

Growth After Trauma: Moral Injury, PTSD, and PTG

By Mark C. Lee

Combat deployments affect people, and veterans return changed. Some come back worse than others, but no one comes back the same. Many have experienced various forms of trauma, and whether directly from combat operations or not, trauma can be a significant part of one's experience in war. Trauma can cause severe physical, emotional, and psychological reactions, often displaying symptoms referred to as post-traumatic stress disorder (PTSD). Trauma may manifest symptoms of PTSD, but the injury to the psyche, or soul, is much more than just symptoms of a disorder, repairable through medication and therapy. There is a deeply spiritual aspect to combat that is much more than merely psychological or physiological, yet they are interrelated. Therefore, the treatment of combat veterans' symptoms needs to address the moral aspects of the combat experience.¹ Hence, some behavioral health and religious professionals have begun to talk more about moral injury in the last few years.²

The argument is that the treatment of an individual with combat trauma cannot be devoid of the spiritual aspect of the person. I want to emphasize that any treatment of combat trauma should encompass not only the psychiatric and psychological treatment (with the use of medication and therapy) but also the spiritual. Therefore, I suggest that it would be prudent and important to explore the spiritual aspects of PTSD and moral injury to

aid the healing of those who suffer from combat-related trauma. As suggested by the research on PTSD, faith is important and helpful in helping trauma sufferers heal, which is also an important component of promoting post-traumatic growth (PTG). In fact, research appears to indicate that those with religious faith do better in experiencing PTG than those without faith. Regardless of what the individual suffers from, therefore, there is a spiritual component of combat experience that needs to be addressed, which can be instrumental in engendering PTG.

Research also appears to support that people can grow from their traumatic experiences, and their religious faith can play an important role in encouraging PTG. How does faith promote PTG? What is it about one's faith that facilitates growth? The answer is that growth depends on more than an individual's faith, theology, or even spiritual disciplines. There is another factor that is essential to promoting PTG. Community, especially the community of faith, is perhaps the most important element that fosters growth in people. As the saying goes, "no man is an island," and no individual can stand alone and be well, especially during psychologically, emotionally, and spiritually difficult and trying times. Community is important to the process of growth because of one's connection with others. The support from community, which one receives through the process of coping with trauma and then growing through the experience, is critical. Therefore, I explore the theological implications of ecclesiology from a Christian perspective and how that understanding can be lived out in military chaplaincy because its community for the traumatized is essential to facilitating growth.

PTSD and Moral Injury

The American Psychiatric Association (APA) first classified post-traumatic reactions as PTSD in the *Diagnostic and Statistical Manual of Mental Disorders-III* (DSM-III) in 1980.³ Since then, the APA has updated the DSM twice, with the latest version released in 2013.⁴ The recognition and identification, along with the labeling and naming of PTSD, really began with the

generation of Vietnam War veterans, although PTSD with different names was around for several generations.⁵ American Civil War combatants were said to have “soldier’s heart” for their reactions to their experiences on the battlefields. World War I and World War II veterans’ experiences from combat were referred to as “shell shock” and “combat fatigue.” As a result of the official diagnosis in 1980, more studies regarding the effects of warfare on veterans’ psyche have been conducted.⁶ Mental health professionals, and society in general, knew there were unique emotional and psychological issues related to soldiers’ experiences, but PTSD did not receive prominent attention until much political pressure was exerted on the APA by veterans and supporters.⁷

The issue of post-combat trauma and its effect on veterans is not entirely answered with PTSD. As much as the military and society have focused on the problem of PTSD with veterans, there have been other voices in psychology and theology who have raised the possibility that not all combat veterans suffer from PTSD. Perhaps more are affected by moral injury, which presents very similar reactions and symptoms as PTSD, but is notably different from PTSD.

Noted American experts in trauma such as Charles Figley, Edward Tick, Jonathan Shay, and Larry Dewey, who have worked extensively with Vietnam-era veterans, support a different outlook on those with post-combat stress.⁸ They prefer a change in the entire outlook to combat trauma and even the terminology of what combat veterans suffer—to move away from focusing too much on PTSD. The reactions that combat veterans suffer from might be better termed as *combat stress injury* or *post-traumatic stress* as an alternative.⁹ Still others, like Shay, who coined the term, prefer *moral injury*. There is an injury, but healing and eventual strengthening are possible, and the hope and possibility of growing through one’s traumatic experience is available and open to the combat veteran. An injury does not have the same sense of permanence as does a disorder.

Tick asserts that PTSD should not be dealt with as a primarily medical or psychological condition: “Modern approaches seek etiology and cure in

brain chemistry and cognition, and a diagnosis of PTSD almost inevitably leads the sufferer, professionals, and public to look for psychological and medical treatment as if the wound were primarily a medical condition.”¹⁰ Medical and psychological treatments alone are insufficient. This is not to say that these treatment modalities are completely inept. Instead, Tick strongly advocates that while treatment for PTSD is available, the cure is not purely medical or psychological. In order to heal the combat veteran, the “unique and complex moral, ethical, and religio-spiritual dimensions of warfare that are inevitably troubling to the survivor” need to be dealt with.¹¹ We need to help combat veterans, who suffer from the aftermath of combat trauma, holistically—mind, body, and spirit. Post-combat trauma is really a matter of the soul, a deep core essence of the person’s being that affects the mind and the heart. In healing our combat veterans, we must look at the spiritual aspect: “Healing for PTSD requires a spiritual approach because PTSD is a sacred wound to both the soul and society. . . . Healing PTSD requires moving beyond conventional therapeutic practices to restore the proper relationships between veterans and communities.”¹²

