

**The Role of the Veterans Affairs Chaplain in Exploring Forgiveness and  
Compassion with Veterans Suffering from Military Moral Injury**

Rina Shere, March 26, 2024

DIV 8039, Doctor of Ministry Research Project

Vanderbilt Divinity School Doctor of Ministry Program

## Project abstract

The unique form of suffering known as military moral injury is viewed historically through a theological lens and mental health research. Chaplains offering moral injury care to veterans are encouraged to explore their personal and denominational theology of war and conflict to avoid theological reflexivity when offering care. The concepts of self-compassion and forgiveness are introduced as critical components of spiritual healing the VA chaplain can offer. In particular, the merits of compassion training to assist veterans in moving through emotional avoidance and authentically engaging in shadow work is explored. Strategic suggestions for an aftercare group focused on committed values, continuing a journey of forgiveness for self and others, and bolstered with ongoing training in compassion meditation are offered. As moral injury care is still a relatively new ministry for VA chaplains, attention is given to training for Clinical Pastoral Education.

## **Personal Statement**

I first heard the term moral injury when I was completing my first year Clinical Pastoral Education (CPE) residency at the Cleveland VA Medical Center. At the time, I did not understand how deeply this term would change my understanding of suffering and intergenerational trauma. I have come to understand that when a person is harmed by events that violate moral understanding of the self, the damage is not only to that person but to those who also love them. My own lived experience with suffering as it relates to moral injury in veterans is as the daughter of a Korean War combat veteran. My father was emotionally closed off, had a dependent relationship with alcohol, exhibited many of the symptoms of post-traumatic stress disorder (PTSD) and moral injury, and died too young due to poor physical and mental health. A strength I bring to my ministry with veterans is my understanding of how trauma impacts not only the veterans but also their families. My curiosity about what might have been different for our family if my father had been able to receive care for his war-related trauma has guided my interest in military moral injury. My personal lived reality with sexual trauma and the aftermath of depression and anxiety provided me the opportunity to heal from trauma and to know in my bones what it feels like to develop trust with both a psychologist and a spiritual director, how it feels to move through the fear of being vulnerable with another person, and how my faith beliefs can be questioned and change to positively support meaning-making.

My experiences in CPE, an integral component of training for chaplains, also allowed me to work through grief and pain and to understand the importance of this difficult journey in the work of healing. Moving through loss and trauma has shaped who I am, and my ministry. As I allowed myself to acknowledge the pain I had been carrying with trusted others, my heart opened

and strengthened. As I became less afraid of feeling and expressing *my* emotions, I was able to be more open to witnessing *others'* deep feelings. I have learned how loss shapes us and understand the importance of acknowledging and moving through grief in recovering from trauma. Self-compassion and forgiveness, which will become prominent in this project, have been important steps in my personal healing journey.

As a Unitarian Universalist, my theology of spiritual care is open to the sacred wisdom of many cultures and traditions. It is grounded in the idea that humans co-minister to each other. I am a spiritual resource, but I do not have all the answers to help a person navigate through a crisis. I am a presence that creates a sacred space for the veteran to feel, question, and gain clarity and hope. This space, and my presence, are resources that enable a veteran to do the work of “everyday theology,” the kind of religious meaning-making that happens in the chaplain’s presence, and in which “Interpretations of scripture have to make sense in everyday life.”<sup>1</sup> This process also allows the veteran to look at assumptions about the religious and spiritual beliefs they have been living with, but in which they may no longer find meaningful. As I reflect on my ministry journey, I can see that no matter our age, we seek to try and understand who we are and to better understand the forces that have shaped us. As the renowned Family Systems therapist Dr. Murray Bowen stated “The family remains with us wherever we go...unresolved emotional reactivity to our parents is the most important unfinished business of our lives.”<sup>2</sup> I can now see it is no coincidence I am a Veterans Affairs (VA) chaplain focused on mental health and trauma.

---

<sup>1</sup>Dawne Moon, *God, Sex and Politics: Homosexuality and Everyday Theologies* (Chicago: University of Chicago Press, 2004), 63.

<sup>2</sup>Michael P. Nichols, *Family Therapy: Concepts and Methods* (Boston: Pearson Education, 2011),113.

## **I. Definition and Thesis statement**

This Project is rooted in the context of providing spiritual care to veterans suffering from military moral injury and in the belief that interdisciplinary collaboration is the gold standard of biopsychosocial-spiritual care. How do veterans recover spiritually and psychologically from the moral conflicts that are inevitable in war? How do VA chaplains best serve in this healing process when a veteran has become “stuck” in moral pain that has led to moral injury? These questions are the focus of this project. Three threads in this Project interweave to provide answers to my questions. First, I propose the VA chaplain must explore their theology of war and conflict to hone the appropriate use of self in moral injury care with veterans. Second, I propose VA chaplains must have an understanding of moral injury from a theological and spiritual perspective of suffering and a thorough grounding in current scientific research and best practices for clinical care. Third, I charge VA chaplains to reclaim spiritual practices of self-compassion to help veterans move through encountering their shadow to enter a place of acceptance of the full self, which may then lead to forgiveness of self and others. The concept of moral injury is relatively new, and we continue to learn about best practices for healing “on the ground.” An integration of the above knowledge will allow the VA chaplain to enter into the care arena well-equipped to serve.

### **Chaplain use of self and the Theology of War**

Military moral injury is rooted in a specific context of war and conflict. Many veterans are guided ethically and morally by religious values, and it is no surprise there can be enormous religious and spiritual conflict in veterans when they are faced with the most grotesque inhumane acts like torture, killing, sexual violence and civilian casualties. A critical part of my journey in

being able to minister to veterans suffering moral injury distress was grappling with my theological view of the military as an institution of war and conflict between people.

