prior conversation. This is especially true at a deployed location. Members spend nearly every waking moment working or preparing to work. The monotonous pace of operating seven days a week with no breaks does not allow time to process any particular day’s events. Furthermore, because we are discussing combat stories, even with only five days between sessions, more than sixty hours of related material has passed between sessions. On future iterations, if possible, I would suggest keeping subsequent sessions four to five days apart.

A significant issue that presented in this study concerned the change of tactics in response to feedback from the first group of participants. All of the group one members indicated that shifting the intervention to the middle of the deployment would improve the process. I accepted their unanimous input and engaged the next group close to the midway point of their deployment. However, the feedback from group two, again unanimous, indicated that the intervention would prove more effective near the end of the deployment, completely countering the responses from group one. As the facilitator, I remain inclined to agree with the second group.

Another improvement to the research process would have been to conduct a baseline PCL-5 and PTGI assessment of the entire squadron. Some pertinent research questions could be answered by engaging in more comprehensive data collection, such as the following:

- How did the PCL-5 and PTGI scores of participants compare to their peers?
- Do assessment scores shift at the beginning, midpoint, and endpoint of a deployment?
• Which particular questions in the assessment scored highest or lowest, indicating additional education is necessary on those issues?

Using this data, the program could be tailored to educate and discuss the most pertinent issues for a particular organization.

The final issue that arose during the execution of the project resulted from the cultural barrier between the chaplain, as an officer, and the participants who were enlisted personnel. All of the participants from group two consisted of enlisted Airmen. During their sessions, I had to remain more directive in asking questions to spur our conversations. We spent more time discussing educational type material, and they spent less time telling their stories. I believe this came as a result of the over-under type relationships between officers and the enlisted force. Enlisted personnel, especially junior members, are not likely to engage in extended conversations with officers. Chaplains deal with this issue on a regular basis in normal operations, but this perceived barrier might have reduced the effectiveness of the intervention. A proposed solution would be to train an enlisted Chaplain Assistant to present the material in future iterations.

**Implications of the Project**

Numerous implications are evident through the research and curriculum development completed in connection with this project. Most importantly, PTSD, moral injury, and combat stress all remain present and active in the lives of many military members and veterans. The Global War on Terror continues as America’s longest war and does not seem to be nearing a conclusion. Many more years will pass before the nation can fully account for the consequences of the persistent deployments demanded of this generation of warriors.
By the time the nation can reckon the cost, it will be far too late to implement solutions. Key players must engage in proactive measures as the necessary step to reduce the overall impact of the nation’s current war. Vietnam veterans who are still suffering from their service are a constant reminder that many of the problems of combat do not simply get better with time. However, warriors are resilient and motivated group of individuals that will readily engage if equipped with the proper tools, education, instruction, and support system.

Further complicating the problem is a persistent, ingrained stigma that keeps those who need help from reaching those who can provide help. This stigma discourages open conversations about internal war wounds and causes condemnation of those who exhibit any qualms about killing human beings. This environment ultimately cannot produce healthy warriors.

The research connected with this project revealed only a miniscule amount of personnel, programs, and resources engaging with the military community on this vital issue. None of the Airmen involved in the project have participated in a forum where they could openly discuss these issues. This lack of opportunity comes most surprising since numerous authors in antiquity wrote about the issue of combat stress. The lessons of the past have disappeared, leaving a gap, yet modern life has implemented nothing to fill the void. Furthermore, this project proved that even a short amount of time—three hours in this case—can make a measurable difference in both trauma-related symptoms and positive coping mechanisms. The barriers to implement more robust programs to treat invisible war wounds consist merely of time and effort.
A further implication of the project concerns the success of dealing with combat as a positive experience. The participants were eager to dissociate with the PTSD stereotype attached to returning veterans. They exhibited more interest in determining ways to grow during their deployment, back at home stations, throughout their Air Force careers, and in their communities. Warriors value meaning, honor, and service to something beyond themselves far more than simply drawing paychecks and benefits. The military can harness this particular spirit to help the armed forces community effect its own change. The ripple effect of training a handful of military members can prove substantial as those service members interact with others across the force. As a few service men and women begin to reflect positively on their contributions during deployment, they will challenge their colleagues in uniform to follow suit.

The greatest obstacle to implementing this type of intervention consists of the research and development of a tool to begin the program. With that in mind, I will distribute the curriculum developed for this project to colleagues doing similar work with military members. It is my hope that other chaplains will begin using this program, adding and modifying to suit the needs of their warriors.

**Recommendations for Service Chaplain Corps**

Each major service branch contains a structure that oversees guidance for the chaplains attached to its ranks, known as the Chaplain Corps. The two major functions that these groups provide to their personnel are recruiting and training. The branches

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should consider combat stress, PTSD, moral injury, and Posttraumatic Growth in their processes.

With regard to recruiting, the branches primarily pull potential chaplains from local church pastors. While these individuals are likely to be well equipped at preaching and teaching, they have limited experience in dealing with traumatic events. Pastors may experience only a handful of tragedies in the entirety of their careers. Furthermore, the educational requirement for assessing as a chaplain is the Master of Divinity degree. This is an all-purpose ministry degree and frequently has more classes in Greek and Hebrew than it does in counseling. Junior chaplains on the battlefield are often unprepared to meet the needs of the warriors they serve. The branches should prioritize recruitment of chaplains from ministry positions in hospitals, prisons, homeless shelter, and other locations where exposure to traumatic events happens more frequently. At a minimum, chaplains with degrees that emphasize counseling should be preferred candidates.

With regard to training, the branches should make opportunities available for chaplains to attend educational events related to the invisible wounds of warfare. Due to the nature of current conflict, these concepts are inherently part of a chaplain’s day-to-day work at both the deployed and home stations. With the advent of moral injury and related studies, numerous experts are available to instruct on tactics and techniques that promote healing. The Chaplains Corps should develop workbooks, guides, and other forms of curriculum to aid chaplains in conducting individual counseling sessions and establishing support groups.
Recommendations for Chaplains

Chaplains need to stand at the forefront of interventions related to internal combat wounds. The Church has historically played a role in returning warriors with honor to their communities. Clergy who choose to stand shoulder-to-shoulder with the nation’s warriors, serving alongside them in uniform, have the greatest insight on their spiritual and emotional wellbeing. Chaplains should consistently engage in conversations about the harsh realities of war. They should never assume that battle-hardened warriors have no need to express their deepest feelings about the things they have seen and been asked to do in service to their country. A chaplain should bear witness to the combat and its grizzly details, so that warriors never have to feel as if no one understands their pain.

Chaplains must also educate themselves. Numerous resources address the issue of trauma-related symptoms and more are being introduced on a continual basis. The chaplain can combine a range of knowledge from sacred and secular texts to treat an issue that simultaneously wounds the mind, the body, and the soul.

Chaplains remain uniquely positioned to offer treatment that comprehensively engages this issue in a manner that no other professional can match. However, that ability requires a heightened level of responsibility. While pastors work to care for the sheep, the chaplains work to care for warriors. Chaplains must take this calling seriously and must seek opportunities to help warriors process the intrinsic pain that emits from protecting and killing for the sake of a nation.

Recommendations for Future Study

This project offers merely a beginning point in tackling the issue of internal combat wounds and moral injury. The personnel available at the deployed location and
the length of my deployment limited my research and implementation. Future study should consider greatly expanding the participant demographic.

The current data considered only Air Force members. Results from other military branches would contribute a great deal to understanding how the branches can specifically target similar curriculum to reach different subsets of warriors. The current program also occurred only in a deployed location. An iteration at a home station would be informative in determining if the tool proves equally effective when disconnected from the war zone.

The current intervention was also limited in occupational scope. Extending to other combat specialties would potentially validate the tool for a wider audience. The targeting of occupations more at risk for suffering PTSD would likely show positive results. Preferable occupations consist of those that engage in direct killing, those that regularly witness traumatic events (military police, firefighters, and medics), and those who deal with collection of human remains. Additionally, operators of remotely-piloted aircraft deserve specific consideration. These individuals simultaneously engage in combat yet maintain a very safe distance. This juxtaposition of unlikely circumstances remains ripe for further study.

This study was conducted with peer groups that had significant firsthand knowledge of each other. These individuals had lived and worked together for numerous months before their classroom sessions. This familiarity likely encouraged open and honest conversation. However, if members presented stigmatizing attitudes among themselves, they might have stifled discussion. A study with a group of individuals who
have no prior knowledge of the other participants would determine the usefulness of a tight-knit peer group.

The final recommendation involves the scale of the intervention. The current format requires small group learning and encourages stories from each participant. This is not a viable model for more than a handful of people at one time. This retelling and processing comprise vital components of the current model. Potentially, however, the educational part of this program could be extracted from the curriculum and presented to a larger audience. If this showed even partial results, it might provide a more feasible gateway to military leaders who need to engage larger audiences in a short period of time.

**Conclusion**

The project presented in these pages accomplished its stated goal of preemptively treating moral injury and trauma-related symptoms. However, this single entry into the vast military complex is far from the solution to the problem. Further research can significantly aid in refining this intervention method and in developing new techniques for correcting the upward trends of PTSD, moral injury, and combat stress. Chaplains, fellow clergy, and local churches should strive to be well-equipped to lead the charge on this issue. Effectively dealing with the invisible wounds of war remains clearly in our lane, in our purview, and in our ability to have a positive impact on our nation’s warriors.
APPENDIX A: THE EARLY CHURCH AND CHURCH FATHERS’ VIEWS ON WARFARE

The Early Church

A thorough review of the New Testament presents far more questions than answers about the role of Christians in warfare during the first century. A definitive, prescriptive instruction set regarding combat involvement simply does not exist in its pages. However, general principals from Scripture enabled the Early Church Fathers to formulate opinions on the appropriateness of military service.

The significant lack of early writing, either for or against Christians taking up arms, causes scholars and theologians to draw many conclusions about early Christian participation in the military from near silence. The shortage of literature leads some writers to the frequently heralded assertion that “the early church was pacifist to the time of Constantine.”¹ This ignores clear evidence to the contrary.² A balanced assessment acknowledges that the Early Church leaned towards non-participation in the military, though this tendency is not strictly pacifistic in nature.