Moral injury suggests a hopeful future of recovery and potential growth, as opposed to a permanent state of suffering. Proponents of moral injury espouse that the injuries sustained by a person as a result of combat exposure are, in fact, injuries to the soul of the person. Jonathan Shay states, “I really don’t like the term ‘PTSD’ . . . the diagnostic definition of ‘post-traumatic stress disorder’ is a fine description of certain instinctual survival skills that persist into everyday life after a person has been in mortal danger—but the definition doesn’t address the entirety of a person’s injury after the trauma of war.”¹³ In fact, Shay created the term *moral injury*, and the term is catching on with both the Department of Veterans Affairs and Department of Defense.¹⁴

The propagation of moral injury is not to say that all PTSD cases are moral injury or that PTSD should be minimized. In fact, others claim that “moral injury is not PTSD. . . . It is possible, though, to have moral injury without PTSD.”¹⁵ Moral injury suggests that the aftermath of combat

trauma can affect some people in a troubling way, even if they do not meet the standards for PTSD. Therefore, many more people—a far greater percentage of combat veterans—could be suffering from moral injury and not PTSD.

Regardless of the diagnosis or injury that a combat veteran might suffer from, the primary idea of this chapter is that growth can occur. This growth, again, is known as post-traumatic growth. Furthermore, the thrust of this chapter is to examine the role of the military chaplain, as a representative of the church, in facilitating such growth.

What Is Post-Traumatic Growth?

PTG describes the phenomenon of traumatized people growing—becoming stronger, healthier, happier, and in all aspects better—after their traumatic experiences. PTG can be expressed as the improvement experienced in various facets of one’s life and self because they have struggled with trauma. People who have experienced PTG state that although they would never want to go through it again, they can look back on the trauma as an experience that helped them to be better people.

In the 1980s, researchers began asking about the possibility of people growing from their traumatic experiences: “Post-traumatic growth is positive change that the individual experiences as a result of the struggle with a traumatic event.”¹⁶ People can endure significantly difficult events in life and come out of those experiences having a perspective that they are better people because of the experience, although it was pure “hell” for them during the trauma. Growth can occur after trauma, and individuals experience growth after much wrestling with the trauma. The struggle helps with meaning and purpose, leading to a new worldview to better make sense of the experience. Trauma leads one to struggle with painful experiences and the suffering of the resulting symptoms, which eventually can lead to growth.

One’s engagement with the discomfort and the pain, not running away from or avoiding it but instead struggling with it, helps the person to come

out of it with better appreciation for the experience. Much like driving through a dark tunnel, one must embrace the darkness of the unknown, relying on some guiding light, to traverse the length of the tunnel to get to the other side where there is light. The result is a person who has grown and is better (more mature, wiser, stronger, and more benevolent) for having had the struggle. Combat veterans struggle with their experiences. Struggling to understand and to cope with these traumatic experiences often leads to post-traumatic growth.¹⁷ Hence, PTG occurs when the individual struggles, reevaluates previously held worldviews, adapts and reinterprets them, and creates new perspectives that are healthy and helpful.

The underpinning meaning of PTG is growth, so it is an “experience of improvement that for some persons is deeply profound.”¹⁸ There are five domains of PTG, which can have different measurements of experienced growth for various individuals:

- greater appreciation of life and a changed sense of priorities
- warmer, more intimate relationships with others
- greater sense of personal strength
- recognition of new possibilities or paths
- spiritual development.¹⁹

I propose that PTG is useful to help veterans move toward a different response to combat trauma, one of a hopeful future, a new state of being, and one that is more inclusive of a larger population of combat veterans. The possibility of experiencing growth from trauma is much more appealing than keeping the focus on the psychological and spiritual injuries and disorders and the treatment of symptoms.

PTG and Combat Veterans

Two researchers deal with the specific question of whether or not PTG can be fostered in combat veterans.²⁰ These researchers found that while many combat veterans do experience the long-term effects of PTSD as a result of

combat trauma, there is evidence for PTG in several different populations of veterans, including aviators, prisoners of war (POWs), and Vietnam War veterans. Data appear to support that combat veterans, who are more exposed to repeated and/or prolonged trauma than most civilians, can and do experience growth after trauma. The question is how. The authors purport that “psychotherapy can nurture such change [PTG] through cognitive processing, support of attempts at mastery of new experiences, and enhancing relationships.”²¹ In addition to psychotherapy, they support the importance of the “life narrative in post-traumatic growth, noting how storytelling is central to this endeavor.”²² They also note that one of the differences between civilian and combat trauma is the shared trauma. Combat veterans “experience prolonged and repeated traumas, often within a supportive, cohesive group (if the unit is functioning well). The . . . common narrative . . . may enhance the process of post-traumatic growth.”²³ The “common narrative” is the community of soldiers who have shared common experiences in combat. This concept of community for combat veterans is an important one, which I discuss later.

Is there evidence of PTG in combat veterans from Afghanistan and Iraq? A study of 272 veterans found that 72 percent of the respondents “endorsed a significant degree of post-traumatic growth in at least one of the areas assessed.”²⁴ Of the six areas of measuring PTG, 16.5 percent of veterans indicated that they had a stronger religious faith after combat experiences. The study does not mention how these veterans experienced growth. Was there training, debriefing, therapy sessions, a church, pastoral counseling, and so forth that served as the impetus for growth, or did growth naturally occur over time as these veterans processed their combat experiences?