An exploration of how a VA chaplain views the military and use of force and how this meshes with their religious and spiritual beliefs is important to process before offering care to veterans. As a Unitarian Universalist (UU) parishioner, I perceived our faith to be a religion that was firmly rooted in the peace movement. As I became more involved in our denomination and entered seminary, I read more Unitarian and Universalist history and learned that our tradition has been involved in serving in the military since the Revolutionary War, when George Washington, in 1775, commissioned Universalist minister John Murray as one of the first fifteen military chaplains to attend to the spiritual needs of the troops.<sup>3</sup>

Unitarians and Universalists were engaged in various aspects of the Civil War. Many of our great preachers were responsible for agitating against slavery in speech and print. Others, like Robert Gould Shaw, actively fought and led troops in combat. However, by the end of the nineteenth century, a strain of pacifism began to emerge in some Unitarian and Universalist leaders and congregations. As WWI loomed, prominent Unitarians began to preach their opposition to the involvement of the United States in the Great War. In 1917, in “A Statement to My People on the Eve of War,” Rev. John Haynes Holmes pronounced war an “*open and utter violation of Christianity*.” He went on to explain his views:

If war is right, then Christianity is wrong, false, a lie. If Christianity is right, then war is wrong, false, a lie. The God revealed by Jesus...is no God of battles. He lifts no swords, he asks for no sacrifice of blood. He is the Father of all men; Jew and Gentile, bond and free. His spirit is love, His rule is peace, His method of persuasion is forgiveness. His

---

<sup>3</sup>Katherine R. Parker, *Sacred Service in Civic Space: Three Hundred Years of Community Ministry in Unitarian Universalism* (Chicago: Meadville Lombard Press, 2007), 21.

law, as interpreted and promulgated by the Nazarene, is “love one another,” “resist not evil with evil,” “forgive seventy times seven,” “overcome evil with good,” “love your enemies, bless them that curse you, do good to them that hate you, pray for them which despitefully use you, and persecute you. Such a God and such a law others may reconcile with war if they can. I cannot.<sup>4</sup>

Holmes questioned the role of violence in settling disputes and understood the degradation that violence brings to the human soul. What happens when a veteran is faced with this kind of conflict?

Holmes was an outlier, however. The American Unitarian Association (AUA) supported WWI and not Rev. Holmes. The Association did not want anti-war ministers to create confusion about patriotism in their churches. In April 1918 the Association passed a resolution in support “of War for freedom and humanity.”<sup>5</sup> The AUA then denied support for any church that hired an anti-war minister. It was not until 1936 that the Unitarian General Assembly voted to repudiate the 1918 statement. During WWII the United States was attacked and Unitarians and Universalists rushed to defend our citizens and our democracy. This was the beginning of the Unitarian Service Committee helping victims of Nazi brutality to escape from occupied countries. The symbol of Unitarian Universalism, the Flaming Chalice, was developed during WWII as a symbol of trust and sanctuary for those fleeing persecution. The AUA did not make public statements about the Korean conflict. However, congregants were very divided about the role of the U.S. military in the Vietnam War. In 1967 at the Arlington Street Church in Boston, 280 young men turned over their draft cards to clergy, thereby relinquishing their draft immunity

---

<sup>4</sup>John Haynes Holmes, “A Statement to My People on the Eve of War” in *The Messiah Pulpit* (New York, NY, April 3, 1917), <https://www.loc.gov/item/17031509/>.

<sup>5</sup>Katherine R. Parker, *Sacred Service in Civic Space: Three Hundred Years of Community Ministry in Unitarian Universalism* (Chicago: Meadville Lombard Press, 2007), 174.

and inviting arrest. Sixty other young men burned their draft cards in the chancel that day. This action was not universally accepted in our faith. It set off rounds of debate, often acrimonious, among clergy, lay people, and seminarians about the relationship of Unitarian Universalism with our government and the military. Some congregations even split off into two separate churches.

The wars in Iraq and Afghanistan have provided opportunities for Unitarian Universalists to look more deeply at the concept of peacemaking. In 2009, the Unitarian Universalist Association (UUA) met at our annual General Assembly to discuss a “Peacemaking Statement of Conscience” and in 2010 it was voted on and adopted. The “Creating Peace Statement of Conscience” is a four-page document that begins with:

We believe all people share a moral responsibility to create peace. Mindful of both our rich heritage and our past failures to prevent war, and enriched by our present diversity of experience and perspective, we commit ourselves to a radically inclusive and transformative approach to peace.<sup>6</sup>

The creators of the Statement of Conscience include both military and non-military Unitarian Universalists on the UUA Commission on Social Witness. This was an important dialogue for many of our member congregations and this complicated 250-year history is important to understand and this can provide a model for other denominations and chaplains.

This back-and-forth relationship between favoring war or supporting peace efforts, depending on the context of the conflict, is mirrored in my own relationship with violence, war, and my call to ministry as a VA chaplain. I aspire to live into the Unitarian Universalist theology centering on peace noted above, yet I struggle with my underlying belief that violence is

---

<sup>6</sup>Social Witness Statement, “2010 Statement of Conscience Creating Peace” (Boston, MA: Unitarian Universalist Association July 1, 2010), 1. <https://www.uua.org/action/statements/creating-peace>.



sometimes necessary for self-protection. It is painful for me to witness the deep suffering and moral conflict of returning service members, and yet, even as I see only futility in war, I cannot completely turn away from my desire for safety. I have come to realize my ambivalence about the military is also mirrored, yet again, in the stories of the veterans I now serve. I ask myself “How can I provide avenues for the veterans I serve to find their own routes to peace-making in their hearts, minds and bodies?”

