

# “Turn Now, My Vindication Is at Stake”: Military Moral Injury and Communities of Faith

Zachary Moon<sup>1</sup>

Published online: 21 November 2017

© Springer Science+Business Media, LLC, part of Springer Nature 2017

**Abstract** The purpose of this article is to describe and analyze how communities of faith can overcome key barriers and fulfill their responsibility to respond to the moral injury of military veterans and military families. Moral injury is a concept within the broader discourse concerning traumatic experiences and responses that pertains particularly to experiences that overwhelm a person’s internalized moral covenant within their social relational world. Communities of faith offer unique resources for many veterans and military families in the process of transitioning into civilian life. However, limited understanding of military experiences and culture and discomfort with moral anguish, including intense forms of guilt, shame, disgust, and contempt as well as traumatic experiences more broadly, too often diminish the efficacy of such ministries with veterans and military families.

**Keywords** Moral injury · Military · Veteran · Pastoral care · Faith communities

I’m not a natural killer. I’m a trained killer.

— Sgt. Benjamin Peters, United States Marine Corps (2014, p. 1)

“How could you provide pastoral and spiritual care to a trained killer?” The question may be jarring, but our theological positions and lived experiences greatly influence our answer. Some religious leaders and communities of faith seem to avoid military service members altogether, either recusing themselves due to a lack of cultural connection and knowledge or because certain pacifist theologies discourage such ministries. Others recast the function of military service by revering it as heroic, therefore making it a patriotic task to serve and support veterans and military families (Schake and Mattis 2016). Still others rationalize the providing of care as supporting those who have been

---

✉ Zachary Moon  
zachary.moon@ctschicago.edu

<sup>1</sup> Chicago Theological Seminary, 1407 E. 60<sup>th</sup> Street, Chicago, IL 60637, USA

traumatized by military experience, thereby transcending certain potential political and theological challenges with the religious mandate to care for anyone who suffers. Whether people of faith justify such opportunities as caring for “heroes” or as caring for “head cases”—or whether they avoid veterans altogether—this question, simultaneously daunting to personal, political, and theological sensibilities, too often separates us from one another and withholds the full bounty of resources that could be available to veterans and military families in communities of faith. As theologian Shelly Rambo states, “The task of religious people is to cast backward and forward, as we draw from ancient traditions yet reach forward to live faithfully, addressing the moral and spiritual challenges of this century” (Rambo 2013, p. 462).

Authentic and resourceful ministries with veterans and other military personnel cannot minimize the interlocking complexities of providing care to those who have been rebirthed into a warrior culture. This paper addresses the barriers to providing effective pastoral care in communities of faith and advocates for its crucial role in the reentry and reintegration process post-deployment. The circumstances of moral injuries only intensify the opportunities and need for care and engagement within communities of faith.

## Surviving trauma

The utility of the concept of moral injury is that it offers a better understanding of the complexity of the human experiences in the aftermath of traumatic stress (Drescher et al. 2011; Nash and Litz 2013). Broadly speaking, trauma is an embodied experience of having one’s normal functioning and connection to meaning (beliefs, values, behaviors, and relationships) overwhelmed in a way not readily accommodated or assimilated, leaving the person grasping for new coping strategies (Beckham et al. 1998; Berg 2011; Herman 1997, 2011; Janoff-Bulman 1992; Kauffman 2002; Park et al. 2012). The diagnostic lens of post-traumatic stress disorder (PTSD) provides a useful characterization of the most common symptoms of post-traumatic stress: intrusive thoughts, memories, and dreams; avoidance of perceived threats and triggers; and the neurophysiological experiences of hypervigilance and hyperarousal (Herman 1997).

These post-traumatic stress symptoms can be generated by different kinds of traumatic experiences. The diagnosis of PTSD accounts for only one kind of causative experiences—actual or perceived life threat, serious injury, or sexual violence. However, the military currently identifies three additional causes for post-traumatic stress symptoms: extreme fatigue, grief, and moral injury. Given the military operational structure since September 11, 2001, under which many military service members are repeatedly deployed, many service members and their families suffer post-traumatic stress symptoms from one or more of these traumas, often compounding their interlocking effects (Litz et al. 2016).

Alleviating the post-traumatic stress symptoms is the priority of the medical establishment, often pursued through a combination of pharmacological and therapeutic measures; however, symptoms often persist when the stories that lie beneath are left unheard or are minimized or misunderstood (Kinghorn 2012; Stallinga 2013, p. 14). It is here that religious leaders who provide spiritual care can and must situate ourselves. We must turn toward those who serve in the military and their families, make ourselves available to their fear, exhaustion, grief, and moral anguish, and accompany them on their terms (Stallinga 2013, p. 22).