Interestingly, younger veterans who had indicated more PTSD symptoms showed more PTG. A possible explanation for this inverse relationship between the severity of PTSD symptoms and the higher PTG rate is that those dealing with higher PTSD struggle more to find the meaning of the event that challenged their previous worldview.²⁵ As mentioned, finding meaning and purpose of the trauma for one’s life is crucial and the more one

struggles to understand the event, the more one appears to sense growth. So we can conclude that those who strive to find meaning have a higher likelihood of growing from their trauma. Furthermore, perceived unit member support was positively correlated to PTG: “Social support may promote PTG by providing a context within which to construct narratives about a traumatic experience, reintegrate them into existing schemas, and generate meaning for them.”²⁶ Unit support translates to community, a group of people with a strong sense of common bond, as previously mentioned. For combat veterans, community is a family of people who understand, share in the narrative, and support one another through the process of dealing with the aftermath of combat. The community is for support and acceptance, a safe place to share the stories (nightmares) of the carnage and the emotional, psychological, and spiritual toll of combat. Again, this sense of community is an important component to promoting PTG.

Another study specifically deals with the population of veterans who served with National Guard units in Operations *Iraqi Freedom* and *Enduring Freedom*.²⁷ In the section on spirituality, the author pertinently addresses the issue of religious/spiritual coping and the impact of positive religious coping on affirmative outcomes in dealing with combat trauma. Not surprisingly, he cites the vast array of research in this arena, which predominantly indicates “religious and spiritual belief and practices . . . can be beneficial for psychological recovery as well as in personal growth post-trauma.”²⁸ Religious beliefs help combat veterans find meaning and purpose of life and the trauma, no differently from civilians, thereby reducing the severity and duration of PTSD symptoms. Religious practices, including such rituals as the healing prayer or Holy Eucharist, can also help lead the veteran to wholeness and can engender PTG. Finally, religious beliefs and practices encourage forgiveness, which also helps to reduce the severity and duration of PTSD-induced reactions. The benefits are not only psychological; evidence supports that religious and spiritual rituals have neurological benefits as well, which suggest better brain functioning.²⁹ Positive and healthy religious coping with combat trauma is important to

not only reduce symptoms but also promote PTG. The author also points out that military chaplains need to work with combat veterans, along with mental health professionals of various disciplines, which is vital and necessary to promote spiritual fitness and well-being in the Army.

PTG in the Context of Christian Community

What is important in facilitating growth? As mentioned, one of the key components to facilitating growth in combat veterans is community with fellow veterans who can share in their experiences. Spiritually, the community of faith, with those who have experienced similar trauma, appears to be the single most important factor for growth. Why? Based on some of the literature available on the effect of groups on healing and helping those suffering from various forms of trauma, one can conjecture that community helps to normalize reactions, to put it in psychological terms. However, more importantly, community provides a safe place to share and find help and support, which gives people the sense of the collective will: *I can survive because they have survived*. Community offers friendship and a sense of bond between people who shared similar experiences of loss, fear, pain, and despair, giving to one another the healing brought through friendship. In these groups, members can begin to hope for the future and find a sense of resolve to move on, as well as learn from the trauma.

As a chaplain from the Christian faith tradition, I address the community of faith specifically from the traditional Christian concept of community.³⁰ What constitutes community in Christianity? The Christian concept is perhaps best represented by the church, the *ecclesia*, which in the New Testament “refers to a unique and transformed way of being human in relationship with God and with other persons. It designates a distinctive form of human community characterized by mutuality, interdependence, forgiveness, and friendship.”³¹

What is the importance and role of the church in providing the help necessary to move people from sufferers to those who have experienced growth in the aftermath of their trauma? First, the Christian community,

the ecclesia, is a “new community of free persons centered on God’s love in Jesus Christ and empowered to service by the Holy Spirit.”³² The church can be viewed as an organic entity—“She is a ‘mode of existence,’ a *way of being*.” The mystery of the church, even in its institutional dimension, is deeply bound to the being of man, to the being of the world and to the very being of God.³³ Being is not only about existence but also about relationships.

Community begins with relationships. First, there is community with God and humanity. Then there is community created with individuals, gathered together to belong as one, based on the love of Jesus Christ. The church is united with, in, and through Jesus Christ, based on faith in Christ. Of the four images of the church that one author offers,³⁴ the one that best portrays the community of faith most helpful in the promoting PTG is church as the *body of Christ*:

*The community participates in one Lord, one Spirit, one baptism, and thus becomes “one body.” This organic image of the church as a body whose head is Christ has been enormously influential in Christian theology and in the history of the church. The image conveys the mutual dependence of all members of the community on one another, their variety of gifts which are for the enrichment and edification of the whole community, and the common dependence of all members of the body on the one head who is Christ (cf. Col. 1:15–20; Eph. 5:23). The unity of the church as one body is indispensable if it is to be effective in carrying out its mission in the world.*³⁵

This definition of the church offers the best imagery of the kind of community that necessarily aided in promoting growth for those who suffered from trauma. If we understand the church to be the body of Christ, then each member of the body also represents the body. The body of Christ then represents, incarnationally, the ministry of Jesus Christ. Hence, the Christian military chaplain, as a member of the body of Christ and as an ordained representative of the church (regardless of denomination), becomes de facto the church to the people to whom he or she ministers.