In the book *Faith and Force: A Christian Debate about War*, the authors trace the history of Christian pacifism and the Just War tradition from its early roots to a modern version of Pacifism. Reading this I learned that I am situated as a “strategic, classical, politically engaged, communal Pacifist.”<sup>7</sup> I ascribe to the belief that violence is not helpful to human beings in the long run, not simply because Jesus preached non-violence (*strategic*), but because the force of violence can lead to the destruction of our world. My understanding that force is sometimes necessary for combatting acts of evil or aggression places me in the *classical* camp of Pacifism. I am *politically engaged*, believing people should be talking about how the world is structured and trying to negotiate for peaceful solutions. Lastly, I fall into the *communal* understanding of Pacifism in that I do not feel I have the right to tell others how to believe about war and peace based on a certain religious worldview; I can only share and model my beliefs.

As Vanderbilt Divinity School professor Dr. Sheppard exhorted in her lecture “Spiritual Care Practice for Intimate and Cultural Trauma Experiences,” chaplains must continually check themselves and know why they believe what they believe, and not reflexively fall back on

---

<sup>7</sup> David Clough and Brian Stiltner, *Faith and Force: A Christian Debate about War* (Washington DC: Georgetown University Press, 2007), 39-80.

offering our beliefs to veterans for their meaning-making.<sup>8</sup> This awareness allows the chaplain to offer care from an appropriate use of self. I was drawn to my faith because I thought it was Pacifist, and it is not. I wanted to believe that I was a Pacifist, but looking at myself clearly, I am not. How do I take this process of self-examination and use it wisely in my chaplaincy? This greater understanding of myself, and of the nuanced and complicated relationship humans and religious institutions have with war helps me frame my passion for a specific human suffering we now call *moral injury*.

## **II. Exploration and Analysis**

In this section, I offer information about the different working definitions of moral injury which the field of mental health has developed, along with definitions of the soul, and the importance of understanding spiritual and religious conceptions of the shadow as important knowledge for chaplains offering care to veterans suffering moral injury distress. An understanding of trauma work and how the chaplain can collaborate with mental health providers to offer holistic care, grounded in research, is also provided. For the chaplain coming from the civilian world, an understanding of the warrior ethos in the military is provided.

### **Understanding Military Moral Injury**

Vietnam War veterans returning home and finding it difficult to re-integrate into civilian society helped researchers and clinicians conceptualize what we now call Post Traumatic Stress Disorder (PTSD). PTSD was first included in the third Diagnostic and Statistical Manual of

---

<sup>8</sup>Phyllis Sheppard. “*Spiritual Care Practice for Intimate and Cultural Trauma Experiences*.” VDS Doctor of Ministry Program. October 12, 2021. Video, 48:11. <https://vanderbilt.app.box.com/s/xwtbcpxfikhzvei4e5gk2ks1rd8hwkem/file/891055019082>.

Mental Disorders in 1980 and categorized as a fear-based disorder.<sup>9</sup> Many veterans diagnosed with PTSD have completed the gold standard evidence-based treatments, yet still report a loss of identity, isolate from loved ones and society, grapple with depression, shame, and feelings of betrayal, and question their religious and spiritual beliefs.

This deep internal moral conflict is what we now call moral injury. There is no one definition of moral injury. In the medical community, psychiatrist Dr. Jonathan Shay was one of the first doctors to tease out differences between PTSD symptoms of anger, irritability, insomnia and depression in Vietnam veterans, noticing a different kind of distress found in the moral emotions of shame, alienation, sorrow, outrage, betrayal, and disgust. Shay's definition focuses on "A betrayal of what is right by someone who holds legitimate authority (e.g., in the military, a leader) in a high-stakes situation."<sup>10</sup> His definition came from years of working with Vietnam veterans and his passion as a classics scholar. Drawing on the warrior archetype as described in the Greek texts the Iliad and the Odyssey, Shay honed in on the imbalance of power between a commanding officer and those they command as the "legitimate authority of power."<sup>11</sup>

Dr. Brett Litz, a VA psychologist working with veterans in Massachusetts, further developed Shay's work in this definition for moral injury: "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and

---

<sup>9</sup>American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.), 1980.

<sup>10</sup>Jonathan Shay, "Moral Injury," *Psychoanalytic Psychology* 31, no. 2(April 2014): 182. [doi.org/10.1037/a0036090](https://doi.org/10.1037/a0036090).

<sup>11</sup>Rita Nakashima-Brock, "Moral Injury, Identity and Meaning," (Lecture at Union Theological Seminary, New York, NY, January 9, 2019).

expectations.”<sup>12</sup> In a 2009 article, Litz and colleagues connected morally injurious events to long-term maladaptive emotional, psychological, spiritual, and social behaviors. He and his team began asking the question, “What happens when service members can't contextualize or justify their actions or the actions of others, and cannot successfully make meaning of morally challenging experiences with their own identity and worldview?”<sup>13</sup> He asserts “we argue that moral injury involves an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness (identity).<sup>14</sup> Litz also contends the ethical and moral questions veterans are struggling with may be in the realm of religious counseling and chaplaincy and brings in the idea that work in self-forgiveness might be pertinent to healing. In the last few years, others have continued to explore how to define moral injury. Bonson and colleagues offer “Moral injury can be defined as a substantial degradation in or breakdown of an individual’s relationship with self, others and humanity.”<sup>15</sup> This definition focuses on how the person *experiences* the event rather than the event itself, and for me corresponds well with the definition of spirituality from Christina Pulchalski I use with veterans “Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to

---

<sup>12</sup>Brett Litz et al., “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Interventions Strategy,” *Clinical Psychology Review* 29, no. 8(December 2009): 700. doi: 10.1016/j.cpr.2009.07.003.