When considered in context, the meager record on Christian soldiering for the first two centuries is not terribly surprising. Roman attitudes would have stifled Christian participation in the military. Government officials were long suspicious of Judaism, and the splinter group of Christians suffered even greater marginalization. Furthermore, a class divide existed. Christianity made significant inroads among the less fortunate. However, the army did not cater to the lower classes. Christians would have had few opportunities to serve.

Early believers would have also been wary of association with the Roman military for faith-specific reasons. Roman soldiers were required to participate in cult and emperor worship. With these limiting conditions in place, the Early Church was not a prime target of army recruiting. Hans Von Campenhausen explains that believers were of a “fairly humble status, in the peaceful interior of a well-ordered empire, where there was practically no conscription;” therefore, most “avoid[ed] anything to do with the army.” The limited quantity of early source documentation does not necessarily indicate that early believers did not participate in military service.

Indeed, there are sporadic references to Christian service prior to Constantine, especially upon the subject of martyrdom. The case of Marinus is the most widely known and the first that contains significant details. In approximately AD 260, Marinus was

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selected for a promotion to centurion. This honor befits only those soldiers of faithful service to the army, and his consideration confirms the level of professionalism with which Marinus executed his duties.

In concurrence with a higher military rank, a social requirement was also bestowed upon Marinus. He would be required to sacrifice to the gods in the absence of a superior officer. Another soldier in the regiment complained that Marinus was a Christian, and thus unable to perform these duties. Marinus sought the council of his bishop Theotecnus. The good bishop encouraged him to choose between the army and his faith. Marinus chose the latter and his decision promptly led to his execution. The account of Marinus and the other martyr literature is revealing. Echoing the stance of the New Testament, “in no case” is any pastoral concern recorded about a “soldier's refusing to kill.” Instead, church leaders focused on the “Roman religious demands.”

For faithful believers in the early centuries, the greatest issue with Roman military service is the necessity to engage in imperial cult worship. The ability to participate in this practice served as a societally imposed loyalty test. “By the mid-second century,” Romans perceived Christians as increasingly suspicious and they were “distrust[ed] for their refusal to honor the emperors.” The tension between worshiping God and

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8 Ibid.

worshiping imperial power is seen in the writings of the Early Church Fathers. This becomes the pivotal issue facing Christians planning to enlist in the army. Merely addressing this question indicates that at least some “Christians were finding the army a tolerable, if not suitable career.”

By the fourth century, things had shifted drastically. The Roman Empire had enmeshed with Christianity, and one can find numerous accounts of believers in military positions. Richard DeVoe makes a persuasive argument about the factors leading to such a change. He provides evidence that this was not an overnight transformation. Prior to the fourth century, Roman culture and Christianity were already intermingling, laying the groundwork for Constantine’s conversion. This progression, however, occurred gradually. A handful of Christians and converts participating in military service did not command much notice: “Nothing had happened from the later apostolic age through most of the second century to bring the problem of the military” to the attention of the Christian community; “therefore, the few cases of [Christian] soldiers… raised little difficulty.” This observation matches exactly what the record displays—no information in the first century, followed by a small number of accounts in the second and third, and full theological dissertations near Constantine’s conversion.

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10 Richard F. Devoe, *Christianity and the Roman Games: The Paganization of Christians by Gladiators, Charioteers, Actors and Actresses from the First through the Fifth Centuries, A.D.* (Bloomington, IN: Xlibris Corp, 2003), 75.

11 Richard DeVoe makes the fascinating case that the Roman military and education system found their way into Christian society over the course of the first few centuries. Ibid., 74.
The Church Fathers

As the conversion of Constantine approaches, more writings appear regarding the Church’s response to warfare. Modern theologians hold vastly different opinions about these works. Advocates of pacifism view these documents as a sign of the corruption of Christian ethics. Robert Clouse is representative of this view. He writes, “[Under] increasing pressure…the church fell away from its teaching with regard to warfare.”12 Others disagree, calling his views “historically inaccurate … given what we know about early Christian practices.”13 These just-war theorists believe that early documents construct a bridge between the teachings of Scripture and the appropriate biblical responses of Christians towards the use of military force. Outlined below is a brief overview of the opinions authored by the Early Church Fathers on matters of warfare and the state.14

Tertullian

A cursory look at the writings of Tertullian elicits arguments that seem to be both pro and anti-military. In one of his earlier works, the Apology, Tertullian acknowledges


that Christians occupy a unique role in the Roman Empire. They had both integrated into society, yet refrained from particular events that violated their religious conscience:

We reject nothing [God] has made for the use of man…. We frequent your shambles, your baths, your shops, your stalls, your inns, and your marts, and all other kinds of commerce; we cohabit, we sail, we war, we till, we traffic with you; we likewise communicate our arts and work for the public…. But what if I do not frequent your festivals, I hope I may be a man, and have hands and feet for the public at that time as well as any other.  

In this passage, Tertullian normalizes the Christian participation in the Roman world. He specifically acknowledges that the faithful sail the sea and serve in the army. These do not seem to be objectionable. However, by rejecting festival participation, he highlights the unacceptable requirement of the imperial cult worship. This violates Tertullian’s mandate to follow God only; therefore, he opts out.

In another passage, Tertullian explains his beliefs about the connection between God and the emperor:

The God we pray to for the life of emperors is the eternal God…. They themselves are next under him … the first in honour above all men…. The powers they have must be from God…. Christians offer up our prayers … ever mindful of all our emperors and kings wheresoever we live, beseeching God for every one of them without distinction, that He would bless them with length of days and a quiet reign, a well-established family, a stout army, a faithful senate, an honest people, and a peaceful world.

Tertullian, echoing both Old and New Testament teachings, represents a faithful understanding of how God establishes and uses governments. He, again, establishes that

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16 Ibid., 91-93.
Christians should be concerned about the affairs of government and should ask God’s blessing upon them.

However, later writings of Tertullian take on a decidedly different tone. In *De corona militis*, Tertullian asks if “warfare is proper at all for Christians…. Shall it be held lawful to make an occupation of the sword, when the Lord proclaims that he who uses the sword shall perish by the sword?”\(^{17}\) In another writing, *De idolatria*, he asks, “How will a Christian man war, nay, how will he serve even in peace, without a sword, which the Lord has taken away?”\(^{18}\) These texts seem drastically different from his previous works.

Contextual placement remains of utmost importance in interpreting the division in Tertullian’s writings and helps alleviate the conflicting thought processes. When Tertullian wrote *De corona militis*, he did so in response to a martyred Christian soldier who refused to take part in a cult ritual. His unease of the military does not seem to be about armed service. Instead, in line with earlier Church Fathers, his primary concern is that “the army was idolatrous because it demanded the oath, the sword, inflicting torture, and guarding pagan sanctuaries. Tertullian’s problem with Christian military service was idolatry, not bloodshed.”\(^{19}\) This concern remains pertinent for Christians today. If the direction of the government does more to advance the aims of evil, rather than protecting justice, a modern warrior would also be duty bound separate from service.

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\(^{19}\) Helgeland, 153.
A further contributing factor to the shift in Tertullian’s view comes from his support of Montanism in later life. Tertullian claims that he received a “new prophecy pouring in from the Paraclete” that has “dispelled all former ambiguities.” This prophetic movement did not set scriptural boundaries on their new revelations. Instead, they believed their new understanding surpassed the biblical record. The group “practiced a perfectionist lifestyle with a new extreme of intolerant exclusiveness. The product was a legalistic requirement of additional fasting, rejection of second marriages, and promotion of other forms of self-denial and unreserved preparation for martyrdom.” Furthermore, the Montanists held an “expectation of the imminent advent,” which might have further contributed to Tertullian’s interest in pacifism.

It is difficult to know how this change in theology, which ultimately leads to Tertullian’s excommunication from the Church, influenced his writing on government officials and service in the military. Unfortunately, the full scope of Tertullian’s work sheds little light on a proper theological understanding of military service.

Clement

Clement, the theologian from Alexandria, included various references to Christians engaged in military service. In *Stromata*, he spoke to women about the virtues of life and he encourages them to be at peace, unlike other societies: “We do not train our women… [to] war.” For Clement, his hope is that all genders can strive for something


22 Bainton, 76.
better, “since we wish the men even to be peaceable.” 23 This is unlikely a condemnation of military service; instead, it echoes the universal hope for peaceful circumstances across the world. Even most warriors believe, what Augustine later confirms, that peace is the ultimate aim of all war. 24

In Clement’s exhortation to the people of Greece to adopt Christianity, he speaks of “man’s peculiar and distinguishing characteristic above other creatures… for the contemplation of heaven and… to the knowledge of God.” 25 He encourages those who accept the faith to continue upon their current occupation, but with a renewed emphasis towards the larger kingdom: “Practice husbandry, we say, if you are a husbandman; but while you till your fields, know God. Sail the sea, you who are devoted to navigation, yet call the whilst on the heavenly Pilot. Has knowledge taken hold of you while engaged in military service? Listen to the commander, who orders what is right.” 26

A particular pattern in the text proves striking. The farmer is to know God through the natural world; he is to find Him while he tills the soil. The sailor is to find God in the vastness of the ocean as he navigates the depths of the sea. The soldier is to


26 Ibid.
discover God’s authority by being submissive to the commander. All workers connect with the Creator by acknowledging the God-ordained specifics of their professions. This strikes a direct correlation to the Old and New Testament views about the authority of government. Not only can a convert be engaged in military service, but in fact he honors God and grows in faith by engaging in that occupation. John Eppstein remarks, “The soldier’s profession” is now “on a level with any other legitimate calling.”

Origen

Origen, the Christian teacher of Alexandria during the third century, introduces a unique aspect into the discussion of Christians and warfare. In a letter to Celsus, a Greek philosopher with anti-Christian sentiments, Origen writes, “We no longer take up ‘sword against nation,’ … having become children of peace, for the sake of Jesus, who is our leader.” The statement seems like an acknowledgement of systemic pacifism among Christians. However, by this time there exist numerous references to Christians serving in the army. It seems either Origen’s views are ignorant to these cases or at least “at variance with [the] increasingly common Christian practice” of military service.

