



THE CLERGY CONNECTION

December 2015

Act as if what you do makes a difference. It does. ~ William James

The victims of PTSD often feel morally tainted by their experiences, unable to recover confidence in their own goodness, trapped in a sort of spiritual solitary confinement, looking back at the rest of the world from beyond the barrier of what happened. They find themselves unable to communicate their condition to those who remained at home, resenting civilians for their blind innocence.

~ David Brooks, "The Moral Injury," *New York Times*

Once the symptoms of PTSD are relieved the moral questions emerge.

~ Judith Herman, PhD, Author, *Trauma and Recovery*



This issue of *The Clergy Connection* will focus on the nature and characteristics of **moral injury** and provide some ideas on how clergy can help. In an article titled "Moral Injury in Veterans of War," Shira Maguen, PhD and Brett Litz, PhD describe moral injury as "an act of serious transgression that leads to serious inner conflict because the experience is at odds with core ethical and moral beliefs." Moral injury and posttraumatic stress disorder (PTSD) are not the same but often occur together. We are only now beginning to learn about the profound influences of moral injury on our returning warriors.

In August of 2015, the Rural Clergy Training Program presented a webinar titled "Moral Injury and Clergy," presented by Kent D. Drescher, PhD, M.Div. of the VA National Center for PTSD. Dr. Drescher discussed what moral injury is and how it can overlap with other diagnoses and problems, such as PTSD, depression, anger, family conflict, spiritual struggle, and substance use. Dr. Drescher also shared that moral injury has organizational, environmental, cultural/relational, and psychological causes, and how humans experience morality on at least three levels: the head, the heart, and the community.

Some signs and symptoms of moral injury that clergy might see include:

- Moral Emotions (shame, guilt, anger, contempt, and hatred)
- Spiritual Struggle/Issues with Forgiveness
- Avoidant or Self-Destructive Behaviors
- Moral Beliefs about Self/Others
- Alienation/Social Isolation
- Mental Health Disorders

Visit <http://www.ruralhealth.va.gov/ruralclergytraining/webinars/moral-injury.asp> to access the webinar recording and presentation.

See page 6 for more references about Moral Injury. &

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Did You Know? Moral Injury

Moral injury is believed to be more common among warriors than in any other role or setting because of greater likelihood of certain characteristics in warfare. Some of these are listed below.

- **Betrayals** by leadership, peers, civilians, self.
- **Abusive violence** such as atrocities or disproportionate violence.
- **Collateral damage**, for example to women, children or the elderly
- **Within-in ranks violence** such as sexual assault, friendly fire or fragging.
- **Use of lethal force** such as small arms or mechanized warfare.

Killing in combat appears to be an especially powerful contributor to moral injury. In recent research by Shira Maguen, PhD, Research Psychologist (San Francisco VA Medical Center: 2009 - 2013), the following effects were tied to killing in combat:

- presence of PTSD symptoms,
- impairment in daily functioning,
- violent behaviors,
- alcohol abuse,
- relationship problems, and
- increased likelihood of suicidal thought.

Those who killed had twice the odds of being in the most symptomatic PTSD class, compared to those who did not kill.



The several characteristics noted above that often lead to moral injury can expand into numerous negative influences in the daily lives of our warriors. To remember the types of effects that are common with moral injuries it is helpful to use the mnemonic word, **NESTS**.

Negative self-concept, such as self-loathing or damaged self-concept

Existential issues, such as fatalism or intense sorrow

Social problems, such as isolation or aggression

Trust issues, such as intimacy impairment or avoidance of friendships

Spiritual changes, such as dropping out of organized religion or loss of faith

A scenario and questions to consider:

1. John, a small unit leader, was separated from his unit temporarily due to a positive drug screen before entering Vietnam. His unit was sent on before him. He was then sent to Vietnam to join his unit. As he was waiting to be transported to his unit, the unit was attacked by North Vietnamese regulars. John listened to the onslaught through his unit radio. Many members of his unit were killed. *Which of the signs noted above might have contributed to the development of moral injury in John? Which elements of NESTS might have developed later in John?*
2. Prior to his military experience, John lived a full life with friendships, a wife and child, meaningful work and spare-time interests, good physical and mental health and meaningful worship and devotion to his faith. *Given what you have learned about posttraumatic stress disorder (PTSD) and moral injury, which of these things are likely to have changed through John's injury?*

Would you like more information?

View the RCTP webinar, "Moral Injury and Clergy," presented by Dr. Kent Drescher: www.ruralhealth.va.gov/ruralclergytraining/webinars/moral-injury.asp. ☞



Practical Pastoral Tips: Getting Started with Moral Injury

Moral injury, resulting from traumatic events in war or other distressing events in life, can be powerful and may lead to maladaptive behavior and barriers to quality of life. But it is also often the last thing disclosed by warriors. The willingness to disclose a moral injury is reliant almost wholly on the ability to trust the recipient of the disclosure. Getting started well in ways that evolve trust is essential for clergy.