<sup>13</sup>Litz et al., “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Interventions Strategy,” 696.

<sup>14</sup>Litz et al., “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Interventions Strategy,” 698.

<sup>15</sup>Amanda Bonson et al., “Conceptualization of moral injury: A socio-cognitive perspective,” *Journal of Military, Veteran and Family Health* 9, no. 2(April 2023): 76.

others, to nature, and to the significant or sacred.”<sup>16</sup> This is an understanding of spirituality that works with both the religious and non-religious and is focused on relationships.

Additionally, I propose an understanding of military culture is necessary for the VA chaplain, and theologically trained psychologist Dr. Kent Drescher, drawing from Moral Foundations Theory, explains there are five moral themes embedded cross-culturally in warriors:

1. Harm and Care – need to protect innocents and buddies
2. Fairness and Reciprocity – use of proportionate violence
3. In-group loyalty – need for unit cohesion
4. Authority and respect – Follow orders/commander
5. Violations of purity or sanctity – need to protect sacred symbols (honor, God)<sup>17</sup>

When any of these are ignored or violated, negative moral emotions can emerge, particularly once the warrior is removed from a combat context and is back living with civilians. Dr.

Drescher explains “trauma and spirituality often intersect, and the healing of the morally injured psyche involves the healing of the spirit.”<sup>18</sup> It is important to situate the spiritual issues of moral injury in the wheelhouse of chaplains. Chaplains have formal training in theology, theodicy, and questions about faith making us uniquely qualified to accompany veterans in their despair and confusion. Grief and loss are also part of moral injury and important components to

---

<sup>16</sup>Simran Rattan, “What is Spirituality,” *Spirituality is Medicine* (blog). December 9, 2020. <https://www.spiritualityismedicine.com/blog/what-is-spirituality>.

<sup>17</sup>Kent Drescher. “2.6.1: Moral Injury Part 1.” Integrative Mental Health, August 24, 2017, Video 1:10:37. <https://www.youtube.com/watch?v=0kVoAQ3uLhY>.

<sup>18</sup>Kent Drescher et al., “An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans,” *Traumatology* 17, no. 1(March 2011): 9. <https://psycnet.apa.org/doiLanding?doi=10.1177%2F1534765610395615>

acknowledge. Building upon Pulchalski's definition of spirituality, I understand intense grief, shame and the loss of connection to an inner sense of self as a spiritual loss. What I often witness in the veterans I minister to is an inability to trust themselves to be a morally active participant in the world after returning home from deployment. They describe themselves as broken and unworthy. These negative self-appraisals link to moral emotions of guilt, shame, alienation, sorrow, remorse, anger and disgust. These feelings lead to self-condemnation and negative coping strategies.

Moral injury results in suffering found in broken trust, alienation, a sense of betrayal and social withdrawal.<sup>19</sup> I am also struck by the deep shame many veterans with moral injury carry. There is a link between shame and trauma vividly described by Dr. Brene Brown in her audio lecture course on vulnerability "The feelings of shame are the same as trauma. Our mouths go dry, our palms get sweaty, we feel it in our gut. These are the same physiological symptoms as when a person experiences a trauma."<sup>20</sup> She goes on to explain that developmentally, and throughout human evolution, shame makes us feel that we are unlovable, and to be unlovable is a threat to our survival. In this explanation of shame, we note that the deep bonds of community that kept our service members safe in combat situations, often become a deep source of loss when they return to civilian society. Veterans have lost a community of others who not only understood the context of violence but also ensured physical and emotional safety.

---

<sup>19</sup>Rita Nakashima-Brock, "Moral Injury, Identity and Meaning," (Lecture, Union Theological Seminary, New York, NY, January 9, 2019).

<sup>20</sup>Brene Brown, "The Power of Vulnerability: Teachings on Authenticity" Session 2, Connection and Courage, 1:47-53. (Sounds True Audio Learning Course, 2012).

## **Military Moral Injury: Soul Wounds and Shadow Work**

Moral injury is often referred to as a wound of the soul. I talk to veterans about the importance of “soul work” when I speak about healing a moral injury. There are many ideas about the soul from religious, spiritual, and psychological perspectives. Retired Navy Captain Beth Stallinga, U.S. Navy Chaplain Corps, shares the definition of the soul as “...the nexus of our deep connection with all that is good, true, beautiful: our connection with the rest of creation, and our connection with God.”<sup>21</sup> Dr. Edward Tick, a psychotherapist and author of the classic book *War and the Soul* defines soul as “at the center of human consciousness and experience. It is through the soul that we experience our human uniqueness and spiritual depth.”<sup>22</sup> In these definitions, we see how the soul can be seen as “unique” to each person. However, in war, military discipline requires each individual to belong to one collective unit and act as one being. An individual soldier's soul or conscience is not easily permitted to act on its own but must follow orders and make decisions and actions that benefit the mission or the safeguarding of the unit. This difference in acting on behalf of self or the collective can lead to a devastating schism in identity in high-stakes situations.

One hallmark of moral injury is “inner conflict” which leads to a shattering of one’s identity. Moral injury is very personal and contextual. A situation that might lead to moral injury distress in one person might be seen only as an unfortunate circumstance by another. This concept of inner conflict and a shattering of identity can be viewed through the spiritual lens of

---

<sup>21</sup>Beth Stallinga, “Comfort Ye My People: Chaplains, Spiritual Care, and Operational Stress Injury” Master of Military Studies Research Paper, USMC Command and Staff College Marine Corps University, 2011, 5. <https://apps.dtic.mil/sti/pdfs/ADA603454.pdf>.