The Christian community, that is, the Christian chaplain, is called to love God and others in unity while acknowledging and appreciating the individuality of persons. We have unity with God and one another, as brothers and sisters in Christ Jesus—united in our baptism and communion, and we must acknowledge our multiplicity—that we are diverse individuals. We cannot separate ourselves from the community, and we cannot lose our individuality and be subsumed by the group’s identity. As one theologian puts it, our union is based on the union with God, modeled on God’s own relational nature: “Jesus’ high-priestly prayer, that his disciples might become one ‘as you, Father, are in me and I am in you, may they also be in us’ (John 17:21), presupposes communion with the triune God, mediated through faith and baptism.”³⁶

Therefore, a community of faith is important because the veteran’s trauma can impair relationships and create distance between the injured and other significant people in the veteran’s life.³⁷ Veterans are always highly encouraged to “incorporate community and relationships as aspects of their spiritual experience.”³⁸ A faith community is particularly important and helpful to the veteran to find support through the question of theodicy and to help restore and reintegrate the veteran to a healthy relationship with God and the worshiping body. The ultimate hope is that faith communities can help lead the veteran to a new, renewed, or restored relationship with God and to find healing and eventual growth. The community of faith can be the best and safest place for the combat veteran to explore issues of moral injury, as previously mentioned, because combat trauma is not just a psychological issue; there is a lot of spiritual injury, which causes faith struggles. The community of faith is essential to promoting PTG.

As mentioned, this community of faith for military personnel is none other than the chaplain. The chaplain is present with and for the soldiers, and journeys with them, to lead those traumatized individuals to healing, hope, and possibly growth. The collective stories connect them as a community, which supports one another through the process of growth. In this

community built between the chaplain and the soldier, Christ's promise to be "where two or three" are gathered in his name becomes real.

In the account of Jesus' resurrection, the Synoptic and Johannine gospels indicate that women—Mary Magdalene and Mary, mother of James, and another woman (either Joanna or Salome)—came to the tomb early in the morning. The gospels also indicate that Peter and other disciples were together, although not very clear as to where and for how long. Furthermore, in Luke 24:13, there is an account of two of Jesus' disciples on the road to Emmaus as they encounter the resurrected Christ. The interesting discovery here is that in all the accounts, people are together. They are huddled together, locked in a secluded home somewhere, traveling together, and more importantly, supporting one another. The rest of the world does not share their pain, loss, and grief. The rest of the world does not understand their fear and trauma. No matter what the rest of the world does not share or understand, these individuals do; they share their trauma together as a community. Perhaps they knew only fear, despair, and hopelessness. However, they had strength and encouragement together as a community because of their shared common bond.

The community was the single point of nexus for these individuals, turning their fear, confusion, chaos, hurt, despair, and trauma into hope, clarity, order, comfort, peace, and growth, both individually and as a group. They needed one another, perhaps even yearned for one another to feel the support for and with each other.

Fundamentally, community for the church is not mere co-existence or even common congregation. Rather, it is the movement to friendship, as a way of sharing and inviting others to belong, a deeper way of relating and being with one another.³⁹ Friendship moves individuals in groups from merely being included to really belonging to one another and to the larger community. In this type of friendship, people are called to be with one another, to share life together, and to support each other. Belonging involves shared stories, vulnerabilities, sense of co-existence, and mutuality—that which bonds individuals spiritually.

The military chaplain, as a representative of the church, becomes the church to the soldiers because of the relationship built. The chaplain becomes the community to the combat veterans, carrying out the role of the faith community, which leads to restoration of self and life. By responding in a loving and caring way, the chaplain might help the traumatized to move to a place of not only healing but also actually growing from the trauma.⁴⁰ Christian care as a form of ministry necessarily encompasses ways in which Christ's church is supposed to take care of its members—with love, compassion, grace, and mercy. The members of the body of Christ are all different, and when dealing with those who are traumatized and hurt, we ought to be mindful of how we are called to care for the weaker members of the body: “In other words, people who are the weakest and least presentable are indispensable to the church.”⁴¹

How do we accomplish this act? A phrase that chaplains often use to refer to this form of ministry is *ministry of presence*, which speaks about the form of ministry that military chaplains engage in daily. Being merely physically present is not what that phrase means. To be present, *really* present with the other, is to share the reality of God's love, to offer friendship, companionship, and a sense of invitation and inclusion. It all starts with being attentive and engaged with the other, and deep listening. Dietrich Bonhoeffer appears to agree with the importance of listening when he writes, “Our love for the other consists first of all in listening.”⁴² In this ministry of presence, of actively listening, wherein the chaplain brings the Holy to the other, we are mindful that we are called to listen and guide. The key to the ministry of presence is more than being physically present; the chaplain gives of himself or herself to the other in order to make a connection, to create a bond between two people. In this process, the other is invited to belong to this community that is now created between the chaplain and the other.

We belong to Jesus Christ and to one another through our community, and it is in this community that we enter not to serve ourselves, but to serve one another. As John Swinton declares, “In order to find ourselves

we need to look away from ourselves.⁷⁴³ Authentic Christian community is comprised of individuals who belong to one another, those who have abandoned “human love” for “spiritual love.” We are more fully able to embrace our true identity in and through Christ when we live in such a way as to be focused on fulfilling the needs of others.

It is in being the “non-anxious presence,” to put it in the words of Clinical Pastoral Education (CPE), as chaplains represent *the Holy* to the other, to simply *be* with the suffering—to sit empathetically with the other⁴⁴: “Empathy plays a central role in pastoral care. It is a means of imaginatively stepping into the shoes of another person and seeing the world from her or his perspective.”⁴⁵

In essence, to provide a ministry of presence is to provide spiritual care that offers community to the other. It is not an endeavor to *understand* the other’s pain and suffering. Instead, spiritual care is about being present and feeling with the other in the other’s moment of need. To be with the other is to simply stand by, to be present, and to offer support, to pray for, and not to offer advice, solution, or empty platitudes in a well-intentioned but pitiful effort to console.