Regardless of Origen’s knowledge of Christians in the army, he does introduce the idea that warfare can indeed be justified. Later in the same letter, Origen makes a

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30 Devoe, 77.
defense against a call for Christians to “bear arms for the commonwealth.” His appeal references a longstanding tradition of pagan priests in the empire. He reminds his opponents that they “keep their hands free from blood, that they may … offer the appointed sacrifices to your gods; and even when war is upon you, you never enlist the priests in the army.” 31 Instead, Origen asks that Christians should be “wrestling in prayers to God on behalf of those who are fighting in a righteous cause.” 32 This statement is credited as being the “earliest surviving Christian mention of just war.” 33 Contained in this passage, Origen contends that not only is some warfare justified, but that Christians have a spiritual and thus supporting part to play in such a war: “Origen’s position, therefore, was decidedly not one of pure pacifism. He opposed military service for Christians, but he did not oppose war…. He did not reject violence but put it in the hands of others; whatever force was needed for order and protection could be provided by Rome.” 34 In Origen’s view, Christians should support warfare by asking for God’s blessing upon the righteous.

Eusebius

In Church History, Eusebius speaks of a world that earlier Church Fathers could have never imagined. In his writing, it is sometimes difficult to distinguish the line between Christian and imperial historian:

32 Ibid.
33 Phillip Wynn, Augustine on War and Military Service (Minneapolis, MN: Fortress Press, 2013), 134.
34 Cole, 12.
Other writers of history record the victories of war and trophies won from enemies, the skill of generals, and the manly bravery of soldiers … But our narrative of the government of God will record in ineffaceable letters the most peaceful wars waged in behalf of the peace of the soul, and will tell of men doing brave deeds for truth rather than country, and for piety rather than dearest friends.  

Eusebius also retells the story of a legion of Christian warriors who pray for rain. The Thundering Legion, as they were to be called, waits for the rain to come and quench their desperate thirst. The lighting that accompanied the miracle drove the enemy out. This story gains traction and is retold numerous times throughout the empire as a sign that God is on the side of the emperor and his people. The conclusion to be drawn from the works of Eusebius is that either Rome has fully taken on a Christian character or Christianity has become thoroughly Romanized.

**Conclusion**

Little evidence exists to support the idea of strict pacifism among the Church writers from the early centuries. They were certainly not in lock-step pacifism up until the time of Constantine. The notion of an extreme collusion between the empire and the Church proves unsupported by available documents, and is “both dead wrong and misleading in its depiction of the historical evidence.”

The same evidence also discounts the converse assertion: “The notion that the empire, or the Roman army itself, was ‘Christianized’ overnight … is simplistic,

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35 Eusebius of Caesaria, “The Church History of Eusebius,” 211.


predicated on a highly selective, strongly Protestant, and somewhat discolored reading (when not a non-reading) of patristic sources.”38 The relationship between the Church and the government developed over the course of time, and neither institution instantly swayed to a differing viewpoint.

Individual Christian beliefs on warfare were also shaped by these changing circumstances. Various authors understood their responsibility to the government in different ways. The evidence does not favor any particular universal view among the early adherents to the faith. The most apt conclusion to be drawn from the documents is that a progression of thought occurred such that “by the end of the fourth century … the primary stumbling blocks for Christian enlistment … seem to have been removed.”39 With the objections cleared, many Christians began regular and consistent service in the army. Even still, universal acceptance of military service did not exist in the Early Church, and the modern church continues to possess both differences of opinion and practice in regards to this issue.

Sources Consulted


38 J. D. Charles, “Pacifists, Patriots, or Both? Second Thoughts on Pre-Constantinian Early-Christian Attitudes toward Soldiering and War,” Logos 13, no. 2 (2010): 47.


———. “The Chaplet, or De Corona.” In *Latin Christianity: Its Founder, Tertullian*. Edited by Alexander Roberts, James Donaldson, and A. Cleveland Coxe,


APPENDIX B: PARTICIPANT’S GUIDE

READY TO RETURN

Growing through Deployment
Compiled and Designed by Doug Lumpkin
Taking the Temperature:

- Complete the PTSD Checklist (PCL-5) on page 8 of this workbook.
- Complete the Posttraumatic Growth Inventory (PTGI) on page 9 of this workbook.

Reflection Questions:

Did your results on these assessments surprise you?

How do the two assessments differ?

Can you give examples of both the positive and negative aspects of your deployment experience?

Veteran Narrative:

Tom Fiebrandt served in Iraq between July 2001 and December 2005. At twenty-one he was a young sergeant and a team leader of a group of intelligence analysts attached to an Army cavalry squadron of 410 men in Tal Afar, a desert town not far from Mosul, about forty miles from the Syrian border. As cavalry, his unit served as the “eyes and ears” of the battalion, collecting and sorting intelligence critical for a dynamic picture of the current battlefield. The unit was a bridge between those inside and those outside the wire, with Fiebrandt himself spending much of his time outside, talking to troops and locals, and drawing and redrawing a visual, first-hand picture of the vicinity and its dangers. He knew how tall buildings were on different streets, where snipers could lurk, where you did and didn't want to be. He became the point guy who noncommissioned officers and officers alike sought to get their information. As he put it, with modesty but candor, his superiors “had confidence in his competence.”

About three months before his deployment was up, he was ordered to take a few days of “R and R” (rest and relaxation) in Qatar before returning to the States for a longer two-week leave. Fiebrandt was reluctant to abandon the unit so close to the end of their deployment, but an order was an order and leave time was mandatory anyway. He was stressed of late, “bouncing inside and outside the wire,” as he put it, and at some level, he knew that a break was probably a good idea.

En route to Qatar, he learned that his unit was about to run a cordon and search operation in the southeast corner of Tai Afar that had become a major smuggling hub, with weapons pouring in from unsecured border spots with Syria. It was now time to flush out the weapon caches and insurgents with a strong show of troop forces and a door-to-door raid. What Fiebrandt didn't know was that as part of the preparation, one of the platoons, headed by Lieutenant William Edens, a close friend, had been ordered to
scout out a potential egress route at the backside of the city, where a wall of troops could be mounted to block insurgents fleeing the raid into the desert. It was during this preparatory drive-through that an IED struck Edens's vehicle, killing him and two others. Fiebrandt learned about the incident a few days after he arrived in Qatar. It hit him hard: “What bothered me was that it was in an area that I knew very well. It was in a part of the city that you really had to see in order to visualize. And I had this lurking suspicion that my soldiers, who had never actually, personally been there, didn't really have a grasp of all the information that I felt I did. In some way, I almost felt responsible for not being there to provide them with the information that may have potentially resulted in a different outcome. So it is rough. It is a difficult thing for me to process. … So here I was sitting by a pool, and I hear this. It was—I don't even know how to describe it. It was-devastating.”

**Reflection Questions:**

What do you think Sergeant Fiebrandt was experiencing?

Have you (or someone you know) had a similar experience?

**Quote to Consider:**

“Any decent thinking man knows that when he passes the ammunition to the man pulling the trigger, he is participating in the killing also.”

**Reflection Questions:**

What is the goal of military organizations?

How do you feel about your role in accomplishing that goal?

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Veteran Narrative:
A 76-year-old veteran committed suicide on Sunday in the parking lot of the Northport Veterans Affairs Medical Center on Long Island, where he had been a patient, according to the Suffolk County Police Department.

Peter A. Kaisen, of Islip, was pronounced dead after he shot himself outside Building 92, the nursing home at the medical center.

The hospital is part of the Veterans Affairs medical system, the nation’s largest integrated health care organization, which has been under scrutiny since 2014, when the department confirmed that numerous patients had died awaiting treatment at a V.A. hospital in Phoenix. Officials there had tried to cover up long waiting times for 1,700 veterans seeking medical care. A study released by the Government Accountability Office in April indicated that the system had yet to fix its scheduling problems.

Why Mr. Kaisen decided to end his life was not immediately known, but two people connected to the hospital who spoke on the condition of anonymity because they were not authorized to discuss his death said that he had been frustrated that he was unable to see an emergency-room physician for reasons related to his mental health. “He went to the E.R. and was denied service,” one of the people, who currently works at the hospital, said. “And then he went to his car and shot himself.”

The worker questioned why Mr. Kaisen had not been referred to the hospital’s Building 64, its mental health center. The staff member said that while there was normally no psychologist at the ready in the E.R., one was always on call, and that the mental health building was open “24/7.”

“They should not have turned him away.”

Christopher Goodman, a spokesman for the hospital, said that there “was no indication that he presented to the E.R. prior to the incident.” It is unclear if any official record was made of a visit by Mr. Kaisen…

Lt. Kevin Beyrer, a Suffolk County detective, said that the F.B.I. was carrying out the investigation into Mr. Kaisen’s death because it had occurred on federal property. He said that the V.A. police had called the county police on Sunday at 12:32 p.m. and that it appeared that Mr. Kaisen had been alone at the time of his death.
The Northport hospital has been under scrutiny for mismanagement and poor care since The New York Times reported in May that it had closed all five of its operating rooms for months after sand-size black particles began falling from air ducts. The office of Representative Lee Zeldin, a Republican whose First Congressional District is on Long Island, had been looking into the allegations, Eric Amidon, Mr. Zeldin’s chief of staff, said in an email to The Times in June.

Jennifer DiSiena, Mr. Zeldin’s communications director, said on Wednesday that his office was trying to confirm the details of Mr. Kaisen’s death and “piece everything together.”

Reflection Questions:
Who is to blame for the tragic circumstances in this newspaper report?

What do civilians misunderstand about military members?

What do you misunderstand about civilian life?

Deployment Return—4 Step Process

Re-Examine
Talk about your deployment with trusted friends

Reframe
Consider your story from different angles

Re-Connect
Purposefully engage in your community

Ritual
Explore deeper meaning and commemorate

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Reflection Questions:

Do you engage in any rituals with either a religious organization or your squadron to help you process things that are difficult to understand?

What is your plan for when you arrive home? How will you reintegrate with your family, friends, and workplace?

Veteran Narrative:

Two years ago, after having served four years in the United States Marine Corps and deployments to both Iraq and Afghanistan, I found myself in Port-au-Prince, leading a team of veterans and medical professionals in some of the hardest-hit areas of that city, three days after the earthquake. We were going to the places that nobody else wanted to go, the places nobody else could go, and after three weeks, we realized something. Military veterans are very, very good at disaster response. And coming home, my cofounder and I, we looked at it, and we said, there are two problems. The first problem is there's inadequate disaster response. It's slow. It's antiquated. It's not using the best technology, and it's not using the best people. The second problem that we became aware of was a very inadequate veteran reintegration, and this is a topic that is front page news right now as veterans are coming home from Iraq and Afghanistan, and they're struggling to reintegrate into civilian life. And we sat here and we looked at these two problems, and finally we came to a realization. These aren't problems. These are actually solutions. And what do I mean by that?