<sup>22</sup>Edward Tick, *War and the Soul: Healing Our Nation's Veterans from Post Traumatic Stress Disorder* (Wheaton, Illinois: Quest Books, 2005), 16-17.

many cultures, religious traditions, and depth psychology. If we are not able to know ourselves deeply and confront our own shadows of sexism, racism, homophobia, intolerance of other faith systems, etc., these become projected outward and each individual shadow merges with others to form a larger, group hate. War, or the conflict and cruelty within it, can be the result of the unexplored shadow.

Tick states, “In order to kill, one must invert one’s sense of good and evil. The impulse for destruction replaces the impulse for creativity.”<sup>23</sup> The moral compass becomes a moral inversion – a reversal of ethical standards without inner justification. When a veteran has betrayed their religious and ethical codes (often stemming from Biblical commandments such as *Thou Shall No Kill*) to fulfill orders, whether to stay alive or save others, this dissonance creates intolerable moral conflict, loss of identity, and breaks the “soul” as we have defined it. When they return home and are separated from the battle context, this inner conflict may become intolerable leading to any number of unhealthy coping strategies.

Lastly, Unitarian Universalist minister Wayne Arneson shares a statement made by psychologist Carl Jung that resonates with my understanding of the soul:

One of the most puzzling ideas that Carl Jung ever put forward in his writings was this one: he said, “The soul is for the most part outside the body.” This sounds so extraordinary because all our usual thinking about the word soul associates it with the mind and locates it inside the body. To say that the soul is mostly outside the body is to connect the soul with our action in the world in an essential way.<sup>24</sup>

---

<sup>23</sup>Tick, *War and the Soul: Healing Our Nation’s Veterans from Post Traumatic Stress Disorder*, 113.

<sup>24</sup>Wayne Arneson, “Care of the Soul,” (Unitarian Universalist Association worship web January 21, 2015). <https://www.uua.org/worship/words/sermon/183453.shtml>.



This understanding of soul aligns with my highly relational theological beliefs. Unitarian Universalist theology is grounded in how one shows up in the world more than in what doctrine one believes. The above idea of soul links to the Unitarian Universalist understanding that salvation is collective. We form an interdependent web comprised of each person, animal, and planet. Hence, moral injury and soul wounds can be seen as both a personal and collective wound. Any damage to the individual soul becomes a part of a collective wound to the world.

Tick states, “The soul contains what depth psychologists call the shadow.”<sup>25</sup> A greater understanding of what is called “shadow work” by many spiritual leaders and writers will help the VA chaplain conceptualize the challenge of multidimensional spiritual care for moral injury. The psychologist Carl Jung popularized the idea of a 'shadow side.' Jung described the shadow as the first layer of our unconscious. He believed the parts of the human psyche that are shameful to us and that we want to hide from others are found in this first layer. But this shadowy, buried part of ourselves is indeed active, and to ignore it or hide this part of ourselves means that we deny a part of who we are.<sup>26</sup> Episcopal priest and psychotherapist Rev. Dr. Lauren Artress reminds us that in the Christian tradition “the focus of self-knowledge is on the discovery of the shadow...since the shadow is unconscious by definition, it may take the loving kindness of others to direct our attention to it.”<sup>27</sup> Chaplains are important healers in bringing a spiritual lens and supportive presence to veterans as they encounter their shadow side. More

---

<sup>25</sup>Tick, *War and the Soul: Healing Our Nation's Veterans from Post Traumatic Stress Disorder*, 22.

<sup>26</sup>Louise Taylor, “The Beauty and Brilliance of Shadow Work,” *Psychology Today*, September 28, 2021. <https://www.psychologytoday.com/us/blog/reflections-neurodiverse-therapist/202109/the-beauty-and-brilliance-shadow-work>.

<sup>27</sup>Lauren Artress, *Walking a Sacred Path: Rediscovering the Labyrinth as a Sacred Path* (London: Penguin Books, 2006), 142-143.

importantly, chaplains can normalize the understanding that all humans have a shadow side, and gently accompany veterans through the normal avoidance of this important spiritual task.

Spiritually and psychologically, there are parts of ourselves that frighten or shame us, and we want these aspects of ourselves to remain hidden. Fr. Richard Rohr describes this part of our psyche: “Your shadow is what you refuse to see about yourself, and what you do not want others to see.”<sup>28</sup> I encounter veterans suffering from moral injury in deep emotional avoidance of meeting the soul wound/shadow. Chaplains can help veterans connect with their shadow self, which is a deep place of spiritual suffering because it isolates one from an authentic connection to self, others, and the Holy. Often these places of suffering have been exacerbated by an avoidant, unhealthy response to a traumatic and morally injurious event. Avoidance can occur through drugs and alcohol, addiction to porn, gambling, or workaholism. The inability to offer or receive emotional intimacy, substance abuse, and other addictive behaviors are common responses to unprocessed trauma and moral injury. The chaplain offers unconditional positive regard and ongoing compassion while veterans explore this difficult space, which is necessary to move forward.

Another difficulty is helping veterans move away from either/or thinking which is often an outcome of living through a traumatic event. For example, a veteran will become mired in their worst moment or action, and assume this behavior as their identity. They are either a monster or a hero. If they have behaved in a way that, regardless of the context, is seen as outside the realm of appropriate action based on their religious or moral codes, they cannot believe they are redeemable. This polarized thinking keeps our veterans spiritually stuck.

---

<sup>28</sup>Richard Rohr, *Falling Upwards: A Spirituality for the Two Halves of Life* (San Francisco: Jossey-Bass, 2011), 127.