A great biblical illustration of human suffering and the “good and bad” attempts to console are found in the story of Job, whose friends provide an outstanding example of what to do as well as what not to do in a community. While his friends did a good job of listening to and remaining silently in solidarity with Job’s suffering in the beginning, they ruined it later by talking. What we might learn from Job’s friends, at least initially, is the art of sitting in silence. As John Swinton writes, “By sitting with Job in silence and solidarity, they offered him comfort, solace, and hope in the midst of his suffering. Sadly, they refused to listen to Job’s silences, or at best they listened wrongly.”⁴⁶ These friends were able to practice “ministry of presence” for a period. But Job’s friends did not actively listen to or engage in a ministry of presence with him. These friends were not able to provide an empathic presence with Job; they did not place themselves in Job’s position. They provided a typical, although well-intended response to the one

suffering tragedy, which is very meaningless and ineffective in the way of providing any comfort. While Job's friends began well, we can see how they were ineffective in their response to Job's calamities.

The important point here for those providing care is to offer community—first and foremost—simply by being present, listening, providing a loving and caring presence of being with a hurting member of the body of Christ, without unnecessary words, especially words that ultimately lead to questions asking why the individual suffers trauma. Combat veterans suffering from trauma do not need someone who will further evoke questions related to theodicy.

Instead, hurt and struggling people need the help of others to grow, and “during this growth we need a friend, a guide, a wise counselor—someone who accompanies us along the road and through the passages of pain.”²⁴⁷ This is the community—whether one or more—embodying the love of Christ, that comes alongside and walks with the traumatized, as a fellow sojourner. The military chaplain is just such a community, whether individually or corporately, to the traumatized combat veteran. Ultimately, as Jean Vanier puts it, the goal is to find new life for people in and through community: “From the wound at the heart of Christ on the cross came water and blood, the sign of the community of believers which is the Church. Life sprang from this cross; death was transformed into resurrection. That is the mystery of life born from death.”²⁴⁸ Vanier also offers a broader definition of what it means *to be community*: “There are three activities that are absolutely vital in the creation of community. The first is eating together around the same table. The second is praying together. And the third is celebrating together. By celebrating, I mean to laugh, to fool around, to have fun, to give thanks together for life.”²⁴⁹

One might argue that Vanier's sense of community differs greatly from that of the military. However, I propose that the military context is not so different from that which Vanier proposes. The community of L'Arche, where most of the members of the community live with some sort of a disability, might appear to be more dependent physically, emotionally, and spiritually upon each other.

Conversely, military group cohesion may seem to be less dependent, with members who are stronger and more capable of caring for themselves and others. Furthermore, one might argue that the communities of the military and L'Arche are fundamentally different because the military is about force and might, destruction and death, whereas L'Arche is about meekness and gentleness, building up and giving life. However, I would argue they are not very different, if at all. Indeed, there are physical differences, with L'Arche having more dependence on others for everyday survivability, but the similarities are more apparent because both are comprised of human beings with essentially the same needs: for love, companionship, and a sense of belonging. Both are genuine communities of people who care for and about each other. Both groups of people, particularly combat veterans in the military, might be emotionally and spiritually fragile, requiring the same level of care, attention, and love. Moreover, I would also argue that both groups desire the same kind of peace.

A community such as L'Arche might define peace as tranquility and the absence of conflict, while those in the military would consider the absence of warfare as peace, especially from the world's perspective of how peace might be described. However, the peace that combat veterans desire is not only the absence of warfare or chaos and turmoil, but also what I believe to be the same inner peace that most people long for, and which is the antidote to people's everyday anxieties. For instance, "And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus."⁵⁰ The communities of L'Arche and the military, despite the apparent differences between them, feel and share this "peace of God," which, according to Fred Craddock, "is one that 'does not have its source within—there is dissension—nor without—there is opposition—but in God. . . . The peace of God "will stand sentry watch" over your hearts and minds."⁵¹ This peace ironically offers a military sense of standing guard and watching as a protective shield from anxiety. Craddock continues, "Because God's peace is on duty, they do not have to be anxiously scanning the horizon for new threats. Alert, yes; anxious, no."⁵² Both of

these communities desire the same peace, which is to be free of anxiety and resting in the assurance of Christ's presence, strength, and comfort despite the tornado of turmoil, conflict, struggle, and warfare that may surround them. It is ultimately this type of peace that one wants to experience both individually and together, which exists to love and embrace.

Therefore, I suggest that Vanier's definition can be applied to the military context, particularly to combat veterans. This type of community requires vulnerability and intimacy—a willingness to be open about oneself and to share with others beyond the superficiality of most relationships. Part of being vulnerable and intimate with one another is experienced through the act of eating together. Eating connotes basic survival, for without eating, one cannot live. However, eating is not just about survival, which one could do by himself or herself. Eating together in this context is about sharing an intimate function of life with others because one is at ease, vulnerable, and personal. Therefore, eating together means not only literally sharing a meal but also encompasses riding in convoys and going out on patrols together, which in the combat zone can be a matter of survival. Sometimes, it also means living in tight quarters together, sharing horrible meals such as MREs or eating in the dining facility at odd hours after missions, and becoming intimate with fellow soldiers, depending on one another for survival and safety.