Well, we can use disaster response as an opportunity for service for the veterans coming home. Recent surveys show that 92 percent of veterans want to continue their service when they take off their uniform. And we can use veterans to improve disaster response. Now on the surface, this makes a lot of sense, and in 2010, we responded to the tsunami in Chile, the floods in Pakistan, we sent training teams to the Thai-Burma border. But it was earlier this year, when one of our original members caused us to shift focus in the organization.

This is Clay Hunt. Clay was a Marine with me. We served together in Iraq and Afghanistan. Clay was with us in Port-au-Prince. He was also with us in Chile. Earlier this year, in March, Clay took his own life. This was a tragedy, but it really forced us to refocus what it is that we were doing. You know, Clay didn't kill himself because of what happened in Iraq and Afghanistan. Clay killed himself because of what he lost when he came home. He lost purpose. He lost his community. And perhaps most tragically, he lost his self-worth.

And so, as we evaluated, and as the dust settled from this tragedy, we realized that, of those two problems -- in the initial iteration of our organization, we were a
disaster response organization that was using veteran service. We had a lot of success, and we really felt like we were changing the disaster response paradigm. But after Clay, we shifted that focus, and suddenly, now moving forward, we see ourselves as a veteran service organization that's using disaster response. Because we think that we can give that purpose and that community and that self-worth back to the veteran. And tornadoes in Tuscaloosa and Joplin, and then later Hurricane Irene, gave us an opportunity…

Now I want you to imagine for a second an 18-year-old boy who graduates from high school in Kansas City, Missouri. He joins the Army. The Army gives him a rifle. They send him to Iraq. Every day he leaves the wire with a mission. That mission is to defend the freedom of the family that he left at home. It's to keep the men around him alive. It's to pacify the village that he works in. He's got a purpose. But he comes home to Kansas City, Missouri, maybe he goes to college, maybe he's got a job, but he doesn't have that same sense of purpose. You give him a chainsaw. You send him to Joplin, Missouri after a tornado, he regains that.

Going back, that same 18-year-old boy graduates from high school in Kansas City, Missouri, joins the Army, the Army gives him a rifle, they send him to Iraq. Every day he looks into the same sets of eyes around him. He leaves the wire. He knows that those people have his back. He's slept in the same sand. They've lived together. They've eaten together. They've bled together. He goes home to Kansas City, Missouri. He gets out of the military. He takes his uniform off. He doesn't have that community anymore. But you drop 25 of those veterans in Joplin, Missouri, they get that sense of community.

Again, you have an 18-year-old boy who graduates high school in Kansas City. He joins the Army. The Army gives him a rifle. They send him to Iraq. They pin a medal on his chest. He goes home to a ticker tape parade. He takes the uniform off. He's no longer Sergeant Jones in his community. He's now Dave from Kansas City. He doesn't have that same self-worth. But you send him to Joplin after a tornado, and somebody once again is walking up to him and shaking their hand and thanking them for their service, now they have self-worth again.

I think it's very important, because right now somebody needs to step up, and this generation of veterans has the opportunity to do that if they are given the chance.4

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**Reflection Questions:**

What is it about deployment that makes it difficult to leave?

What will you miss about this deployment?

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**Recalibration:**

☐ Complete the PTSD Checklist (PCL-5) on page 10 of this workbook.
☐ Complete the Posttraumatic Growth Inventory (PTGI) on page 11 of this workbook.
☐ Complete the End of Class Evaluation on page 12 of this workbook.

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## PTSD Checklist Pre-Test

**Branch:** USA  USAF  USN  USMC  
**Status:** Active  Guard  Reserve  
**Years of Service:**  
**Rank:**  
**Age:**  
**Gender:**  
**Marital Status:** Single  Married  
**Children:** Yes  No  
**Number of Deployments:**  
**Length of Deployment:**  

<table>
<thead>
<tr>
<th>In the past month, how much were you bothered by:</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing, and unwanted memories of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Suddenly feeling or acting as if the stressful experience were actually happening again <em>(as if you were actually back there reliving it)</em>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having strong physical reactions when something reminded you of the stressful experience <em>(for example, heart pounding, trouble breathing, sweating)</em>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Avoiding memories, thoughts, or feelings related to the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Avoiding external reminders of the stressful experience <em>(for example, people, places, conversations, activities, objects, or situations)</em>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>8. Trouble remembering important parts of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Having strong negative beliefs about yourself, other people, or the world <em>(for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)</em>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Blaming yourself or someone else for the stressful experience or what happened after it?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Loss of interest in activities that you used to enjoy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Feeling distant or cut off from other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Trouble experiencing positive feelings <em>(for example, being unable to feel happiness or have loving feelings for people close to you)</em>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>15. Irritable behavior, angry outbursts, or acting aggressively?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>16. Taking too many risks or doing things that could cause you harm?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>17. Being “superalert” or watchful or on guard?</td>
<td>0</td>
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<tr>
<td>18. Feeling jumpy or easily startled?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>19. Having difficulty concentrating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Trouble falling or staying asleep?</td>
<td>0</td>
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</tbody>
</table>

Questions from the PCL-5, National Center for PTSD
### Post Traumatic Growth Inventory

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your deployment(s), using the following scale.

- **0 = I did not experience this change as a result of my deployment.**
- **1 = I experienced this change to a very small degree as a result of my deployment.**
- **2 = I experienced this change to a small degree as a result of my deployment.**
- **3 = I experienced this change to a moderate degree as a result of my deployment.**
- **4 = I experienced this change to a great degree as a result of my deployment.**
- **5 = I experienced this change to a very great degree as a result of my deployment.**

<table>
<thead>
<tr>
<th>Possible Areas of Growth and Change</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. I changed my priorities about what is important in life.</td>
<td></td>
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<tr>
<td>2. I have a greater appreciation for the value of my own life.</td>
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<td>3. I developed new interests.</td>
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<tr>
<td>4. I have a greater feeling of self-reliance.</td>
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<tr>
<td>5. I have a better understanding of spiritual matters.</td>
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<tr>
<td>6. I more clearly see that I can count on people in times of trouble.</td>
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<tr>
<td>7. I established a new path for my life.</td>
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<tr>
<td>8. I have a greater sense of closeness with others.</td>
<td></td>
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</table>

Questions from the PTG-I, Posttraumatic Growth Research Center
**PTSD Checklist Post-Test**

<table>
<thead>
<tr>
<th>in the past month, how much were you bothered by:</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing, and unwanted memories of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>6. Avoiding memories, thoughts, or feelings related to the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>8. Trouble remembering important parts of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>10. Blaming yourself or someone else for the stressful experience or what happened after it?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Loss of interest in activities that you used to enjoy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>13. Feeling distant or cut off from other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>15. Irritable behavior, angry outbursts, or acting aggressively?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>16. Taking too many risks or doing things that could cause you harm?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>17. Being “superalert” or watchful or on guard?</td>
<td>0</td>
<td>1</td>
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<td>4</td>
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<tr>
<td>18. Feeling jumpy or easily startled?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>19. Having difficulty concentrating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>20. Trouble falling or staying asleep?</td>
<td>0</td>
<td>1</td>
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</table>

Questions from the PCL-S, National Center for PTSD
Indicate for each of the statements below the degree to which this change occurred in your life as a result of your deployment(s), using the following scale.

0 = I did not experience this change as a result of my deployment.
1 = I experienced this change to a very small degree as a result of my deployment.
2 = I experienced this change to a small degree as a result of my deployment.
3 = I experienced this change to a moderate degree as a result of my deployment.
4 = I experienced this change to a great degree as a result of my deployment.
5 = I experienced this change to a very great degree as a result of my deployment.

<table>
<thead>
<tr>
<th>Possible Areas of Growth and Change</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>1. I changed my priorities about what is important in life.</td>
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<td>2. I have a greater appreciation for the value of my own life.</td>
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<td>3. I developed new interests.</td>
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<td>4. I have a greater feeling of self-reliance.</td>
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<td>5. I have a better understanding of spiritual matters.</td>
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<td>6. I more clearly see that I can count on people in times of trouble.</td>
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<td>7. I established a new path for my life.</td>
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<td>8. I have a greater sense of closeness with others.</td>
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Questions from the PTG-I, Posttraumatic Growth Research Center
1. This class taught me something new about combat stress.
   Use the following numbers to answer questions 1-11.
   1. Strongly Disagree
   2. Moderately Disagree
   3. Neither Agree or Disagree
   4. Moderately Agree
   5. Strongly Agree

2. I feel better about my deployment.

3. This class has caused me to change my thinking.

4. This class has caused me to change my behavior.

5. I feel better about returning home.

6. This class enhances my ability to perform the mission.

7. I believe faith plays a role in returning from combat.

8. I learned new information during these classes.

9. I was able to discuss difficult topics with this group.

10. The case studies of other combat veterans were helpful.

11. I would take this class again.

12. This class would be most effective during the (choose the best answer):

    | Beginning of deployment | Middle of deployment | End of deployment | At home station |
    |-------------------------|----------------------|-------------------|-----------------|
    | Too few                 | The correct amount   | Too many          |

13. The number of class sessions was:

    Too few   The correct amount   Too many

14. The number of people in this class were:

    Too few   The correct amount   Too many

15. The most important thing I learned was:

16. The least helpful thing about the class sessions was:

17. If I could change something about these sessions it would be?

18. What else would you like to say about this program?
APPENDIX C: FACILITATOR’S GUIDE

Introduction

The following guide will assist chaplains in preparing to facilitate the *Ready to Return* small group curriculum. Those participating in this program will likely raise a number of topics during these small group sessions. This guide presents a brief overview and suggests resources for further study. In addition, it provides information about every phase of the facilitation process, including recruitment, details of each specific session, and steps to implement following the intervention.

Preparation for Subject Matter

Prior to conducting small group sessions with combat veterans, it remains important to have a thorough understanding of the topics that participants will likely discuss during group conversations. The given lists of resources will assist the facilitator in gaining a basic knowledge of these topics. Each category lists one primary resource book that provides either the most accessible or the most comprehensive explanation of the particular topic. Each section concludes with additional suggested resources for further study.