Pastoral Care Professor Carrie Doehring explains “People may not even be aware of their embedded theology until they experience an existential crisis or de-centering experience that disrupts their world, pushing deep layers of sometimes unconscious beliefs, values and practices to the surface.”<sup>29</sup> This is the moment a chaplain can offer questions to gently challenge assumed beliefs and provide spiritual practices and questions to expand a veteran’s spiritual and psychological flexibility. The training of chaplains to offer cultural humility, and be open to others’ worldview, make us the ideal conversation partner for this service.

### **The role of Spirituality in Trauma work**

Dr. Judith Herman has developed a trauma processing theory that is broken down into three stages. She describes trauma this way: “Psychological trauma is an affiliation of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.”<sup>30</sup> To help a victim recover from trauma, they must 1) establish safety (stabilization), 2) be able to tell their story of the traumatic event and make meaning (processing), and 3) reclaim a place in the world through reconnecting with relationships (re-integration).

Herman explains the importance of trauma processing for both the individual and society:

“Remembering and telling the truth about terrible events are prerequisites both for the restoration

---

<sup>29</sup>Carrie Doehring, “Spiritual Care After Violence: Growing from Trauma with Lived Theology,” *The Table* (Biola University Center for Christian Thought, June 23, 2014), 2. <https://cct.biola.edu/spiritual-care-violence-growing-trauma-lived-theology/>.

<sup>30</sup>Judith Herman, *Trauma and Recovery: The Aftermath of Violence From Domestic Abuse to Political Terror* (New York: Basic Books, 2015), 33.

of the social order and the healing of the individual victims.”<sup>31</sup> Trauma changes us, and this is why veterans can never go back to the way they once were. It is possible they can go through a process of recreating the self. Yet, this journey to both remember and tell the truth to oneself and trusted others, is very difficult and rarely happens without therapeutic and spiritual intervention.

The mental health community does not debate the impact of trauma on religious faith and spirituality. Researchers Fontana and Rosenheck report that “one of the most pervasive difficulties experienced by persons who have trouble coping with trauma is a loss of meaning or purpose to life that is often experienced as a weakening of religious faith.”<sup>32</sup> However, it is also documented that traumatic experiences can lead to a strengthening of religious faith if the event is seen as a spiritual awakening and meaning can be made of the event in the larger scheme of one’s life.<sup>33</sup> In the VA, there are many mental health providers who offer trauma counseling but who may not have the expertise to incorporate talking about how a veteran’s faith or spirituality has been impacted, or how beliefs may be leading to negative coping strategies.

In the first 18 months of the Integrated Chaplaincy program (the Mental Health Integration for Chaplains sequence), we learned chaplains use a biopsychosocial-spiritual model of care where there is an emphasis on finding meaning in suffering using story, narrative, and metaphor which may involve a shift in understanding/perception and behavior.<sup>34</sup> Much of my

---

<sup>31</sup>Herman, *Trauma and Recovery: The Aftermath of Violence From Domestic Abuse to Political Terror*, 1.

<sup>31</sup>Alan Fontana and Robert Rosenheck, “Trauma, change in strength of religious faith and mental health service use among veterans treated for PTSD,” *Journal of Nervous and Mental Disease* 192, no. 9(September 2004): 579-584. doi:10.1097/01.nmd.0000138224.17375.55.

<sup>33</sup>Fontana et al., “Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD,” 579-84.

<sup>34</sup>Kent Drescher. “1.3.1: Spiritual Practices and Contemporary Psychotherapy.” Integrative Mental Health, January 15, 2016, Video 46:28. <https://www.youtube.com/watch?v=tF0LzssUbNU>.

ministry is bearing witness to veterans trying to find meaning in their suffering. Moral injury is contextual and includes a crisis of personal identity. For many of the veterans I minister to there has also been a loss of faith in God, in the goodness of humanity, and in the veteran's ability to trust who they once believed themselves to be as moral people. Many of the veterans I serve have deep despair over taking a human life or being unable to stop a violent action. From my perspective as a chaplain, this is the ultimate shadow work.

Christian theologian Shelly Rambo calls this space Holy Saturday, or the place of abandonment and forsakenness. This is the place of suffering where the promise of a new life is not yet embodied.<sup>35</sup> In her article "Spirit and Trauma," Rambo states "Trauma is described as an encounter with death. This encounter is not, however, a literal death but a way of describing a radical event or events that shatter what one knows about the world and all the familiar ways of operating within it."<sup>36</sup> This statement makes sense when we note the painful emotions linked to moral injury such as shame and betrayal, are the opposite of moral emotions that link us to feelings of belonging and wholeness. These are described as "Those emotions that are linked to the interests of the welfare either of society as a whole or at least of a person other than the judge or agent."<sup>37</sup> Moral emotions are embedded in the norms of the community, not only in self.

VA chaplains work in a pluralistic faith environment. Often, my work is more spiritual than religious. This is particularly true in moral injury groups. Spiritual practices are "behaviors

---

<sup>35</sup>Shelly Rambo. "3.6.1: A Theological Rethinking of Trauma and Suffering." Integrative Mental Health, January 5, 2015, Video 1:14:24, <https://www.youtube.com/watch?v=Fa5TAIhFPjM>.

<sup>36</sup>Shelly Rambo, "Spirit and Trauma," *Interpretation: A Journal of Bible and Theology* 69, no. 1(January 2015), 10.