1. **Very few warriors will start their narrative by describing their moral injury.** Moral injury is very personal and often discloses the most painful secrets of the inner man or woman. To disclose a warrior's most secret pain requires great trust. Sit and wait with a warrior until he or she is ready to tell their story of moral injury. The wait may be long.
2. **Let the warrior control the narrative.** It is natural to be curious in the details of a warrior's narrative and want to ask questions. Don't. Show interest and compassion with minimal encouragers, the things that show you others are interested in you when you speak: appropriate eye contact, mirroring of the emotional expressions of the warrior, gestures and body language that show attentiveness.
3. **At first, be the fly on the wall.** A fly on the wall is wholly present but in no way intrusive. It observes everything but takes no action of its own. So with your warrior, allow him or her to teach you. Don't give advice or platitudes or be quick to quote scripture. Simply observe, learn and file away details in memory for future use.
4. **Show respect for the enormity of the event.** Moral injury results in change that is enormous and frightening for the warrior. Almost every aspect of life can change with a moral injury. As the narrative develops, show respect and compassion for both the event and for the enormity of its effect on the warrior.

5. **Earn the right to speak.** Paradoxically, it is through listening with interest and compassion that clergy will be invited to speak. Wait until you are clear that the narrative has ended for now and the warrior wishes a conversation rather than a monologue. Then ask how you can help.



6. **Refuse any expectation of removing the warrior's pain through your insights.** Refrain from the temptation to say something profound. Do not expect to eliminate emotional pain; you share it, and by sharing it, you lighten the load of the warrior. Remember your ministry of presence.

A scenario and questions to consider:

"We'd backed off the DMZ [de-militarized zone in Korea] for R and R [rest and recreation]. When they called alert, you had to go and get your weapon. I seen a lot of guys in our unit take brooms and knock them [Koreans] off their bikes and they'd get run over by cars. I didn't know whether they were dead or alive."

Look at the characteristics again under the "**Did You Know?**" section of this newsletter. *Which characteristics are most likely to apply to this situation? If this statement is made to you in your office, how will you proceed with your pastoral care?* ☞



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A Story for Reflection: The Betrayal

"In 1968, I was stationed between a mountain and a hillside. The compound was about the size of a half a football field.

Some of our drug-using comrades launched an attack on our CO [commanding officer] and bunker. At night, they flipped the generator switch and threw grenades between the officers' and NCO's [non-commissioned officers] bunkers.

No one was injured because they couldn't get the grenades in right. But by the grace of God, no one was hurt. I only heard three grenades.

The thing with that was initially when it happened, you go into denial. You go through so many changes thinking it couldn't happen. Someone could have been in the latrine and been injured. You were in danger of losing your life from your own men."



Questions to Consider

1. "Moral injury is not merely a state of cognitive dissonance, but a state of loss of trust in previously deeply held beliefs about one's own or others' ability to keep our shared moral covenant" (Nash & Litz, 2013). *Apply the idea of a "shared moral covenant" to this unit and to military units in general. What might you expect as elements of a shared moral covenant in a military unit? How important is a shared moral covenant to the welfare and functioning of a military unit? Why?*
2. The speaker mentions denial. *Why do many of those dealing with incomprehensible events experience denial? In the above description, do you think denial is healthy or unhealthy? Why?*
3. The following are changes often found with moral injury: social withdrawal and alienation, loss of trust in morality, loss of meaning, loss of religious faith, depression, anxiety, anger, and feeling damaged. *Which of these common changes would you suspect this man might grapple with during his remaining time in Vietnam? How might such changes be translated into his later life as a civilian? ☞*

Research: Moral Injury

The research review this month features an extremely important topic related to moral injury: *forgiveness*. The authors of a recent journal article noted an emerging consensus among researchers that "forgiveness" includes both:

1. the reduction in vengeful and angry thoughts, feelings and motives that may be accompanied by
2. an increase in positive thoughts, feelings and motives toward the offending person.

Forgiveness does not require reconciliation (though that may happen) and it does not involve forgetting, condoning or excusing the wrongdoing. In this research, participants received explicit interventions aimed at promoting forgiveness. Results from these interventions were compared to those of no-treatment conditions

and to alternative interventions not focused on forgiveness. A meta-analysis was conducted. Results indicated that:

- Interventions aimed explicitly at promoting forgiveness were more effective at achieving forgiveness than either no treatment or alternative treatments.
- Forgiveness interventions also produced increased hope and decreased depression and anxiety when compared to no treatment and alternative treatments.