## Working with moral emotions

In instances of moral injuries, moral emotions will be central to those experiences and must therefore be central in the providing of pastoral care (Doehring 2015a, 2015b; Morris 2017). Moral emotions are distinguished from non-moral emotions by their pro-social function in that they serve to preserve social relationships. Moral emotions span a range of feelings from compassion and gratitude at one pole and guilt, shame, disgust, and contempt at the other. Guilt and shame direct their moral evaluations inward. Guilt evaluates a specific action or inaction: “This thing I have done was bad and/or wrong.” Shame evaluates in totalized terms: “I am bad and/or wrong.” Guilt often allows for more direct reconciliation through responsibility-taking and reparation, whereas shame’s totalizing evaluation often leads to further distancing and exile (Bryan et al. 2013, p. 56; Haidt 2003; Herman 1997, p. 263; Kim and Thibodeau 2011, p. 70; Tangney and Dearing 2002).

Moral injuries can also be generated by disgust and contempt, which direct their moral evaluations outward at the actions or inactions of others. With moral injuries, the overwhelming experience is rooted in the transgression and violation of shared moral covenants within a social-relational world. Persons who have been indoctrinated—ritually re-formed—through recruit military training have through that process assumed multiple moral worlds, one corresponding to their civilian identity and one rooted in that military identity. Such persons embody multiple sites that can be impacted by moral injuries. For instance, a person may be a trauma survivor prior to military service, and that trauma may be re-elicited because of certain circumstances or experiences during military service. “When I was seventeen, I enlisted because it was the quickest, surest, and most legitimate way to run away from home” (Moon 2015, p. 10). Someone else might experience a crisis of meaning between values and beliefs held prior to military service and those instilled during military training and service. Some others may struggle to reconcile the behaviors and beliefs that allowed them to survive in combat contexts with their post-military life in civilian worlds. As one Army veteran shared, “A lot of things really make sense when you’re doing them over there. But when you come back, it’s just like, ‘How did I do that?’” (Brock and Lettini 2012, p. 45). Versions of this same moral dissonance are echoed by many veterans. Another combat veteran put it this way, “Being in a war zone, I did many things in those years that I wasn’t proud of, and [when I returned home] my conscience kicked me around quite a bit. I started to suffer from episodes of depression, and I had an overpowering sense of uselessness” (Moon 2015, p. 20).

Both guilt and shame are self-reflective moral emotions critical to the sustainability of well-ordered social life and necessary in “negotiating problems of cooperation, group living, and maintenance of social relationships” (Kim and Thibodeau 2011, p. 69). Judith Herman writes that “shame may serve an adaptive function as a primary mechanism for regulating the individual’s relations both to primary attachment figures and to the social group” (Herman 1997, p. 262). Other clinicians have echoed Herman’s assertion by stating that “shame is a motivational response to threat to social integration or social standing” (La Bash and Papa 2013, p. 164). A person experiencing traumatic levels of stress-inducing shame might not recognize the pro-social function of shame (Woodyatt and Wenzel 2014, p. 128). The care seeker and care provider may both seek to alleviate shame by avoiding or minimizing its impact, which may increase the shame’s life-limiting power and further disconnect the person from shame’s adaptive, pro-social function (Woodyatt and Wenzel 2014, p. 133). An engaged response to shame necessitates a concerted effort toward reconnection with the beneficial, restorative functions

within shame and supporting actions that reconnect and reconcile with meaningful social-relational worlds (Kim and Thibodeau 2011, p. 72). A Marine Corps veteran recounted,

When I came home, I attempted to transition right back into “regular life.” In fact, most people didn’t even acknowledge I was gone, with the exception of a few questions like, “How was it?” to which I answered, “What do you think?” Coming home was a massive challenge. I didn’t sleep well for a long time, and I dealt with extreme bouts of anger, which I internalized. (Moon 2015, p. 18)

When experiences that generate guilt and shame are left unacknowledged or are avoided or minimized within meaningful relationships, the guilt and shame often become more entrenched and interpersonally isolating in function. Such responses to another’s guilt and shame diminish and neglect the pro-social function of those moral emotions, and the fear of additional anguish caused by further instances of such responses tends to indicate to the veteran that they are both undeserving of compassion and that they will consistently fail to receive compassion from meaningful others.

As with guilt and shame, disgust and contempt are socially learned responses designed to maintain social order and interpersonal balance (Engelhard et al. 2011, p. 58). “The primary function of both moral disgust and contempt [is] to mark individuals whose behavior suggests that they represent a threat and avoid them, thereby reducing the risk of exposure to harm” (Hutcherson and Gross 2011, p. 720). Disgust and contempt, like shame, generate a totalizing negative evaluation that can be violently destructive. As with guilt and shame, disgust and contempt are too often minimized and/or avoided in care encounters that deem these emotional responses to be inappropriate, unhealthy, or dangerous. This manner of interpretation fails to recognize the ways in which disgust and contempt are adaptive and socially learned and that these moral emotions have important self- and social-protective functions, namely, to protect oneself from exposure to harm.