<sup>37</sup>Kent Drescher. "2.6.1: Moral Injury Part 1." Integrative Mental Health, August 24, 2017, Video 1:10:37. <https://www.youtube.com/watch?v=0kVoAQ3uLhY>. In this lecture Drescher is quoting Dr. Jonathan Haidt.

one engages in, in order to mature or grow in understanding of one's beliefs and values, and as a way of experiencing living out these values in the world.”<sup>38</sup> It is difficult to live one's values in the world when a veteran, is stuck in the shadow of Holy Saturday, or has not been able to process their trauma to stabilize and reconnect. My role as a chaplain is accompanying veterans as they explore what spiritual beliefs and practices might help them live a life congruent with their values, faith beliefs, and moral compass. We come to an impasse when a veteran is “stuck” in their trauma and suffering. Veterans seek a chaplain because they want to reconnect or connect more deeply to what is Holy and life-affirming in the hope they will feel less depressed and emotionally empty.

Many of the veterans I work with share “I just want it to be like it was before I went into the military.” They do not yet understand this is not possible. Many veterans lament they have lost their religious beliefs while deployed and were unable to find them back home. If a veteran is Christian, they may believe that they have suffered, felt shame and guilt, and attempted some kind of repentance or amends, but there has been no “getting better” (metaphorical resurrection). Most of the veterans I meet have been in a place of anguish for years.

### **The Role of the VA Chaplain in Military Moral Injury Repair**

Chaplains have been attached to the military since the Revolutionary War, underscoring the importance of spiritual and religious care for those who engage in life-and-death situations to

---

<sup>38</sup>Kenneth Pargament. “1.2.1: Spiritual Assessment.” Integrative Mental Health, October 28, 2014, Video 1:14:38. [https://www.youtube.com/watch?v=\\_5ML2H9KAik](https://www.youtube.com/watch?v=_5ML2H9KAik).

protect our citizenry.<sup>39</sup> A gap analysis as a part of the VA/DoD Integrated Mental Health Strategy revealed that chaplains were extensively involved in caring for individuals with mental health problems. This analysis indicated that in both the military and VA settings chaplains are sought out for mental health care more than mental health providers because 1) there is reduced stigma seeing a chaplain, 2) there is greater perceived confidentiality with chaplains, 3) chaplains often have more flexible schedules that allow easier availability, and 4) many service members and veterans have greater comfort with clergy as a natural part of their support system.<sup>40</sup>

Additional studies document the importance of chaplains in working with veterans with mental health issues because 1) veterans who report a weakening of their religious faith have a higher rate of mental health utilization, and 2) veterans who experience a loss of meaning after war-zone deployments were more likely to seek mental health treatment.<sup>41</sup> Many veterans who are already presenting for mental health care at a VA are struggling with spiritual concerns and may have the desire to connect or repair their faith as part of the treatment process.

The 2012 gap analysis also found that integration of care between chaplains and mental health providers is often limited due to a lack of trust and familiarity between these two disciplines. Because there was such strong evidence that chaplains are gatekeepers for veterans to access mental health services, the VA Integrative Mental Health program developed an 18-month training program for Department of Defense and VA chaplains specifically to introduce

---

<sup>39</sup>Jason Nieuwsma et al., “Chaplaincy and Mental Health in the Department of Veterans Affairs and the Department of Defense,” *Journal of Healthcare Chaplaincy* 19, no. 1(January 2013): 3-21. [https://doi: 10.1080/08854726.2013.775820](https://doi.org/10.1080/08854726.2013.775820).

<sup>40</sup>Nieuwsma et al., 2013.

<sup>41</sup>Alan Fontana and Robert Rosenheck, “Trauma, change in strength of religious faith and mental health service use among veterans treated for PTSD,” 579-584.

evidence-based clinical care to chaplains and to foster interdisciplinary care. Moral injury treatment lends itself to interdisciplinary care. Veterans who report exposure to morally injurious events also report doubting their religious beliefs, questioning their purpose in life, and feeling unforgivable, abandoned, or punished by God.<sup>42</sup> Studies also show some veterans seek VA treatment more for a search for meaning than to lessen PTSD symptoms.<sup>43</sup> These are important reasons why chaplains need to be involved with mental health providers in moral injury repair. Theologian Henri Nouwen writes, “No minister can save anyone. We can only offer ourselves as guides to fearful people. Yet, paradoxically, it is in precisely this guidance that the first signs of hope become visible. This is so because a shared pain is no longer paralyzing but mobilizing.”<sup>44</sup> It takes tremendous courage for a veteran to seek help from a VA hospital, and I am always grateful and filled with admiration for the veteran who can take this step of believing it may be possible to trust again. Rev. Henri Nouwen offers me strength as well, in seeing my brokenness and story as a gift for ministering to others.

### **Developing treatments for Moral Injury in a VA clinical setting**

Unlike PTSD, there is very little evidence-based research about how best to “treat” moral injury. Moral injury is not a disorder, but a very normal human response to an abnormal situation. As mentioned earlier, there is no one definition of moral injury, and it is important to note that moral injury is different from PTSD. When we talk about moral injury and trauma, we

---

<sup>42</sup>Brandon Griffin et al., “Moral Injury: An Integrative Review,” *Journal of Traumatic Stress* 32, no. 3 (June 2019): 350-362. DOI: [10.1002/jts.22362](https://doi.org/10.1002/jts.22362).

<sup>43</sup>Nieuwsma et al., “Chaplaincy and Mental Health in the Department of Veterans Affairs and the Department of Defense,” 4.