If eating is for the body's survival, praying is for spiritual life, as a part of spiritual nourishment. We all need spiritual nourishment in order for us to continue to sustain our spiritual life. According to Vanier, "If we do not have the spiritual nourishment we need, we will close in on ourselves and on our own comfort and security, or throw ourselves into work as an escape."⁵³ Thus, praying together for military personnel means to be the spiritual support for one another, in addition to literally praying together. Many chaplains pray for and with their soldiers before missions, and definitely after a significant event. Prayers in the combat zone were more than words, more than solace for the soul; these prayers were necessary for the survival of the soldiers' souls. Perhaps more important than individual

prayer is communal prayer, for those who pray. A community of prayer is absolutely needed and essential when one cannot utter any words of prayer.

The community grows and is strengthened through prayer, as individuals become “bread” for one another, feeding and nurturing each other. Again, Vanier writes, “Communal prayer is an important nourishment. A community, which prays together, which enters into silence and adoration, is bound together by the action of the Holy Spirit. God listens in a special way to the cry which rises from a community.”⁵⁴

One could say that prayer is the “glue” that keeps the group together in unity and harmony. The significance of praying together was most notably powerful and meaningful during times of loss in combat, whether due to death or significant injuries, where soldiers were open to words of comfort and unity in shared pain through communal prayer. One powerful example that comes to mind is the time the battalion that I deployed with in 2005 lost a Soldier on his last patrol mission. Half of the battalion was already in Kuwait when we received the news of this Soldier’s fatality. About 250 Soldiers had gathered in a large tent to receive the news from one of the company commanders, and I offered a word of prayer for whomever wanted to stay to pray. Not a single Soldier left the tent. There was not a single dry eye, and all the Soldiers stayed together and huddled in their respective squads and platoons. In that moment of grief and angst, the community comforted one another and was comforted by prayer. I dare say that prayer at that moment was the spiritual nourishment and glue that particular community needed.

Finally, to come together in community, people need to celebrate. This does not, as Vanier suggests, mean just having fun; it is about celebrating life. To celebrate, especially in the context of the combat zone, is mainly about finding moments of levity and appreciating the gift of life. I spent hours in the smoke pits, as many of my fellow chaplains did, listening to the stories of Soldiers, even sometimes enduring the juvenile and crude jokes and language, as a way of celebrating the vitality of youth and giving thanks for the simple fact that we were alive yet another day. The jokes and pranks throughout the deployment, even during patrols at times, helped

manage stressful situations and break up the monotony of daily routines. Another example of celebrating life, ironically, was during memorial ceremonies to honor fallen Soldiers. It might seem counterintuitive that life is celebrated during a ceremony to memorialize a dead comrade; however, it is not contradictory. These memorial ceremonies are extremely difficult to attend, but they are valuable times for the surviving comrades to reflect on the great gift of life and to be thankful for the sacrifices of those fallen. It is a time of reflection on how valuable and fleeting life is, what we mean to each other as “brethren-in-arms,” and how much meaning and value each person brings to the community. The military chaplain represents the love of God in all these times and circumstances by being present with soldiers, and loving and caring for them. This love of God is what we are called to embody and present to those for whom we care. Hence, there are tears as well as laughter in these memorial ceremonies. Therefore, a community that eats, prays, and celebrates together is vital and necessary for healing and growth. For it is in community where healing begins because, as Vanier states, “one person, all alone, can never heal another. It is important to bring broken people into a community of love, a place where they feel accepted and recognized in their gifts, and have a sense of belonging. That is what wounded people need and want most.”⁵⁵

Conclusion

Combat changes people—for good or bad—and no one comes back the same. The stressors in combat can result for some in PTSD, while for many more in moral injury. Regardless, there is the potential for people who have trauma to grow, which is PTG. The key to facilitating such growth, as I have tried to put forth in this article, is community. This community is best offered by the chaplain, who, according to Christian theology, is the very incarnational representation of the church to those combat veterans suffering from PTSD or moral injury.

Community is perhaps important enough to be declared as the single most important component to promoting PTG. However, as discussed,

community is not only a gathering of people, especially from the perspective of practical theology. Community in the Christian context encompasses the concepts of community of the secular setting, where people with common experiences or affinities can gather and feel the support and love of the other members. However, the Christian community, as the incarnational representative of Christ, is about accepting the “other,” caring for others in acts of sacrificial love, which is the agape, unconditional way as Jesus did with the leper, the tax collector, the prostitute, and all who were outcast, down trodden, and marginalized. The role of the community in helping the traumatized is to accept them, to provide a safe place to hear their stories, and to love them as Christ loves them.

The Christian community, as modeled by Vanier—a gathering focused on eating, praying, and having fun (celebrating life) together—is what I propose the military chaplain ought to emulate for those combat veterans under his or her care. The significant element of this kind of community is love—for those of us who are Christians, the love of Jesus Christ. The role of the military chaplain is to replicate the ministry of Jesus, as the Christian community to our combat veterans who suffer from the aftermath of combat trauma.



Notes

¹ Warren Kinghorn, “Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury,” *Journal of the Society of Christian Ethics* 32, no. 2 (2012). More psychology professionals are acknowledging the need to address the issue of moral injury with combat veterans. Moral injury deals with “the experience of having acted (or consented to others acting) incommensurably with one’s most deeply held moral conceptions.”

² Jonathan Shay is credited with coining the term *moral injury*. However, many scholars have begun researching and writing about moral injury in the last few years. Some of the notable books on the subject recently published include Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston: Beacon Press, 2012); David Peters, *Post-Traumatic God: How the Church Cares for People Who Have Been to Hell and Back* (New York: Morehouse Publishing, 2016); Wollom A. Jensen and James M. Childs, Jr., *Moral Warriors, Moral Wounds: The Ministry of the Christian Ethic* (Eugene, OR: Cascade Books, 2016); Brett T. Litz, et al., *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury* (New York: Guilford Press, 2016); Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (New York: Oxford University Press, 2015); David Wood, *What Have We Done: The Moral Injury of our Longest Wars* (Columbus, GA: Little, Brown, and Co., 2016).