(Continued on page 7)

A Community Success Story

As hinted at elsewhere in this newsletter, moral injury can be a cause of PTSD. One common characteristic of both is an inability to trust others. The shame, guilt or disgust often associated with moral injury coupled with distrust of others can make disclosure of an event the last thing to be discussed by a Veteran.

"There are things I've seen I can't un-see. There are things I've done I cannot un-do. Just saying that I did it in the name of my country doesn't help you sleep at night. What does help you sleep is having a companion."

"I remember a Vietnam Veteran I worked with many years ago. He was unable to meet with other Veterans or to have friendships. He was entirely isolated from all people. But he had a dog and he spoke of him often. 'If he was hit by a car and killed, I don't know what I'd do. He is my only friend and I love him. I can tell him anything.'"



While research is preliminary, there is some evidence that Veteran involvement with animals can help with the effects of PTSD. Take a moment to review the characteristics of good pastoral care in the "**Practical Pastoral Tips: Getting Started with Moral Injury**" section of this newsletter. The essence of these tips is a non-intrusive, attentive presence with the warrior. That presence, characterized by patience, perseverance and caring, can lead to a trust that may serve as a foundation for relationships of trust with people. In many ways, animals can provide the type of non-intrusive, attentive presence that is so helpful to combat Veterans. A 2014 journal article by Fernandez & Short promoted the therapeutic use of animals as a best practice for treatment of PTSD.

While dogs are the most common animals matched with combat Veterans, there are other possibilities. The Warriors and Wolves Program of Frazier Park, California offers a therapeutic program for returning combat Veterans to assist them as they make the transition back to society and start the healing process. Wolves and wolf-dogs rescued from around the country are rehabilitated along with U.S. Veterans recovering from the traumas of war.

"The wolves know if you're injured or there's something wrong with you and they have the trauma so, you know, we have some type of trauma, so we kind of get that connection and the wolf will be your friend for life."

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From the RCTP webinar "Moral Injury and Clergy"

Moral injury is NOT a psychiatric diagnosis. Changes in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.) incorporate more aspects of moral injury into diagnostic criteria and four new and modified symptoms more fully capture moral injury:

1. Persistent and exaggerated negative beliefs or expectations,
2. Persistent, distorted cognitions about the cause or consequences of the trauma (i.e., blame),
3. Persistent negative emotional state (i.e., mentions anger, guilt, or shame), and
4. Reckless or self-destructive behavior.

Download the slide deck from the "Moral Injury and Clergy" webinar:

http://www.ruralhealth.va.gov/docs/ruralclergytraining/RCTP_Webinar_Moral_Injury_Drescher_08262015.pdf 

Your Story Matters

The Rural Clergy Training Program (RCTP) has only been assessing clergy experience with moral injury for the past two years through its training evaluation. We asked the following question to training participants:

"Do you feel prepared to minister Military/Veterans with difficulty with moral transgressions made during war. me?"

Sixty percent of our training participants who responded to surveys in Fiscal Year (FY) 2015 did not feel well-prepared to assist Veterans to deal with moral injuries. Yet instances of moral injury are hardly rare in the offices of rural clergy. Results from the FY2014 surveys when we asked about frequency of issues seen by rural clergy indicated that moral injury was the fifth most common issue seen.



The order of problems presented to rural clergy was as follows:

1. marital and family problems,
2. grief and spiritual concerns related to military service,
3. problems with alcohol or drugs,
4. problems related to anger or violence, and
5. difficulty with moral transgressions made during wartime.

But that finding may hide an important truth. Recall that personal moral transgressions are often the last disclosure made by Veterans due to the very personal or shameful aspects of the injury. Moral injuries are most often seen through their impact in other intrapersonal or behavioral areas. Here are some of those areas: marital and family problems, grief and spiritual concerns related to military service, problems with alcohol or drugs, and problems related to anger or violence.

Notice that these areas commonly impacted by a moral injury are identical to the most common issues seen by clergy. It is quite possible that moral injury underlies these more commonly seen issues. Effective help with moral injury may touch the source of many of these more commonly seen problems.

A scenario and questions to consider:

1. *How comfortable are you in dealing with each of the varying causes of moral injury, including betrayals, abusive violence, collateral damage, within-ranks violence and lethal force? With which of these do you have the most experience? The least experience?*
2. *Suppose a warrior's husband has disclosed to you that he and his wife are having marital difficulties that include lack of intimacy and explosive anger, absent before her deployment. He also mentions that other unit members with whom the warrior was emotionally close were killed in a friendly fire incident. The warrior has agreed to see you. How will you approach helping this couple?*
3. *Considering your own personal and professional experiences, what problems do you anticipate in your work with this couple As noted elsewhere in this newsletter, moral injury often results in a myriad of other difficulties including emotional and behavioral problems. To whom could you refer this warrior if mental health resources are needed?* ☞

Moral Injury Readings for Clergy

Currier, J. M., Holland, J. M., & Malott, J. (2015). Moral injury, meaning making, and mental health in returning veterans. *Journal of Clinical Psychology*, 71(3), 229–240.