The moral emotions of shame, guilt, disgust, and contempt are not by their nature disordering, but when experienced in a way that enforces a persistent sense of unforgiveability, they can become entrenched and fuel chronic symptoms and unhealthy behaviors (Kinghorn 2012 p. 61; Litz et al. 2009, p. 701). Moral emotions have pro-social and reconciling goals within them, but they begin with the recognition that a violation has occurred within a person’s internalized moral code or of shared social moral covenants. Just as pastoral theologians have sought to redeem the positive qualities of anger (Lester 2003), it is critical that we understand the ways in which shame, guilt, disgust, and contempt beckon persons toward compassion and relational health.

Consider military veteran and scholar Michael Yandell’s reflections on his own moral injuries.

Moral injury is more like a chronic illness than an acute one. It is something like the pain of arthritis or an old, bad knee that someone complains about when it rains. The pain manifests itself in strange ways. I have experienced spontaneous tears of rage while driving to the grocery store that seem to bubble up from nowhere. Sometimes I cannot look a family member in the eye after she has thanked me for my service. Sometimes when I see the children in the youth group with which I work, who are surrounded by loving parents and church members, who anticipate lives of opportunity, my mind wanders to the streets of Baghdad and to the children who asked me for candy, who grew up in the midst of war. (Yandell 2015, p. 13)

Scholars from various disciplines who are engaging with moral injuries suffered by military service members all emphasize the importance of communities that can hear and respond to the stories of moral suffering and live together into new possibilities (Brock and Lettini 2012; Graham 2017; Kinghorn 2012; Litz et al. 2016; Shay 1994, 2002; Sherman 2011, 2015). Jonathan Shay calls this “a living community to whom [a veteran’s] experience matters” (Shay 1994, p. 198). As Yandell’s reflections remind us, when a person’s values and beliefs have been breached, that person’s suffering may be experienced in bits and pieces, transitory moments of remembrance triggered by seemingly mundane features of daily civilian life. If these experiences “matter,” then attention must be paid.

## Rebuilding the house

I have used the following metaphor for moral identity, moral injury, and recovery extensively in pastoral counseling and small group facilitation with veterans and military families, as well as in training congregational leaders (Moon 2015). I understand each person’s spiritual life, their faith, their moral identity—however one may name this dimension of themselves—as a house. Our house is comprised of our values, beliefs, behaviors, and meaningful relationships. This is the moral meaning structure a person has to protect them from the storms of life. The first house one lives in is largely built by meaningful others: our families of origin, teachers and mentors, and close friends. None of us came up with our moral ideas, theological assertions, or spiritual practices out of thin air. We learned what was good within the conditions of the world we inhabit from those around us (Janoff-Bulman 1992; Park 2005; Rai and Fiske 2011).

In everyday life, persons experience some stressful circumstances, some more severe than others. In most cases, a person’s house—their values, beliefs, behaviors, and meaningful relationships—are able to adjust to, accommodate, and assimilate those stressors and challenges and changes without being overwhelmed. In certain conditions, however, the protective and orienting structure is breached or destabilized, and it crumbles (Yandell 2015). Multiple questions of meaning are raised in the aftermath: Why and how did this happen? Who was responsible? What should I do now? If the structural integrity of someone’s moral home has been undermined, are pharmaceutical remedies or an entitlement check suitable? Do I feel better about the devastation with money in my pocket? Do these pills solve the grief, the anger, the fear I feel when I look at my home that is now in ruins?

If I look around and see everybody else’s houses still standing and my neighbors averting their eyes and refusing to come to my aid, I may also experience profound social-relational alienation. Here, the moral emotions are animated. This situation becomes subject to negative evaluations: something is wrong with me or something is wrong with my house or something is wrong with my neighborhood. If I am responsible, I may punish myself and withdraw. If the house is to blame, I may not seek out new accommodations or fault the persons or experiences who built that house. If my neighbors are blamed, I may experience rage and contempt for their actions and inaction and may not continue to relate to them.

This is the crisis of moral injury in nonmedicalized terms, and it is here that communities of faith and sincerely committed persons can provide life-giving and redemptive support. At first, this will be a ministry of presence. Do not avert your eyes. Do not shutter your windows. Meet me where I am. As the questions emerge, don’t rush to quick fixes and placating answers. Rebuilding is possible, but the next house will need to be stronger than the last. Religious leaders too often fall into savior roles, swooping in and saving the person in danger. In this

metaphor, such saving acts would equate to rebuilding the house for the person. This will not serve a person's needs; each of us needs to know that we are owners of our own houses, and each of us should be making our own architectural and design decisions.