³ See “PTSD History,” available at <www.psychiatric-disorders.com/articles/ptsd/causes-and-history/history-of-ptsd.php>. The American Psychiatric Association classified post-traumatic stress disorder (PTSD) as a mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders–5*.

⁴ *Diagnostic and Statistical Manual of Mental Disorders–5*, 5th ed. (Arlington, VA: American Psychiatric Association, 2013).

⁵ Barry R. Schaller, *Veterans on Trial: The Coming Court Battles over PTSD* (Washington, DC: Potomac Books, 2012). In chapter 4, Schaller gives a lengthy history of the “politics” of PTSD and the heightened attention veterans of the Vietnam War received after the war and the veterans’ reintegration, or the poor reintegration thereof, back into society. Basically, the plight of the American veterans of the Vietnam War and the toll on society caused mental health professionals and the American government to reexamine the seriousness of the psychological aftermath of combat on veterans.

⁶ Jonathan Shay published *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994) and *Odysseus in America: Combat*

Trauma and the Trials of Homecoming (New York: Scribner, 2002) to draw the parallels of the trauma of warfare experienced by Achilles and Odysseus in ancient Greek literature to what the Vietnam veteran experienced in the jungles of Vietnam and on returning home to America. Edward Tick, author of *War and the Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder* (Wheaton, IL: Quest Books, 2005), writes that ancient societies all had rituals to send and receive warriors because those societies' elders understood the inherent trauma and the subsequent change to the warriors' psyche that warfare has.

⁷ Schaller, *Veterans on Trial*, 75–80. The author makes the case that PTSD really came into the spotlight after the end of the Vietnam War and the “fall out” it had on American society with the myriad of problems and huge numbers of veterans who were unable to cope with the aftermath of combat. The problems of the Vietnam War were unique. The problems faced by Vietnam War veterans also heightened awareness and increasingly politicized the debate over PTSD. Furthermore, the definition and diagnosis of PTSD were heavily contested within the world of psychology and what was put out eventually was also influenced by many political factors.

⁸ Charles R. Figley is a Vietnam War veteran and renowned expert in traumatology who has authored and edited many books on trauma, most notably, with co-editor William P. Nash, *Combat Stress Injury: Theory, Research, and Management* (New York: Routledge, 2007), a book I reference in this study. Ed Tick, Jonathan Shay, and Larry Dewey are psychologists and psychiatrists who work(ed) with Vietnam War veterans for the Department of Veterans Affairs and authors of books cited in this chapter. These experts have all worked with combat veterans and have dealt with issues of PTSD and effects of combat on the veteran's psyche and soul.

⁹ Figley and Nash, ed., *Combat Stress Injury*.

¹⁰ Edward Tick, “PTSD: The Sacred Wound,” *Journal of the Catholic Health Association of the United States* (May–June 2013), 16.

¹¹ *Ibid.*

¹² *Ibid.*, 22.

¹³ Public Broadcasting Service, “Jonathan Shay Extended Interview,” last modified March 11, 2011, available at <www.pbs.org/wnet/religionandethics/2011/03/11/may-28-2010-jonathan-shay-extended-interview/6384/>. See also Shay, *Odysseus in America*; Jonathan Shay, *The Pen and the Dollar Bill: Two Philosophical Stage Props* (Washington, DC: Institute of Medicine of the National Academies, 2006), available at <www.iom.edu/Object.File/Master/32/928/Presentation.PTSD.Shay.pdf>.

¹⁴ Jeff Severns Guntzel, "Beyond PTSD to 'Moral Injury,'" *Onbeing.org*, March 13, 2013, available at <www.onbeing.org/blog/beyond-ptsd-to-moral-injury/5069>.

¹⁵ Brock and Lettini, *Soul Repair*, xiii.

¹⁶ Lawrence G. Calhoun and Richard G. Tedeschi, *Facilitating Posttraumatic Growth: A Clinician's Guide*, The Lea Series in Personality and Clinical Psychology (Mahwah, NJ: Lawrence Erlbaum Associates Publishers, 1999), 11.

¹⁷ Stephen Joseph, "Religiosity and Posttraumatic Growth: A Note Concerning the Problems of Confounding in Their Measurement and the Inclusion of Religiosity within the Definition of Posttraumatic Growth," *Mental Health, Religion & Culture* 14, no. 8 (2011), 843.

¹⁸ Lawrence G. Calhoun and Richard G. Tedeschi, "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence," *Psychological Inquiry* 15, no. 1 (2004), 4.

¹⁹ *Ibid.*, 6. Also Tedeschi and Calhoun, "The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma," *Journal of Traumatic Stress* 9, no. 3 (1996).

²⁰ Richard G. Tedeschi and Richard J. McNally, "Can We Facilitate Posttraumatic Growth in Combat Veterans?" *American Psychologist* 66, no. 1 (2011).

²¹ *Ibid.*, 21.

²² *Ibid.* Also Donald Meichenbaum, "Resilience and Posttraumatic Growth: A Constructive Narrative Perspective," in *Handbook of Posttraumatic Growth: Research and Practice*, ed. Lawrence G. Calhoun and Richard G. Tedeschi (Mahwah, NJ: Erlbaum, 2006), 355–367.