Just War

Governments and people of faith have been wrestling for years with the justifications for and prohibitions against engaging in warfare. The early writings of the Church Fathers, particularly Augustine, have greatly influenced thought on this issue. In
addition to governmental concerns, warriors must also consider their ability to engage in combat. Military members must consider “who they can kill” and “how they can kill” (Walzer, 41). Michael Walzer writes a detailed account on the history, theories, and justifications that nations use to engage in warfare.

Primary Resource:


Additional Resources:


**Combat Stress**

In the past two decades, the book *On Killing: The Psychological Cost of Learning to Kill in War and Society* has become the starting point for understanding the physical and psychological features that accompany the act of taking another human life. Dave Grossman details the difficult process that the military machine must undertake in order to convince one human being to end the life of another. Further, he examines what this type of training does to the human psyche: “Some psychiatric casualties have always been associated with war, but it was only in the twentieth century that our physical and logistical capability to sustain combat outstripped our psychological capacity to endure it” (Grossman, 45). Understanding the process of killing is an important tool in unlocking the stress that it produces on the mind, body, and soul.
Primary Resource:


Additional Resources:


Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is the most recognized form of invisible battlefield wounds. PTSD “results from exposure to an overwhelmingly stressful event or series of events” (Schiraldi, 3). In 1980, the psychiatric community formally codified and recognized the lingering symptoms that some individuals carry after exposure to extreme trauma. This diagnosis remains frequently associated with the Vietnam veterans who struggled to readjust to their surroundings in post-war America. However, this diagnosis is not strictly confined to combat warriors; it may also be applied to survivors of sexual violence, natural disasters, terrorism, or victims of other highly traumatic events. The military mental health system primarily focuses on PTSD as the preferred system for diagnosis and treatment of returning combat veterans who exhibit maladaptive behavior. Glenn Schiraldi’s straightforward work on this subject provides a useful starting point for understanding PTSD.
Moral Injury

In recent years, professionals working with veterans increasingly recognize the consequences to the soul of those who participate in combat, leading to the concept of moral injury. The business of taking up arms proves more than a physical endeavor; it can also have lasting impact on spiritual and emotional health. Those who have these wounds feel as if they have committed “moral transgressions that … overwhelm one’s sense of goodness and humanity” (Sherman, 8). Nancy Sherman’s Afterwar offers a good starting point for exploring the issues associated with moral injury. It examines case studies and recommends ways to find hope after the battle is over.
Primary Resource:


Additional Resources:


Suicide

Although uncommon when troops are in active combat, suicide plagues numerous veterans after they return home from war. Sometimes suicidal ideations follow warriors for decades after the fighting concludes. Thomas Joiner explains why an individual would choose to die by suicide. He dispels numerous myths that often accompany the death of a person from a self-inflicted wound. Further, he introduces a new theory to assist those professionals “who need to assess risk, intervene in crises, and design treatment and prevention protocols” (Joiner, 16-17). This book simplifies the issues surrounding suicide into an accessible model that sheds tremendous light on this complicated issue.

Primary Resource:


Additional Resources:

Reconnecting to Community

One of the most frustrating realizations for service members departing the war zone is that the community they return to seems disconnected from their experiences overseas. Sebastian Junger captures this sentiment in his work: “What would you risk dying for—and for whom—is perhaps the most profound question a person can ask themselves. The vast majority of people in modern society are able to pass their whole lives without ever having to answer” (Junger, 59). This feeling grows even more pronounced when military members conclude their time in service and completely reenter civilian life. Junger identifies lingering problems and proposes solutions in his recent book *Tribe: On Homecoming and Belonging*.

Primary Resource:


Additional Resources:


Facilitating the Ready to Return Curriculum

The Ready to Return Participant’s Guide (Appendix B) outlines three one-hour sessions that may be used with warriors preparing to return from a combat zone. Each session builds upon the previous meetings and the program engages the participants in meaningful conversations about their personal deployment experiences.

During these group sessions, the facilitator may share educational information about the process of faith, psychology, emotional well-being, combat stress, PTSD, moral injury, suicide, relationship skills, or any of the myriad of subjects that affect the redeployment process. However, group sessions are ultimately a guided, facilitated discussion, not a lecture or a briefing. In comparison to the participants, the facilitator understands a nearly infinite amount of knowledge about the process of returning from deployment. As very little exists in the way of education for service members on this issue, the facilitator must resist controlling the conversation and creating the impression that their own words are more important than the participants’ stories.

Recruiting Participants

Participants are best recruited through personal conversations and counseling sessions with unit members who express concerns or anxieties about their current or previous deployments. These participants remain more likely to trust the facilitator. By initiating a conversation, they have already indicated a willingness to engage in work related to this issue. Additionally, once these participants are recruited, they may identify other willing parties.

Recruiting potential group members through existing relationships is not always possible in a deployed environment. A secondary recruitment tool is to identify key
players in the serviced units and ask for potential recruits. Often a First Sargent, supervisors, or senior enlisted leaders will know which individuals have struggled with their deployment. Additionally, a more formal approach may be necessary to identify participants. A facilitator may use the educational presentation in Appendix E with a variety of audiences to raise awareness of this type of group intervention.

Small Group Sessions

Systems Check: Session One

Open session one by having the participants complete the PTSD Checklist (PCL-5) and the Posttraumatic Growth Inventory (PTGI) located on pages 8 and 9 of the Ready to Return Participant’s Guide. It is important for the facilitator to review these assessments to determine any trends among participants and note any group members experiencing extreme PTSD symptoms.¹

Have the participants complete the PCL-5 assessment prior to completing the PTGI assessment. Ask the group to consider the reflection questions below, which are also found on page 2 of the workbook.

Reflection Questions:

Did your results on these assessments surprise you?

How do the two assessments differ?

Can you give examples of both the positive and negative aspects of your deployment experience?

¹ If the participant scores greater than twenty points on the PCL-5 assessment, consider a voluntary referral to a mental health provider. A score of thirty-three or greater has a high likelihood of being diagnosed as an active case PTSD. For more information on tabulating the assessments, review the “After the Intervention” section of this appendix.
During this discussion, the facilitator should encourage the participants to share their thoughts on the assessment forms. Often, participants will be surprised about some of their self-identified symptoms from the PCL-5 checklist. Some of these symptoms may relate to previous deployments or even previous life experiences. The goal of this conversation is to engage the group members in self-reflection. Low scores on the PCL-5 should not cause concern to either the participant or the facilitator. Trauma-related symptoms are not a prerequisite for deriving benefits from this program. Engaging participants proactively, before symptoms occur, remains a positive feature of conducting this type of intervention.

The facilitator should pay special attention to the timing and content of these sessions. Use of this type of intervention immediately after a particularly tragic event would be inappropriate and may cause additional harm to the participants. Likewise, forcing participants to answer questions about traumatic events may have unintended negative consequences. The facilitator needs to encourage a safe environment that is open for disclosure, while never coaxing anyone to share things they are not ready to process.²

The group should also be able to identify the difference in tone between the two assessments. The PCL-5 is very clinical in nature and deals with the maladaptive behavior often associated with PTSD. However, the PTGI is a far more positive measure of coping skills. This positive approach is the more important goal of all of the following small group sessions.

² “It is inappropriate to consider... interventions during the immediate impact phase of response to trauma.” Brett T. Litz, *Early Intervention for Trauma and Traumatic Loss* (Guilford Press, 2004), 93. For more information on the issues surrounding immediate debriefing see Ibid., 90–97; Stephen Regel, “Psychological Debriefing--Does It Work?” *Healthcare Counselling & Psychotherapy Journal* 10, no. 2 (April 2010): 14–18.
Participants should be able to engage in further discussions as they consider the positive and negative experiences associated with their deployment. Be ready with your own examples to start the conversation. The first part of this session should set the stage for open, honest conversation. By this point, the group should be building trust with each other, reflecting on their own positive, and perhaps negative, behaviors, and beginning to learn about a subject, combat stress, that is rarely spoken about.

Have one of the participants read the narrative of Sergeant Tom Fiebrandt. By having a participant read, the facilitator continues to indicate to the group that their job is to be more of a guide and less of an instructor. Ask the first set of reflection questions on page 3 of the workbook.

Reflection Questions:
What do you think Sergeant Fiebrandt was experiencing?
Have you (or someone you know) had a similar experience?

The goal of this discussion is threefold. First, the participants should be able to identify some of the issues at work in the life of Sergeant Fiebrandt. These include survivor’s guilt, the loss of a battle buddy, the close relationships built during combat, the feeling of letting down a comrade, and numerous other categories of grief. Again, the group should lead the discussion, with the facilitator merely guiding the conversation.

The second goal of this exercise is to build empathy for Sergeant Fiebrandt. The group should go beyond merely identifying his mental status. The warriors should apply empathy to the situation this soldier was facing. The facilitator can encourage this behavior by asking questions of an empathic nature such as “Can you imagine what that was like?”
This works in tandem with the final goal—openly sharing war stories with other members of the group. Often these first stories told will be about third-party individuals. This is perfectly acceptable. Members may not yet feel comfortable sharing their own stories, and the facilitator should never force them to disclose anything. However, most members who have deployed will have traveled through the R&R base to which the narrative refers. Many will have a story about that place. Some will hear other parts of their own story in Fiebrandt’s experience and will disclose some of these details. Careful attention must be paid to these first stories. The facilitator must ensure that any disclosures made are never mocked, challenged, or condemned; the group must operate in an encouraging environment. Likewise, the facilitator must also avoid the tendency to justify unnecessarily a warrior’s actions. When considering the painful stories of war, author Tim O’Brien said,

A true war story is never moral. It does not instruct, nor encourage virtue, nor suggest models of proper human behavior, nor restrain men from doing the things men have always done. If a story seems moral, do not believe it. If at the end of a war story you feel uplifted, or if you feel that some small bit of rectitude has been salvaged from the larger waste, then you have been made the victim of a very old and terrible lie… You can tell a true war story by its absolute and uncompromising allegiance to obscenity and evil.³

Facilitators would do well to consider this type of stark reminder about the stories they may encounter in this type of program. War is a dirty business and receiving the confessions of warriors is even more so.

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After the narrative and discussion, if time permits, the facilitator should ask a participant to read the quotation on page 3 of the workbook and then open discussion with the questions that follow.