There are three central discernment questions in every rebuilding process: What, here in the ruins, needs to be discarded and improved upon? What, here in the ruins, needs to be reclaimed, refashioned, and restored in place in the next house? Who needs to be a part of the rebuilding team? Not everything in the mess is a part of the problem, so it is not necessary to start from scratch. Let go of what needs to be left aside and carry forward what is still life-giving. Each of us needs to be the lead builder, but none of us needs to do everything by ourselves, so discern who are the trustworthy friends who can put in some work along the way. As a pastor, a religious leader, a chaplain, or anyone else who cares for someone in such circumstances, you can support this discernment process while empowering the person's agency and affirming that good labor is sometimes really hard work. The next house will be a stronger and better home in which to live (Pargament et al. 2006).

### **Moral injury and communities of faith**

What inhibits communities of faith from becoming the kind of communities that “are able to embrace thick and particular conceptions of human flourishing and human failing”? (Kinghorn 2012, p. 71). It is crucial that potential pastoral care providers prepare themselves for this ministry (Drescher and Foy 2010). One's own cultural identity and one's capacities and deficiencies in terms of knowledge and engagement must be subjected to sincere self-reflection (Moon 2015). And as Rambo (2013) writes, “Because war remains a theologically charged and polarizing issue, discourse about war places us in this tragic gap. . . [requiring] new means of theological navigation drawn from the richness of our theological traditions” (p. 443). Most of us avoid potential threats to our familiarity and comfort; entering into authentic relationships with military service members and military families may stretch our personal, political, and theological orientations (Rambo 2013).

### **Particularity matters in communities of faith**

Each community of faith is unique; therefore, each needs to know itself in terms of how it sustains frames of meaning-making through practicing its particular traditions. Certain values, beliefs, practices, and partnerships will be great resources in nurturing authentic relationships and providing effective pastoral care, but others may prove to be stumbling blocks (Moon 2015).

For example, most congregations already have veterans and military families present, offering a great starting place for engagement. Getting to know them better, and inviting all in the community of faith to reflect on their own relationship to military service, will stimulate substantive conversations and illuminate capacities too often left hidden, opening up shared sources of lament (Graham 2017).

There is, and probably should always be, a variety of political perspectives within a community of faith. “Life is fraught with moral dissonance arising from conflicted moral communities, or moral tribes” (Graham 2017 p, 56). Pastoral theologian Larry Graham draws upon moral psychologist Jonathan Haidt's research to unpack conflicting values at the heart of moral dissonance and to invite communities of faith to “open hearts through ‘friendly interaction’ [in] authentic collaborative engagement as moral equals with curious openness to

listen, understand, and discover” (Graham 2017, p. 60). Although there are political dimensions to military moral injury as well as veteran affairs more broadly, politics cannot be the primary lens through which to engage with veterans and military families. Communities of faith have moral and theological resources for radical empathy amidst intense political differences, as Graham (2017, pp. 56–61) notes. Just as communities of faith should not proceed in clinical and medical diagnostic modes of engagement, so, too, they should present more than political ideas and values. They need to be primarily oriented to their respective traditions and theologies, wrestling with issues grounded in those norms. This is the precious uniqueness of religious communities, and it needs to be maintained and brought to bear in this opportunity.

### **Building trustworthy relationships**

Communities of faith need to proactively work against their habitual impulse to avoid conflict. Avoidance is a key coping strategy for many who have been traumatized, so avoidance is sure to be already present in the human spaces we are exploring here. Personal fears speak without words to one another, agreeing all would be better off without confrontation, truth telling, and public grief. Nurturing healthy boundaries is crucial in any social-relational context, but nurturing brave spaces (Arao and Clemens 2013) in which persons relate to each other in authentic ways does not mean breeding “least common denominator” realities. We inhabit brave spaces when we choose alternatives to avoidance, to remain steadfast even when uncomfortable. Religious and spiritual practices offer unique resources for living with the anger, guilt, fear, and sometimes disgust that often energize avoidance (Doehring *in press*; see also Geringer and Wiener *in press*; Hosein *in press*; Liebert *in press*). Taking care of oneself is not necessarily cowardice, but conflict avoidance for the sake of conflict avoidance should not be allowed to masquerade as necessary safety. Sometimes it is difficult to know the difference, and human beings make mistakes, but such are the terms of doing this work together.