²³ *Ibid.*

²⁴ Robert H. Pietrzak et al., "Posttraumatic Growth in Veterans of Operations Enduring Freedom and Iraqi Freedom," *Journal of Affective Disorders* 126, no. 1–2 (2010). The study indicates that the top three areas of growth were "changing priorities about what is important in life (52.2%), being able to appreciate each day (51.1%), and being better able to handle difficulties (48.5%)."

²⁵ *Ibid.*, 233.

²⁶ *Ibid.* Also Calhoun and Tedeschi, "Posttraumatic Growth," 1–18.

²⁷ See D. Patricia Tackett, "Resilience Factors Affecting the Readjustment of National Guard Soldiers Returning from Deployment" (Ph.D. diss., Antioch University, 2011), available at <<https://aura.antioch.edu/etds/119/>>. National Guard Soldiers are voluntary citizen-soldiers who belong to what is known as the Reserve component of the U.S. Army. These Soldiers train 1 weekend a month and 2 weeks

annually. These National Guard members have otherwise full-time civilian lives (work, school, families) and participate in the military on a part-time basis. The National Guard, along with the Reserve (another entity of citizen-soldiers), has been called on to fight along with the Active-duty component since the beginning of both combat operations in Iraq and Afghanistan. There are more unique and difficult challenges and problems facing Soldiers from the Reserve due to the nature of their structure and the lack of resources to support Soldiers, particularly post-deployment.

²⁸ Tackett, “Resilience Factors Affecting the Readjustment of National Guard Soldiers Returning from Deployment,” 42–47. Citing Annick Shaw, Stephen Joseph, and P. Alex Linley, “Religion, Spirituality, and Posttraumatic Growth: A Systematic Review,” *Mental Health, Religion & Culture* 8, no. 1 (March 2005).

²⁹ Tackett, “Resilience Factors Affecting the Readjustment of National Guard Soldiers Returning from Deployment,” 46–47.

³⁰ My claim as a Christian theologian is not to exclude other religious faiths from the dialogue. It is merely a claim as to who I am and the particular theological framework from which I approach the subject. I believe the concept of a religious community is available and can be used in other religions. However, the concept and practice will need to be interpreted and adapted according to the religious tradition.

³¹ Daniel L. Migliore, *Faith Seeking Understanding: An Introduction to Christian Theology* (Grand Rapids, MI: William B. Eerdmans, 1991), 189.

³² Ibid.

³³ Jean Zizioulas, *Being as Communion: Studies in Personhood and the Church*, Contemporary Greek Theologians Series, No. 4 (Crestwood, NY: St. Vladimir’s Seminary Press, 1985), 15.

³⁴ Migliore offers four main images of the church found in the New Testament: the church as the people of God, people of God as a servant people, the church as the body of Christ, and a community of the Spirit, filled by the gifts of the Spirit. Migliore, *Faith Seeking Understanding*, 190–191.

³⁵ Ibid., 191.

³⁶ Miroslav Volf, *After Our Likeness: The Church as the Image of the Trinity* (Grand Rapids, MI: William B. Eerdmans, 1998), 195.

³⁷ Figley and Nash, ed., *Combat Stress and Injury*, 304.

³⁸ Ibid.

³⁹ John Swinton, *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems* (Nashville, TN: Abingdon Press, 2000), 145–163.

Chapter 9 deals with the movement of caring for mental health patients toward community and friendship with them. Swinton discusses how the movement toward friendship is the key to authentic Christian love in action beyond merely caring for those with mental illnesses.

⁴⁰ Post-traumatic growth is for the traumatized individual to express that the traumatic experience actually helped the person become better, stronger, and better able to deal with not only the individual's own future stressors, but also to help others. Growth is expressed as feeling as though the trauma was beneficial for the individual, although the experience was not desired.

⁴¹ Stanley Hauerwas and Jean Vanier, *Living Gently in a Violent World: The Prophetic Witness of Weakness, Resources for Reconciliation* (Downers Grove, IL: IVP Books, 2008), 74.

⁴² Dietrich Bonhoeffer, *Spiritual Care* (Philadelphia: Fortress Press, 1985), 36.

⁴³ John Swinton, "From Inclusion to Belonging: A Practical Theology of Community, Disability and Humanness," *Journal of Religion, Disability & Health* 16, no. 2 (2012).

⁴⁴ Stephen D. W. King, *Trust the Process: A History of Clinical Pastoral Education as Theological Education* (Lanham, MD: University Press of America, 2007). This book gives a good background into the history and basic theories and philosophies of today's Clinical Pastoral Education, as espoused by the Association of Clinical Pastoral Education (ACPE). A brief background of ACPE is also available at <www.acpe.edu/ACPE/About_ACPE/ACPE/About_ACPE/About_ACPE.aspx?hkey=8bda1439-a609-475c-83ba-d86c9ca8e7e4>.

⁴⁵ Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville, KY: Westminster John Knox Press, 2006).

⁴⁶ John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids, MI: William B. Eerdmans, 2007), 102.

⁴⁷ Jean Vanier, *Community and Growth* (Mahwah, NJ: Paulist Press, 1989), 133.

⁴⁸ *Ibid.*, 157.

⁴⁹ Hauerwas and Vanier, *Living Gently in a Violent World*, 37.

⁵⁰ Phil 4:7.

⁵¹ Fred B. Craddock, *Philippians: Interpretation: A Bible Commentary for Teaching and Preaching* (Louisville, KY: Westminster John Knox Press, 1985), 72.

⁵² *Ibid.*

⁵³ Vanier, *Community and Growth*, 168.

⁵⁴ *Ibid.*, 195.

⁵⁵ Jean Vanier, *From Brokenness to Community: The Wit Lectures* (Mahwah, NJ: Paulist Press, 1992), 28.