**Quote to Consider:**

“*Any decent thinking man knows that when he passes the ammunition to the man pulling the trigger, he is participating in the killing also.*”

---

**Reflection Questions:**

What is the goal of military organizations?

How do you feel about your role in accomplishing that goal?

---

General Colin Powell and others have reiterated the ultimate goal of military organizations by the mantra “Soldiers are trained to kill people and break things.”

Wrestling with the idea of the taking of human life is an absolute critical part of participants’ process of working through their combat experiences. Most have never engaged in a discussion about the destructive nature of the military’s purpose. Many others have detached themselves from the larger goal of the organization by focusing only on their particular career field and ignoring the larger ramifications of what their work enables. Depending on the participants, this section may engage substantial theological and political discussions.

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Conclude the meeting by thanking the participants for their participation and setting the time for the next session. Be respectful of the service members’ time and conclude the session at the one-hour mark. The next session should be scheduled for approximately five days later. Before the next session, it would be beneficial to check-in with the participants and receive informal feedback. They may also share details with you that they did not want to share in the group session.

*Part of the Process: Session Two*

Open this session by posing the discussion questions on page 4 of the workbook. Ask the group to reflect on the previous session. It is likely that the previous meeting will have stirred questions, stories, or thoughts in the participants’ minds during the intervening time period. This discussion is a good way to reopen meaningful, honest discussions among participants. Remember that the participants have likely never been involved in a program of this type. Their interest will likely be piqued, and they may have numerous questions and stories about their experiences.

**Reflection Questions:**

What stood out to you from our last session?

What stories have you been thinking about since we last met?

After discussing the previous session, ask one of the participants to read this session’s veteran narrative from page 4 in the workbook. The narrative and discussion questions, found on page 5 of the workbook, may raise numerous discussion points including suicide, the VA, the civilian-military divide, and feelings about military service. It is very likely that the participants will be aware of another service member, veteran, or family member who has attempted or perished by suicide. Group members
should treat these stories with exceptional deference and the facilitator should set the tone
in empathizing with the storyteller.

Reflection Questions:
Who is to blame for the tragic circumstances in this newspaper report?
What do civilians misunderstand about military members?
What do you misunderstand about civilian life?

By this point in the intervention, members should be conducting nearly all of the
talking during the sessions. The curriculum should interject enough sensitive topics to
drive good discussions. If the group dynamic remains supportive, warriors will naturally
transition from one member’s story into their own stories. This should occupy a large
remainder of this second session. If this is not occurring at this point, the facilitator
should be prepared with personal stories, other narratives, or quotations from warriors
who have struggled with aspects of combat or returning home to prime others to speak.
The next step is to bring some context and order to the process that has been occurring between the group members. The facilitator will introduce the Deployment Return Model from page 5 in the workbook. At this point, the participants should be actively engaged in step one, re-examine—talk about your deployment with trusted friends.

The second step, reframing—consider your story from different angles—will also likely occur as warriors tell their stories. They have likely been processing these events over the course of time and have modified their initial opinions on what went on during particular events. Often these redefinitions will happen during the current telling of the war story. These are valuable points to reinforce when the member engages in this type of behavior. For example, if someone has lost a close friend in combat, the participant might say something to this effect: “I guess if I would have died, he would be sitting here asking what he could have done to save me. I am not sure I would have anything to tell
him.” This type of perspective taking indicates that the warrior is working to integrate the complicated aspects of their story and often signals healing.

Conclude the session with a brief overview of the remaining steps in the process. Ask the participants to think about ways that they currently, or might in the future, engage in step three, ritual—exploring deeper meaning and commemorating, and step four, re-connect—purposefully engaging in your community. Some examples of military (memorials and traditions) and faith-based (baptism, communion, and confession) rituals would be appropriate. Likewise, examples of community reconnection points would also be helpful (faith groups, volunteering, community organizations, and veterans’ organizations). Ask participants to consider their involvement or future involvement in these type of rituals and social groups. Inform them that you will open the next session by asking them for any plans they have to work on these two steps when they return home.

**Going Home: Session Three**

Begin the final session by following up with the participants on the final two steps in the Deployment Return Model. Related reflection questions are found on page 6 of the workbook. Ask for examples of rituals and encourage the creation of positive personal rituals. For example, a warrior might carry the piece of shrapnel that almost hit them in their pocket. When they take it out every evening, they pause and pray, thanking God for protecting them for another day. Ask them about other rituals. Most units commemorate

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**Reflection Questions:**

Do you engage in any rituals with either a religious organization or your squadron to help you process things that are difficult to understand?

What is your plan for when you arrive home? How will you reintegrate with your family, friends, and workplace?
their fallen on a regular basis. Encourage participation in these type of memorial events. Ask about any significant rituals and sacraments from their faith background and how those things impact them personally.

When the discussion concludes, ask a member of the group to read the final veteran narrative. Encourage any open discussion or stories about the narrative. Participants may already be familiar with the tragic story of Corporal Clay Hunt. However, what is often not known is the way that Clay’s friends from the service are working to reconnect other veterans to their community. It is helpful to mention specific resources at home station that connect participants with their community and a sense of purpose (Team RWB, The Mission Continues, IAVA, Team Rubicon, Go Ruck, etc.).

This is also an appropriate place to discuss the issues related to reintegrating with spouses and children. Encourage purposeful planning and effort by the service member to return home well. Ask previously deployed members for their best strategies for returning to their family and any helpful suggestions they may have for others in the group. At this point in the intervention, the level of trust should be high. During this session, participants will still be sharing their stories. Continue to affirm this behavior, listen, and encourage. The discussion about families and communities will likely uncover issues that previous deployers have faced. This experience too, is part of their war stories.

Ask the participants to answer the final set of reflection questions on page seven of their workbooks. They will likely provide plenty of reasons why their deployed life is

**Reflection Questions:**

What is it about deployment that makes it difficult to leave?

What will you miss about this deployment?
less complicated than their home life. Encourage them that this season of their life will help them learn and grow as a person.

Conclude the session by asking the participants to retake their assessments on pages 10 and 11 in the workbook. Then ask for their feedback on the End of Class Evaluation form on page 12. Thank the participants and provide them with contact information for future reference.

After the Intervention

Gather the assessments from each participant, ensuring that each individual’s forms stay separated. Tabulate the scores from the PTSD Checklist Pre-Test (PCL-5) and compare this number to the PTSD Checklist Post-Test. The desired result is either a decrease in scores or scores that remain relatively stable. If an increase occurs, especially a significant increase, the intervention may be causing harm. Discontinue future classes and consult with a mental health professional to determine what further steps need to be taken with the group participants. For tabulation instructions and score interpretation visit the National Center for PTSD’s website.6

Tabulate the scores from the Posttraumatic Growth Pre-Test (PTGI) and compare these to the Posttraumatic Growth Post-Test. The desired result for this assessment is an increase in scores. Further trends can also be determined from the five domains measured: relating to others, new possibilities, personal strengths, spiritual changes, and

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appreciation of life. Scoring information for the PTGI and a breakdown of the domains measured can be located at the Posttraumatic Growth Research Group’s website.

The facilitator should also review the End of Class Evaluation for each member of the group. This evaluation will measure overall success and present keys to improving future iterations of the class.

After reviewing the documentation, it is helpful to make a personal connection with each member of the group. Often participants will share additional information that they did not write on the forms. Additionally, members who complete the class are excellent resources for identifying and recruiting future participants.

Conclusion

This curriculum is designed to proactively engage combat warriors in group learning that assists their return from the battlefield. A well-prepared facilitator and the Ready to Return curriculum can greatly assist veterans in healing from the wounds of war.


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## APPENDIX D: PROJECT DATA

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<td>56</td>
<td>47</td>
<td>31</td>
<td>44.7</td>
<td>77</td>
<td>71</td>
<td>30</td>
<td>44</td>
<td>59</td>
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</tr>
<tr>
<td>Participant Number</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Avg.</td>
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</tr>
<tr>
<td>This class taught me something new about combat stress.</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4.7</td>
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<td>5</td>
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<td>4.6</td>
</tr>
<tr>
<td>I feel better about my deployment.</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.7</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4.6</td>
</tr>
<tr>
<td>This class has caused me to change my thinking.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4.0</td>
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<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>This class has caused me to change my behavior.</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3.0</td>
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<td>3</td>
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<td>3</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>I feel better about returning home.</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3.7</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>This class enhances my ability to perform the mission.</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3.3</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3.8</td>
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<tr>
<td>I believe faith plays a role in returning from combat.</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4.3</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3.8</td>
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<tr>
<td>I learned new information during these classes.</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.7</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.6</td>
</tr>
<tr>
<td>I was able to discuss difficult topics with this group.</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.7</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
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<td>4.4</td>
</tr>
<tr>
<td>The case studies of other combat veterans were helpful.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4.0</td>
<td>5</td>
<td>5</td>
<td>4</td>
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<tr>
<td>I would take this class again.</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.7</td>
<td>5</td>
<td>5</td>
<td>5</td>
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</tr>
</tbody>
</table>
This class would be most effective during the (choose the best answer):

<table>
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<tr>
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<th>Beginning of Deployment</th>
<th>Middle of Deployment</th>
<th>End of Deployment</th>
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The number of class sessions was:

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<th></th>
<th>Too few</th>
<th>The Correct Amount</th>
<th>Too Many</th>
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<tr>
<td></td>
<td>1</td>
<td>7</td>
<td>0</td>
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</tbody>
</table>

The number of people in this class were:

<table>
<thead>
<tr>
<th></th>
<th>Too few</th>
<th>The Correct Amount</th>
<th>Too Many</th>
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<tr>
<td></td>
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</tbody>
</table>

The most important thing I learned was:

- Change happens, it is how you manage it.
- How to take a positive spin on negative events.
- That my peers are bothered by the same things that bother me.
- Shared feelings amongst vets.
- Communication is key.
- Self worth. There will always be people to talk to.
- Different ways people deal with getting out of the military.
- How things have changed on how veterans are handled.

The least helpful thing about the class sessions was:

- The scheduling was difficult.
- All was helpful.
- I can't think of anything.
- Personally I didn't find anything to be less helpful.

If I could change something about these sessions it would be:

- The stigma related to talking about problems in our community.
- Add a few more people.
- More visuals.

What else would you like to say about this program?