What would trustworthy relationships look like? Just as self-reflection needs to be encouraged within the congregation, so also within each member. As one veteran reflected:

When I got back, I found a new church family near my duty station in Washington that had a lot of veterans. They were really kind and welcoming. They asked questions about my experiences but didn’t push for details. They just gave me a chance to talk if I wanted—that was important. I really needed time to decompress, and I took a couple weeks off and travelled around to see people. It is great when people show a genuine interest in you and your experiences but don’t push for details and don’t treat you too differently, like you are sick or need help. (Moon 2015)

Veterans often extend more initial trust to other veterans, especially when talking about military experiences (Schake and Mattis 2016). However, what too commonly emerges from that interpersonal pattern is that many civilians rationalize avoidance by saying, “Veterans would rather talk to other veterans,” thereby limiting the capacity to build meaningful communities. Members of any subgroups are likely to feel more comfortable with other members of their subgroup, and time and space needs to be created for member-only engagement. However, very few of us would seek to extend that social-relational human instinct to argue for segregation by life experience. Veterans need civilian friends they can trust, and successful reintegration is not possible without those relationships.



Military service members, from their first moments in recruit training, were told that their subgroup of Americans was willing to pursue extraordinary service in the name of their country and its values. They were then taught, in the most intensely reformatory ways possible, that each of their lives was contingent on the lives of their unit members. If circumstances warranted, they would give their own lives in protection of these others (Charuvastra and Cloitre 2008). “The process of basic training, and the subsequent welding of the individual into a unit, will have gone some way towards giving the soldier a military identity in which home and family are of diminished importance” (Holmes 1985, p. 79). Civilians should not fault military service members for feeling greater trust with other veterans but instead should recognize the origin of that trust (Litz et al. 2016; Schake and Mattis 2016). Civilians should regard those bonds with respect, without recusing their own potential participation in relationships. If veterans only talk with other veterans, particularly those of this most recent generation where only 1% served in the military, veterans will be interpersonally isolated from virtually all in the civilian world and will be much more susceptible to unresolved suffering.

If shared military experience is not what joins us to each other, what could it be? If we see one another as deserving of compassion and dignity, made in the image of the Holy, and created to contribute and thrive in this lifetime—all these being theological claims that you may resonate with or reject, depending on your context—then we should approach everyone we meet with a strengths-based approach. We are not required to do charity for one another; our humanity and theirs are inextricable.

### Working together in service

We need to seek meaningful opportunities to work together. Service is a value that most communities of faith promote. Service is also the value most commonly named by military service members as their motivation for enlisting. The shared value of service is therefore the most sensible place to begin building bridges between communities of faith and veterans.

A useful example for such community service is the veterans’ organization The Mission Continues. Founded in 2007, the organization engages veterans in providing opportunities “to find purpose at home through community impact.”<sup>1</sup> From their purpose statement:

We redeploy veterans on new missions in their communities. . . . Our operations in cities across the country deploy veteran volunteers alongside non-profit partners and community leaders to solve some of the most challenging issues facing our communities: improving community education resources, eliminating food deserts, mentoring at-risk youth and more. Through this unique model, veterans build new skills and networks that help them successfully reintegrate to life after the military while making long-term, sustainable transformations in communities.<sup>2</sup>

The choice of language above is distinctly military in its cultural resonances. The purpose statement uses terms such as “redeploy,” “deploy,” “missions,” and “operations” that are framed with a strengths-based tone around meeting challenges, problem-solving, and building new skills. “The Mission Continues is committed to changing the national conversation around veterans. We believe veterans are assets, and through their continued service, they can create

<sup>1</sup> Our history, *The Mission Continues*, <https://www.missioncontinues.org/about/history/>. Accessed 5 November 2017.

<sup>2</sup> What we do, *The Mission Continues*, <https://www.missioncontinues.org/about/>. Accessed 5 November 2017.



better transitions, and build stronger communities.”<sup>3</sup> Their vision and language exhibit astute knowledge of military cultural identity, increasing the likelihood that veterans will feel comfortable and engaged in such surroundings.

The nature of their work is simple and powerful: Gather teams of veterans together around a common project. These projects have obvious and immediate value to the participants, i.e., building a house or a school or working with young people. These service experiences provide immediate positive feedback that affirms the veteran’s inner sense of goodness and dignity. The central value of service to others connects commitments from a veteran’s military service with the well-being of civilian communities back home.

By working side by side with other veterans in a team, participants experience a high level of social-relational connection. They are not being asked to talk about their feelings or relive their worst days in combat. They are instead recognized for what they can offer, through servant leadership, to their communities and are provided with a team environment that is familiar. The Mission Continues facilitates such community service work for veterans exclusively, and for some veterans this is crucial early on in their reintegration journey. However, this example provides a possible script for collaborative work between veterans and civilians that could be facilitated by communities of faith. Sitting in the office of one’s religious leader, or even in one’s worshipping community, may not be the most accessible form of reconnection, recovery, and reintegration.