Harris, J. I., Park, C. L., Currier, J. M., Usset, T. J., & Voecks, C. D. (2015). Moral Injury and Psycho-Spiritual Development: Considering the Developmental Context. *Spirituality in Clinical Practice*, 1–12.

Drescher, K. D., Nieuwsma, J. A., & Swales, P. (2013). Morality and Moral Injury: Insights from Theology and Health Science. *Reflective Practice: Formation and Supervision in Ministry*, 33, 1–10.

Research: Moral Injury (continued from page 4)

- For forgiveness interventions, the more clinical time spent explicitly on forgiveness, the greater the positive effect of the intervention.
- A tentative conclusion was that individual interventions may be superior to group interventions though both are effective when compared to no treatment or alternative treatments.

The authors concluded, "... it appears that using theoretically grounded forgiveness interventions is a sound choice in helping clients deal with past offenses..." While research on forgiveness is still in its early stages, it does appear that interventions on forgiveness offer a hopeful approach to healing of moral injuries.

Questions to Consider

1. Consider something you have done that you have deeply regretted. *Were you able to forgive yourself? If you were able to forgive yourself, how did you*

accomplish it? How can the learning from your own experience be used to help others?

2. Consider something that someone close to you has done that deeply hurt you. *Were you able to forgive him or her? If you forgave the injury, how did you accomplish it? How can the learning from your own experience be used to help others?*

Want to know more? Visit: <http://go.va.gov/uccr>

For Additional Learning

- *Enright Model of Forgiveness for Individual Counseling:* http://couragerc.org/wp-content/uploads/Enright_Process_Forgiveness_1.pdf
- *Worthington Model of Forgiveness for Group Counseling (with leader & participant manuals):* <http://www.people.vcu.edu/~eworth/> ☞

A Community Success Story (continued from page 4)

Another interesting use of animals is offered by Horses for Heroes - NM, Inc. of Santa Fe, New Mexico. It is a cutting edge horsemanship, wellness and skill-set restructuring program available to all post 9/11 warriors. The essential mission is to assist warriors to reintegrate into their communities through inner healing.



Native Americans have long believed that horses are a bridge between the physical and spiritual world. And moral injury, as noted elsewhere, is commonly seen as having spiritual roots. Riding a 1,200 lb. horse often develops a strong sense of mutual trust as warrior and

horse learn to work together. With that trust is the potential for renewed relationships with people.

Dogs, horses, wolves. The possibilities are many, limited only by your own creativity and the resources of your local community. So what animals are available in your community? How might you begin connecting your Veterans to animals? And how many lives could be changed by such an effort?

Would you like more information?

1. Article by Fernandez & Short (2014), "Wounded Warriors with PTSD: A Compilation of Best Practices and Technology in Treatment": <http://tpcjournal.nbcc.org/wp-content/uploads/2014/04/Pages-114-121-Fernandez-PDF.pdf>
2. Warriors and Wolves: <http://lockwoodarc.org/warriors-and-wolves/>
3. Horses for Heroes: <http://www.HorsesForHeroes.org> ☞

VA Resources for Veterans, Family Members and Friends, and Communities



Coaching Into Care is a telephone-based program developed by VA that provides a “coaching” service for family and friends of Veterans who see that a Veteran in their life needs help. Coaching involves helping a caller figure out how to motivate the Veteran to seek services. Coaching Into Care is a free service provided by licensed clinical social workers and psychologists. The goal of the service is to help the Veteran and family members find the appropriate services in their community.

Toll-Free Phone #: 1-888-823-7458

Website: <http://www.mirecc.va.gov/coaching/index.asp>



MakeTheConnection.net is an online resource designed to connect Veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives. In addition to powerful stories, MakeTheConnection.net provides information about life experiences Veterans can relate to. The site also provides information about signs, symptoms, and conditions that are related to mental health and well-being.

Website: <http://maketheconnection.net>

Resource Locator: <http://maketheconnection.net/resources>



VA Mental Health and Chaplaincy is a national initiative that aims to achieve a more collaborative system of care for the benefit of Veterans and their families. The initiative is born out of understanding that mental health and spirituality are interrelated aspects of overall health for many Veterans. For these Veterans, it is important that their needs be attended to within a coordinated system of care.

Website: <http://www.mirecc.va.gov/mentalhealthandchaplaincy>



The **VA National Center for PTSD** is dedicated to research and education on trauma and PTSD. Their website contains an area specifically for Veterans, the general public, family and friends to assist anyone who has gone through trauma or knows someone who has.

Website: <http://www.ptsd.va.gov/public>

For more VA resources, please visit: <https://www.ebenefits.va.gov> &