- Pros and cons to when this class would best be suited. I think middle / home station would both be good. The buy-in at home station would be difficult.
- I just appreciated the environment the program provided. There was enough people to keep it personal and everybody had time to share their own thoughts.
- I enjoyed it.
- Thank you Captain!
- Very insightful and put things into perspective.
- Group size was perfect. Smaller groups help with people opening up more.
- I enjoyed it.
APPENDIX E: EDUCATIONAL PRESENTATION

The following presentation has been used by the author to educate members on the potential misconceptions of those who suffer with the invisible injuries associated with warfare. The presentation begins with information about Post-Traumatic Stress Disorder (PTSD), a commonly acknowledged problem in the military. It then introduces the concept of moral injury, which is far less known in military circles.

Chaplains can use this presentation in a variety of different circumstances. Most military units have annual training related to resiliency. This program would fit that audience. It would also work well for officer professional development for junior or senior leaders, and for members of the base helping agencies, such as Airman and Family Readiness, Military and Family Life Counselors, First Sergeants, or others. Finally, this presentation could also serve as a PTSD and moral injury primer for personnel working at the chapel.

For chaplains interested in implementing Ready to Return small group interventions outlined in this project or a similar program at home station, this presentation can serve two purposes. First, it can educate commanders on the issues facing their people and seek their support in setting up a small group intervention. Second, this presentation can recruit participants for a small group program.

To use this slideshow in your ministry context, please contact the author for a copy of the files.
Thank you for joining me today as we confront some of the myths commonly associated with PTSD. Please feel free to ask questions at any time to clarify any information presented.

PTSD: What is it?

- Exposure to significant trauma
  - Death, serious injury, or sexual violence
    - includes substantial threat of above
    - direct exposure, witness to event, indirect, repeated exposure to details
We begin by defining Post Traumatic Stress Disorder (PTSD) and walking through the diagnostic criteria. This is a summary of the information from the latest version of the *Diagnostic and Statistical Manual of Mental Disorders*, more commonly known as the DSM-5. The DSM-5 is the handbook for mental health professionals.

The first requirement of PTSD is exposure to trauma. Notice the intensity of the trauma required to be a qualifying exposure. We are specifically talking about death, serious injury, or sexual violence. There are many types of trauma, but not all of them would qualify as PTSD type exposure.

Notice that the mere threat of serious injury is also a qualifier; an example would be a hostage situation. Many other examples exist where individuals did not necessarily suffer a physical injury, but the threat of injury proves damaging enough to be mentally traumatic.

Another note concerning the exposure qualification: there is a clause in the DSM for trauma by proxy. PTSD can occur even if the individual does not have first-hand exposure at the time of threat. This indirect trauma would cover the buddy who flew with an Airman on every mission, except the one in which he was shot down. The Airman, upon hearing the story of loss and because he cared so much about his friend, might feel a deep sense of guilt. In this scenario, the Airman may be emotionally close enough to the event to make this a traumatic event for him.

The other consideration in trauma by proxy is repeated viewing and hearing of details related to traumatic events. This provision accounts for first-responders, crime investigators, and others routinely exposed to horrific situations. The retelling of these
stories around the office or showing up at the scene after a trauma can take an intense toll on an individual’s sense of humanity.¹

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PTSD: What is it?

- **Cluster of symptoms**
  - *Intrusion (nightmares, flashbacks, reminders)*
  - *Avoidance (thoughts, feelings, people, places)*
  - *Negativity (blame, shame, distorted beliefs, diminished interest, detachment, fear)*
  - *Hyperarousal (irritable, aggressive, startle, hypervigilance, self-destructive, sleep issues)*

Following most traumatic events, our minds and bodies typically process the information and return to normal functioning. We are designed to work through the emotions and physical pain over the course of the following weeks and then move through a normal grieving process. However, for those who suffer with PTSD, instead of returning to the normal state of function prior to the trauma, they develop different reactions as seen in these cluster of symptoms. Their bodies get stuck processing the traumatic event.

The first set of symptoms these individuals may experience is called intrusion—the flashbacks and nightmares veterans often talk about. Theses intrusions are reminders of the traumatic event. One frequently noted intrusion comes from the sense of smell. Numerous accounts indicate that the smell of burning trash or baby wipes (used for personal hygiene during field operations) takes warriors back to the war in Iraq. While it is perfectly normal to remember, these thoughts are more than memories; they intrude into the normal behaviors and functioning of individuals. They are exceptionally disruptive to the person who experiences these thoughts.

The second set of symptoms is categorized as avoidance. One of the coping mechanisms that PTSD sufferers use is to avoid anything that would remind them of the trauma. This includes thoughts, feelings, people, places, and even conversations about the event. To avoid pain, they avoid the stimulus that might trigger the pain associated with the event.

The next grouping is negative changes in cognition or mood. An onlooker might complain that “something has been different about him since the accident” or “she has been very distracted since the last deployment.” This grouping also dovetails with a changed outlook in life. Sufferers might determine that everything in their life is now bad or somehow broken. In some cases, this is also an internal struggle. The individual assumes that they are bad or they are broken. There may also be a lack of interest in activities that the person enjoyed prior to the trauma.

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The final group of symptoms is hyperarousal, which is characterized by behaviors such as outbursts, being startled at home, always keeping their back to the wall, or having to sleep on a certain side of the bed. The individual maintains an amped-up posture even though they are no longer in a dangerous environment.

In addition to the symptoms that have just been outlined, some additional qualifiers need to be present in order to receive a PTSD diagnosis.

First, these symptoms have to result in significant distress or impairment. If someone flashes back to an event and feel okay about it, then it is probably not PTSD. The symptoms will cause significant stress or will cause strained relationships.

Second, it is important to note that the symptoms do not qualify if they are a side effect from a prescribed or un-prescribed substance. The mood and behavior alterations should occur naturally. Further, an illness should not cause these symptoms.
The final qualifier is that the symptoms have to be long-lasting. In the normal course of trauma, the affected individual takes time to process and heal. If someone still experiences symptoms after a reasonable amount of time has passed, it may indicate PTSD. The most important thing to remember is that a normal response to trauma becomes PTSD when a person becomes stuck.

Now that we have the overview of PTSD, let’s bust certain myths.

Myth #1: Anything can be traumatic

- Trauma = Injury
- Not a part of general human functioning
- Actual or threatened death, serious injury, or sexual violence.
- Outside the range of human experience and that which would be markedly distressing to almost anyone

The first myth we examine is that anything can be traumatic. We will begin with another definition. The word trauma is a medical term that simply means injury. In that context, there are certainly many things in the world that might cause you an injury.

It is important that we discuss trauma and PTSD together. The connection is right there in the name. The letter “T” in Post-Traumatic Stress Disorder tells us that experiencing some sort of trauma is a necessary prerequisite for the diagnosis.
However, in this context, there is an understanding that when we say the word trauma, we are talking about something that is “not a part of general human functioning.” For PTSD to be diagnosed, there must be an incredibly serious trauma. According to the DSM definition, it must be “exposure to actual or threatened death, serious injury, or sexual violence.” So while a car accident with minor injuries might technically fit the definition of trauma, it does not necessarily rise to the level of a significant traumatic event.

Another phrase that sums up the type of trauma we are discussing comes from a quote taken from an older version of the DSM (III-R). It defines the traumatic event as a stressful occurrence that was “outside the range of human experience and that would be markedly distressing to almost anyone.” This is a useful definition. It reaffirms the sense that this is not something normal. The trauma is, in fact, abnormal, and if someone tells the story of the traumatic event, other people would recognize it as being outside of normal life and functioning.

The second myth we need to confront is that everyone gets (or has) some amount of PTSD. This sentiment is, in my opinion, a coping mechanism that we use to normalize something that the military is not doing a very good job of facing.

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4 Ibid.

The truth of the matter is that not everyone experiences trauma. Warfare trauma, in particular, is not normal. The military makes up a small percentage of the population. An even smaller percentage of the force deploys. Exposure to battlefield trauma happens to a very select number of people. Consequently, your odds of exposure, even in the military, to any seriously traumatic event remain slim. However, that exposure is the first step in a potential diagnosis of PTSD.

In March 2015, a study was conducted among child soldiers in Uganda. The fighting has shifted away from their country, and many of these children are now enrolled in school. As you might imagine, they are developing a host of mental disorders, including symptoms of PTSD. A huge disparity exists between those youths who had been abducted by a military group and those who had never been taken from their families. Also, of note in this study, only a quarter of these young people still had a mother and father. Of those in the study, 31 percent were double orphans—they had lost both of their parents.
This study is relevant to our discussion of PTSD. It demonstrates that at some of the very worst conditions that could be experienced—you are forced to fight as a child, taken from your home, and orphaned—less than one in three of the abducted children were positively diagnosed with PTSD. Furthermore, if you remove just one of the factors, in this case being abducted by an armed group, the rate drops to 12 percent. In other words, most of these children did not suffer with PTSD.

This confirms definitively that experiencing the worst conditions that humanity has to offer does not guarantee PTSD. Therefore, everyone does not suffer from some amount of PTSD. Furthermore, not even everyone who goes to war returns with PTSD.

However, some percentage of veterans will return with PTSD. According to the National Vietnam Veterans Readjustment Study, in 1998—the year of the study—about 15 percent of male veterans and 8 percent of female veterans were suffering from PTSD. Females veterans from Vietnam era were primarily nurses and were not at the frontlines. Two factors likely contributed to their lower level of diagnosis, both their lack of exposure to the most intense part of warfare and the close-knit nursing community that might have instinctively created a built-in coping structure.

The wars of this latest generation of veterans show similar numbers. In 2008, researchers surveyed OIF/OEF service members and concluded that almost 14 percent of

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these wars’ veterans were suffering with PTSD. This is an estimate of current sufferers.

We will not truly know the impact on Airmen and families who have been constantly deployed year after year until sometime in the future. Even so, statistics consistently show that this myth is wholly untrue—not everyone has a little bit of PTSD.

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**Myth #3: Sufferers are mentally weak**

- Building-block effect
- Many lifetimes
- Survivor’s strength?

The third myth about PTSD is that suffers are mentally weak. No evidence demonstrates a flaw in thinking that leads someone to suffer from PTSD. The exposure to the exceptionally traumatic event is often not controlled by the person who experiences it. Suffers often ask themselves questions like “Why did the fatality happen during one shift or another at the firehouse? Or why did the country declare war during my particular term of enlistment. Or why was a child born into a home with an abusive parent?” Victims do not choose if they will be exposed to a traumatic event.