Imagine if religious communities were investing in community service initiatives with veterans and military families in their communities. Some religious communities have been perceived as judgmental, moralistic, and inhospitable to outsiders (Litz et al. 2016, p. 34). Building a house or cleaning up the neighborhood can provide inviting, nonjudgmental, and mutually empowering experiences for all participants. Such projects can also serve to establish trust between persons of different backgrounds without relying too much on verbal communication, while prioritizing the values of teamwork and mission accomplishment in a civilian context.

### Congregational ministries

A number of denominations, including the Christian Church (Disciples of Christ),<sup>4</sup> United Methodist Church,<sup>5</sup> and Unitarian Universalists,<sup>6</sup> have provided educational materials in support of congregational ministries to veterans. However, these programs tend to represent the most basic forms of relationship. Many congregations on Veterans Day weekend, for example, ask veterans to stand and be applauded for their military service. Sincere concern and respect are often the motivators for such gestures, but these expressions can appear condescending and/or tokenizing. That impulse can be mobilized more substantively with the life of the congregation and more authentically with veterans and military families.

<sup>3</sup> Changing the conversation through service, *The Mission Continues*, <https://www.missioncontinues.org/buzz/>. Accessed 5 November 2017.

<sup>4</sup> Care with veterans and their families, *Council on Christian Unity*, <http://councilonchristianunity.org/document/1011/>. Accessed 5 November 2017.

<sup>5</sup> Soul Care Initiative: Journeying together as we care for veterans and their families, *JustPeace*, <http://justpeacemc.org/soul-care-initiative-journeying-together-as-we-care-for-our-veterans-and-their-families/>. Accessed 5 November 2017.

<sup>6</sup> S. Holland, G. Forsyth-Vail, & M. L. Cummings, Military ministry toolkit for congregations, *Unitarian Universalist Association*, 2014, <http://growinguu.blogs.uua.org/organizational-maturity/military-ministry-serving-wholeness-in-congregations-and-beyond/>. Accessed 5 November 2017.

Here are a few examples of ministries and sacred practices that could address military moral injury:

**Outreach ministries to military families** Communities of faith can demonstrate their commitment to military families by learning the dynamics of the cycle of military deployments and engaging in the particular care needs in each phase of the cycle. The process of reentry and reintegration can be supported before demobilization, and supporting families is a big part of this effort (Moon 2016). Staying connected to the day-to-day lives of military families during all phases of the deployment cycle demonstrates community commitment to that family and nurtures the social-relational connection. Laura, a military spouse of nearly three decades, reflects, “Being there for military families is. . . complicated. . . I wish there was an easy answer, and I wish we could tell you what we need. But many times, we are just breathing and stepping forward. Be present and be involved” (Moon 2015, p. 33). What a military family may need, and what a community of faith has to offer, can only be discerned in the context of community.

**Rituals and practices** All religious traditions have customs, rituals, liturgies, or practices that engage human suffering, loss, and reconnection (Stallinga 2013). In the Catholic Church, the sacrament of reconciliation (formerly known as “confession”), receiving Eucharist, or praying the rosary are practiced to reconnect with God and the church community, unburden oneself, and rededicate oneself in faith. In other Christian traditions, the communion table and baptism embody similar themes. The liturgical calendars of different Christian traditions, particularly the seasons of Advent and Lent, highlight many complex human experiences and connect them with religious meaning (Sippola et al. 2009). Across various religious traditions, one will find examples: recognition and remembrance ceremonies, rituals of purification, talking circles, rituals of lamentation, rituals of rebirth and renewal (Liebert *in press*; Morris 2017; Stallinga 2013; Verkamp 2006; Wilson 2013, p. 48). These are a sample of the many religious resources that can engage persons’ values, beliefs, and behaviors through social-relational embodied practices in rebuilding a morally meaningful world. As pastoral theologian Carrie Doehring (*in press*) writes, “Once veterans can experience their bodies and emotions as good, then pastoral caregivers can move to the second strategy of care: sharing the lament of intergroup suffering through exploring values, beliefs, and coping arising from moral injury.” Practices that normalize moral emotions for their pro-social function, as well as practices that empower compassion and gratitude intra- and interpersonally, are crucially important in the recovery process in the aftermath of moral injuries.

The suggestions proposed here are possible opportunities in strengthening the ongoing work of meaningful reentry and reintegration post-deployment. As disparate pieces, they are unlikely to succeed, but by organizing such resources into comprehensive reintegration programs, military service members will have the support they need to meet the demands of moving between military and civilian worlds. Such an organized effort will clearly promote: the empowerment provided by continued service and mission in civilian contexts; strengthened social-relational bonds with both military and civilian personnel; embodied forms of reconnection and health-promotion, including ritual and other body-based practices; and the renewal of personal and collective meaning, sense of goodness, and compassion. These efforts will require a higher level of investment and participation from civilian communities, bringing civilians into closer proximity to the experiences of military service. Such bridge-building will benefit all participants and will likely provide opportunities for new conversations about the

complexities of military service and war-making, not as defined by political platforms and rhetoric but by the demands of authentic interpersonal relationships.

Although there is much to gain through exposure to clinical source material and related terms and approaches, communities of faith and those seeking authentic and trustworthy relationships with veterans and military families need to develop language that is organic to their context, in constructive deviation from medical assumptions and categories (Stallinga 2013). Communities of faith need to not become pseudo-clinics, where one's suffering is diagnosed with theological and moral judgments and then pacified by shallow religious customs. If this is all they can offer, it would be less harmful to surrender any further attempt and return to business as usual. Instead, if communities of faith can come ready to work, first on themselves and then in meaningful partnerships with others, allowing our cultural patterns and habits to be challenged where they are lacking and to be renewed and re-formed by the needs presented in new relationships, then there is hope. It will require courage, compassion, and creativity, and we will all be transformed because we have something important to offer and we have something important to learn and receive. All of us are a part of a better future for our nation's military service members and their families.

## References

- Arao, B., & Clemens, K. (2013). From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. In L. Landreman (Ed.), *The art of effective facilitation* (pp. 135–150). Sterling: Stylus Publishing.
- Beckham, J. C., Feldman, M. E., & Kirby, A. C. (1998). Atrocities exposure in Vietnam combat veterans with chronic posttraumatic stress disorder: Relationship to combat exposure, symptom severity, guilt, and interpersonal violence. *Journal of Traumatic Stress, 11*(4), 777–785. <https://doi.org/10.1023/A:1024453618638>.
- Berg, G. (2011). The relationship between spiritual distress, PTSD and depression in Vietnam combat veterans. *Journal of Pastoral Care and Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications, 65*(1), 6–7.
- Brock, R., & Lettini, G. (2012). *Soul repair: Recovering from moral injury after war*. Boston: Beacon Press.
- Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2013). Guilt, shame, and suicidal ideation in a military outpatient clinical sample. *Depression and Anxiety, 30*, 55–60. <https://doi.org/10.1002/da.22002>.
- Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review Psychology, 59*, 301–328. <https://doi.org/10.1146/annurev.psych.58.110405.085650>.
- Doehring, C. (2015a). Resilience as the relational ability to spiritually integrate moral stress. *Pastoral Psychology, 64*(5), 635–649. <https://doi.org/10.1007/s11089-015-0643-7>.
- Doehring, C. (2015b). Intercultural spiritual care in the aftermath of trauma. In F. Kelcourse & K. B. Lyon (Eds.), *Transforming wisdom: The practice of psychotherapy in theological perspective* (pp. 148–165). Eugene: Wipf & Stock.
- Doehring, C. (in press). Military moral injury: An evidence-based and intercultural approach to spiritual care. *Pastoral Psychology* (Forthcoming).
- Drescher, K. D., & Foy, D. W. (2010). When horror and loss intersect: Traumatic experiences and traumatic bereavement. *Pastoral Psychology, 59*, 147–158. <https://doi.org/10.1007/s11089-009-0262-2>.
- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the usefulness of the construct of moral injury in war veterans. *Traumatology, 17*(8), 8–13. <https://doi.org/10.1177/1534765610395615>.
- Engelhard, I. M., Olatunji, B. O., & de Jong, P. J. (2011). Disgust and the development of posttraumatic stress among soldiers deployed to Afghanistan. *Journal of Anxiety Disorders, 25*, 58–63. <https://doi.org/10.1016/j.janxdis.2010.08.003>.
- Geringer, K. S., & Wiener, N. H. (2017). Insights into moral injury and soul repair from classical Jewish texts. *Pastoral Psychology* (Forthcoming).
- Graham, L. (2017). *Moral injury: Restoring wounded souls*. Nashville: Abingdon Press.