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Frequent or repeated exposure to trauma remains a particular concern. A chain of traumatic life events can lead to a “building-block effect … Surviving an increasing number of different traumatic-event types directly increases the likelihood for” trauma based “mental health disorders.”9 Fear continues to build inside the victim while they are still overwhelmed by the horrific experiences. At the same time, social networks and personal resiliency mechanisms are expended or inadequate to cope with the previous trauma, making these resources unavailable for subsequent traumas. The trauma experienced today can cause someone to not have the appropriate resources to deal with more trauma tomorrow.

Sebastian Junger writes in his book War about his experiences embedded with the 173rd Airborne. He says, “War is supposed to feel bad because undeniably bad things happen in it, but for a nineteen-year-old at the working end of a .50 cal during a firefight that everyone comes out of okay, war is life multiplied by some number that no one has ever heard of. In some ways, twenty minutes of combat is more life than you could scrape together in a lifetime of doing something else.”10

The stress of combat combined with trauma is the reason PTSD is often connected to war veterans. This is a deadly combination of events. It is a testament to human resiliency that even more people do not struggle with PTSD and its symptoms. As


10 Sebastian Junger, WAR (New York: Twelve, 2011), 144.
Junger puts it in his *Newsweek* column, for seasoned combat veterans, “surviving peace is the real challenge.”

The last issue related to this myth is a phrase called “survivor’s strength.” Desensitization is a concept that is frequently connected to violent movies and video games. First responders, likewise, talk about their frequent exposure to violent accidents and how their first incident proved the most difficult to process. This is certainly an observable phenomenon; however, having once lived through a traumatic event does not make one more resilient. There is no evidence of survivor’s strength. In fact, quite the opposite holds true. For instance, if you are an assault survivor, you are more than twice as likely to suffer from PTSD after a deployment than those who have not had that experience.

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The fourth myth about PTSD is that trauma-related symptoms are immediately apparent. The PTSD criterion outlines four symptom cluster types that have to be persistent for more than a month before a diagnosis is even appropriate: intrusion (recollections, nightmares, flashbacks, etc.), avoidance of trauma reminders and stimuli, negative changes in thought process and mood (numbing), and negative behavior alterations (irritable, aggressive, self-destructive, hypervigilance).

Therefore, by sheer definition alone, it is impossible for PTSD to be immediately present. The default assumption is that following a trauma, your body will process that event in a way that works for you. During this time of processing, you should be looking out for your wingman. However, they may need some time in the aftermath of a trauma to figure out how to deal with that event. Good leaders instinctively know this and are able to determine how to walk the fine line between caring for Airmen and allowing them the space to heal. In fact, history is replete with examples of good care for traumatized soldiers.

By 1917, the British army formally became concerned with shell-shocked soldiers. It was so important, that they developed paperwork—a formal documentation system on form “AF 3436.” They also developed stations behind the frontline where treatment could be applied to those experiencing fallout from the intense long days of trench warfare.

One of the Royal Medical Officers at the time, Colonel Rogers, said this: “When you get these emotional cases, unless they are very bad, if you have a hold of the men and they know you and you know them… you are able to explain to him that there is really nothing wrong with him, give him a rest at the aid post if necessary and a day or two’s
sleep, go up with him to the front line, and, when there, see him often, sit down beside
him and talk to him about the war and look through his periscope and let the man see you
are taking an interest in him.”¹²

Times have changed, but good leadership has not. The environment described by
Colonel Rogers is the kind of environment modern leaders should provide to their people
after a traumatic event. Get to know them prior to potential traumatic events, help them
find them a way to rest, and then check in with them regularly. By following this
regimen, leaders can both give the vast majority of their people the space to process and
will also be ready to identify those who show persistent symptoms that need additional
help.

The final evidence against this myth is the work being done with veterans who
exhibit symptoms of delayed onset PTSD. Quite a few case studies document that
“various stressors” in later life such as “dementia, medical illness,” “retirement,
loneliness, and… psychiatric illness” can lead to the “re-manifestation of PTSD in
individuals with early life trauma.” This type of PTSD can present itself after several
months or in some of these case studies twenty to thirty years later.¹³

Myth number five is that treatment will hurt my career. Many returning OEF/OIF
deployers do not seek treatment for their PTSD symptoms. They report issues related to

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Cape, 2000), 54-55.

¹³ Michelle J Ruzich, Jeffrey Chee Leong Looi, Michael David Robertson, “Delayed Onset of
Posttraumatic Stress Disorder among Male Combat Veterans: A Case Series,” The American Journal of
the stigma of mental illness and the potential repercussions to their career as the reason for their caution. The Air Force is getting better at this, but there is still work to do.

Other military members believe that if you simply ignore the symptoms long enough they will just go away. However, this does not seem to be the case. According to a study in 2008, “The consequences of [post-combat] mental health conditions may grow more severe, especially if left untreated.” Those who do not seek help for their PTSD are more likely to suffer from compounding psychiatric issues, to have suicidal ideations, and to suffer with other physical maladies. Furthermore, they miss work more often, feel less productive at their jobs, and are more likely to be unemployed. Suffering from

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trauma-related symptoms can also impair personal relationships, disrupt marriages, aggravate difficulties with parenting, and cause problems in children that extend the costs of combat experiences across generations.”

Considering all of these factors, the passage of time is rarely the solution to PTSD. War veterans from previous conflicts still struggle with their time in World War II, Korea, Vietnam, and other conflicts. Memories can haunt veterans for decades and many still suffer decades after combat concludes.

Warriors who deal with the symptoms of PTSD but do not receive treatment often find other ways to cope with the pain. They turn to unconventional methods of relief, including substance abuse, alcohol, and other addicting behaviors. Unfortunately, the relief is short-lived and ultimately the veteran continues to need a more frequent hit to dull the pain.16

The unspoken but commonly followed method most members take is to delay treatment until separation, either through retirement, end of enlistment, or in extreme cases at the conclusion of a Medical Evaluation Board. After departing the service, the veteran then gets in line at the local VA hospital and often faces a daunting process that can prove more frustrating than it is worth.

A recent news story tells of an Iraq veteran who went to two separate VA clinics asking to see a provider for his PTSD. He was denied an appointment and told that the

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VA clinic is “not accepting any new patients” and was offered no further help. Forcing a warrior who is coming to grips with his own issues to drive hundreds of miles, only to be turned away with no further options, is unacceptable. Even more tragically, in January 2015, another Iraq vet was denied a PTSD claim. He traveled to the VA hospital in El Paso, and in his anger, took the life of his psychologist. He then turned the gun on himself. Offloading this problem to the VA is not the best way to take care of Airmen.

If you are truly concerned about protecting an Airmen’s career, encouraging some type of treatment is the preferred method. An Air Force medical clinic study of 300 Active Duty Airmen showed that only 3 percent of those who were self-referrals suffered job limitations, whereas 37 percent of those who received a command-directed evaluation suffered job restrictions. Careers do not necessarily suffer when you get help, but they undoubtedly suffer when PTSD goes untreated and gets in the way of completing the mission.

The final myth, number six, is that you must have done something terribly wrong to feel this way. Confronting this myth requires a shift in thinking about what causes trauma-related symptoms. The previous information covered a broad look at PTSD and some common misconceptions about those who suffer with symptoms. In recent years,

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some clinicians and chaplains have been considering these symptoms through a very specific lens, in this case, questions about the moral components related to combat actions.

It should first be noted that considering the morality of combat is a needed discussion for anyone who must participate in the taking of life. Only truly disturbed individuals have no regard for others and no remorse when asked to kill. Warriors are often asked to participate in no-win situations. The haunting effects of trauma-related injuries may occur even if the participant made the best decision possible for their circumstances.

The guilt people feel when faced with traumatic circumstances seems as though it is often misplaced. For instance, consider a medical first-responder who receives incorrect directions and cannot locate his patient. He arrives on scene too late to save a
life. Though he did not cause the situation to happen, he may internalize that guilt and carry it with him.

Especially in the military structure, we rely on one another for orders from commanders and for intelligence from specialists. I had the honor of receiving the deathbed confession of a Vietnam vet who was responsible for ordering an airstrike on a large number of civilians. He had carried that decision with him for thirty years. I simply asked him to tell me the story. The intelligence from the field was absolutely wrong and he thought he was dropping bombs on enemy troops. With that information, how could he have done any differently?

There is a new method that chaplains and mental health professionals are using to talk about these type of events. It is called moral injury. Warriors face complex emotions when they think about their time deployed. Often they struggle with a sense of guilt and remorse. Instead of hiding it and being ashamed of these feelings, veterans should be encouraged to talk through and process these things with trusted friends and professionals. With time and understanding, often people are able to make peace with the events that have happened.20

In conclusion, today I discussed PTSD, its symptoms and myths that people hold about this disorder. Additionally, I introduced the concept of moral injury as a framework for processing traumatic events.

To close out our presentation today, I want to remind you that chaplains are here to help you and your people walk through traumatic events. All sessions with a chaplain are 100 percent confidential and no information returns to your chain of command or to mental health unless you decide to make that decision. We hold in confidence absolutely everything you tell us.

There is also a program we provide that speaks specifically to this issue. If you or someone you know struggles with these type of issues I would like to invite you to our Moral Injury Support Group.
This group serves a couple of different purposes. The first one is safety. It provides built-in wingmen and serves as a place where an airman can seek help when feeling concerned about the career ramifications of a mental health visit. At the same time, a service member can hear the experiences of those in the group and determine ways to begin their own healing. The group meets at an unadvertised time and location to maintain confidentiality of the members. If you are interested in the group or have a person you think I should reach out to, please let me know.

Studies show positive results with PTSD support groups. Often, participants will no longer meet the criteria for PTSD at the conclusion of consistent weekly meetings. These results are comparable to individual therapy and group meetings are most

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important among people who are not seeking (for whatever reason) any other form of help for their symptoms.  

Furthermore, because this group is under the banner of moral injury, a specific PTSD diagnosis from mental health is not required to participate. Again, if you or someone you know needs help, please talk to me later today.

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Bibliography (Cont.)


Thank you for joining me today. Are there any questions?

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CHAPTER 1: INTRODUCTION


CHAPTER 2: BIBLICAL-THEOLOGICAL LITERATURE REVIEW


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Chapter 4: Field Project