- Haidt, J. (2003). The moral emotions. In R. J. Davidson, K. R. Scherer, & H. H. Goldsmith (Eds.), *Handbook of affective sciences* (pp. 852–870). Oxford: Oxford University Press.
- Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.
- Herman, J. (2011). Posttraumatic stress disorder as a shame disorder. In R. L. Dearing & J. P. Tangney (Eds.), *Shame in the therapy hour* (pp. 261–275). Washington, DC: American Psychological Association.
- Holmes, R. (1985). *Acts of war: The behavior of men in battle*. New York: The Free Press.
- Hosein, S. (in press). Muslims in the U.S. military: Eroding rights and moral injury. *Pastoral Psychology* (Forthcoming).
- Hutcherson, C. A., & Gross, J. J. (2011). The moral emotions: A social-functional account of anger, disgust, and contempt. *Journal of Personality and Social Psychology*, *100*, 719–737. <https://doi.org/10.1037/a0022408>.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: The Free Press.
- Kauffman, J. (2002). *Loss of the assumptive world*. New York: Brunner-Routledge.
- Kim, S., & Thibodeau, R. (2011). Shame, guilt and depressive symptoms: A meta-analytic review. *Psychological Bulletin*, *137*, 68–96. <https://doi.org/10.1037/a0021466>.
- Kinghorn, W. (2012). Combat trauma and moral fragmentation: A theological account of moral injury. *Journal of the Society of Christian Ethics*, *32*(2), 57–74.
- La Bash, H., & Papa, A. (2013). Shame and PTSD symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(2), 159–166. <https://doi.org/10.1037/a0032637>.
- Lester, A. (2003). *The angry Christian: A theology for care and counseling*. Louisville: Westminster John Knox Press.
- Liebert, E. (in press). Accessible spiritual practices to aid in recovery from moral injury. *Pastoral Psychology* (Forthcoming).
- Litz, B., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychological Review*, *29*(8), 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>.
- Litz, B., Lebowitz, L., Gray, M., & Nash, W. (2016). *Adaptive disclosure: A new treatment for military trauma, loss, and moral injury*. New York: Guilford Press.
- Moon, Z. (2015). *Coming home: Ministry that matters with veterans and military families*. St. Louis: Chalice Press.
- Moon, Z. (2016). Pastoral care and counseling with military families. *Journal of Pastoral Care and Counseling*, *70*(2), 128–135.
- Morris, J. (2017). The army chaplain as counselor: An exploration of self-reflexivity and denominational particularities. *Reflective Practice: Formation and Supervision in Ministry*, *37*, 107–120.
- Nash, W. P., & Litz, B. T. (2013). Moral injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child and Family Psychology Review*, *16*, 365–337. <https://doi.org/10.1007/s10567-013-0146-y>.
- Pargament, K., Desai, K. M., & McConnell, K. M. (2006). Spirituality: A pathway to posttraumatic growth or decline? In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 121–135). Mahwah: Erlbaum.
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, *61*, 707–729. <https://doi.org/10.1111/j.1540-4560.2005.00428>.
- Park, C. L., Mills, M. A., & Edmondson, D. (2012). PTSD as meaning violation: Testing a cognitive worldview perspective. *Psychological Trauma: Theory, Research, Practice, & Policy*, *4*(1), 66–73. <https://doi.org/10.1037/a0018792>.
- Peters, B. J. (2014). *Through all the plain*. Eugene: Cascade Books.
- Rai, T. S., & Fiske, A. P. (2011). Moral psychology is relationship regulation: Moral motives for unity, hierarchy, equality, and proportionality. *Psychological Review*, *11*, 57–75. <https://doi.org/10.1037/a0021867>.
- Rambo, S. (2013). Changing the conversation: Theologizing war in the 21<sup>st</sup> century. *Theology Today*, *69*(4), 441–462. <https://doi.org/10.1177/0040573612463035>.
- Schake, K., & Mattis, J. (2016). A great divergence? In K. Schake & J. Mattis (Eds.), *Warriors and civilians: American views of our military* (pp. 1–20). Stanford: Hoover Institution Press.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York: Scribner.
- Shay, J. (2002). *Odysseus in America: Combat trauma and the trials of homecoming*. New York: Scribner.
- Sherman, N. (2011). *The untold war: Inside the hearts, minds, and souls of our soldiers*. New York: W. W. Norton & Co..
- Sherman, N. (2015). *Afterwar: Healing the moral wounds of our soldiers*. Oxford: Oxford University Press.
- Sippola, J., Blumenshine, A., Tubesing, D., & Yancey, V. (2009). *Welcome them home, help them heal: Pastoral care and ministry with service members returning from war*. Duluth: Whole Person Associates.
- Stallinga, B. (2013). What spills blood wounds spirit: Chaplains, spiritual care, and operational stress injury. *Reflective Practice: Formation and Supervision in Ministry*, *33*, 13–31.
- Tangney, J. P., & Dearing, R. (2002). *Shame and guilt*. New York: Guilford.

- Verkamp, B. J. (2006). *The moral treatment of returning warriors in early medieval and modern times*. Chicago: University of Scranton Press.
- Wilson, J. (2013). Culture-specific pathways to healing and transformation for war veterans suffering PTSD. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (pp. 47–67). New York: Routledge.
- Woodyatt, L., & Wenzel, M. (2014). A needs-based perspective on self-forgiveness: Addressing threat to moral identity as a means of encouraging interpersonal and intrapersonal restoration. *Journal of Experimental Social Psychology*, *50*, 125–135. <https://doi.org/10.1016/j.jesp.2013.09.012>.
- Yandell, M. (2015). The war within. *The Christian Century*, *132*(1), 12–13.