<sup>44</sup>Henri Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York: Doubleday, 2009) 102.



do not want to conflate the two. Among clinicians, and as outlined in the DSM 5, “trauma has historically been understood as experiencing risk and fear, enduring stress, and witnessing death and *suffering* acts of perpetration.”<sup>45</sup> It can be confusing to understand the subtle differences between moral injury and trauma for both chaplains and clinicians. Farnsworth and colleagues provide a helpful framework “PTSD Criterion A events are characterized by the presence of a threat to life or physical integrity. Morally injurious events (MIEs) are identified by perceived violation of personal moral values that lead an individual to judge the process or outcome of the experience as “wrong.” In the case of PTSD, avoidance of trauma reminders functions to ensure that individual’s continued safety. In the case of moral injury, avoidance is likely due to moral emotions such as shame and moral evaluations that prompt the individual to behaviorally withdraw.”<sup>46</sup> In the DSM 5, when looking at Criterion D for PTSD, there is a requirement that the negative trauma-related beliefs, expectations and cognitions be “exaggerated” (D2) or “distorted” (D3), however when veterans think about the morally injurious situations that have led them to seek help, it is not necessarily cognitive but emotional evaluations.<sup>47</sup> In other words, if a veteran experiences deep moral pain that leads to being stuck in moral injury, it means they have strong moral beliefs and codes that were shattered. This is not a disease or a disorder. I also agree with the philosopher Dr. Joseph Wiinikka-Lydon, who shares his unease with the current discussions of moral injury being highly focused on clinical research using clinical language. Moral injury is not quite the same thing as “trauma” as defined in the DSM 5 and

---

<sup>45</sup>Jacob Farnsworth et. al., “A Functional Approach to Understanding and Treating Military-Related Moral Injury,” *Journal of Contextual Behavioral Science* 6, no. 4 (July 2017): 393. <http://dx.doi.org/10.1016/j.jcbs.2017.07.003>.

<sup>46</sup>Farnsworth, “A Functional Approach to Understanding and Treating Military-Related Moral Injury,” 395.

<sup>47</sup>Farnsworth, “A Functional Approach to Understanding and Treating Military-Related Moral Injury,” 393.

we need to use expansive language that will embrace theology, philosophy, and the arts when talking about moral injury and repair.<sup>48</sup> This is a place where a chaplain can make an incredible difference.

Personal confession, or truth-telling, can be a powerful component of moral injury repair. Before our VA was able to offer moral injury groups I would meet individually with veterans, entering into what Sr. Helen Prejean calls a “dreadful intimacy” with a person who tells you the worst thing they ever saw, did, or were unable to stop in their duty to protect United States citizens. However, there is something equally powerful about telling your story to a group of peers who can provide a community of witnesses. This group of peers has familiarity with the wounds of war, the pain of homecoming and feelings of dislocation.

The Dynamic Diffusion Network (DDN), under the umbrella of the VA Integrative Mental Health Moral Injury Collaborative Groups program, was created to address the challenge of offering on-the-ground care for complex problems that are not adequately met by existing protocols. Moral injury fits perfectly within this problem-solving framework. At present there is not one best practice for delivering moral injury care and teams of VA chaplains and mental health providers across the country are working to develop group approaches to address this suffering. The DDN collects and disseminates information about what different care teams are doing, provides opportunities for teams to share and support each other, and grapples with how

---

<sup>48</sup>Susan Diamond and Rita Nakashima-Brock, Episode 2 “A Pandemic, Hate-Crimes, Murders, and an Insurrection: Have We All Got Moral Injury Now?” May 25, 2023 in podcast Soul Repair: After Moral Injury produced by Studio D Podcast Productions. 58:31, <https://open.spotify.com/episode/1umvRchFH0QO15AXrRWMFh>. (Dr. Wiinika-Lydon speaks at 13:48.)

to evaluate the efficacy of varied approaches to moral injury care.<sup>49</sup> Qualitative data from chaplains about the moral injury distress we witness in veterans adds our unique perspective to the conceptualization of moral injury.<sup>50</sup>

The specific DDN Quality Enhancement Research Initiative (QUERI) project that the Cleveland VA moral injury team is involved with was launched in 2021 to research and expand evidence-based practices with a focus on innovations for moral injury. The complete Cleveland VA moral injury team consists of two chaplains and three mental health providers, and our DDN team consists of myself and a psychologist. We have been asked to gather information about how Chaplain-Mental health teams work together to recruit veterans, implement and co-facilitate the moral injury groups and use pre- and post-testing to assess changes. The DDN QUERI team leaders are looking at different moral injury group curricula through this project. The Cleveland team is using the Reclaiming Experience and Loss (REAL) curriculum.<sup>51</sup>

REAL is a twelve-week 90-minute group that focuses on exploring a veteran's inner spiritual life and the morally injurious event through the lens of loss. This curriculum looks at how the many layers of relationships (including the relationship to self) have been changed by the morally injurious event and invites group members to write two stories. In preparation, veterans write a lament and complete a spiritual inventory. The first story recounts how they

---

<sup>49</sup>Melissa Smigelsky et al., "Dynamic Diffusion Network: Advancing moral injury care and suicide prevention using an innovative model," *Healthcare* 8, no. 3 (September 2020): 1-6. DOI:[10.1016/j.hjdsi.2020.100440](https://doi.org/10.1016/j.hjdsi.2020.100440).

<sup>50</sup>Rachel Boska et al., "Understanding Moral Injury Morbidity: A Qualitative Study Examining Chaplain's Perspectives," *Journal of Religion and Health* 60 (September 2021): 3090-3099. <https://doi.org/10.1007/s10943-021-01414-3>.

<sup>51</sup>Melissa Smigelsky et al., "Let's get REAL": A collaborative group therapy for moral injury." *Journal of health care chaplaincy* 28, no. sup1 (2022): S42-S56.

were changed after the morally injurious event, and the second story is written in the third person, from the perspective of someone who knows the veteran. This assignment asks veterans to think of their future with “New Eyes.”

Over the past two years, our team has also made an effort to train a chaplain fellow and a psychology resident in the REAL program, and to institutionalize this as an interdisciplinary educational opportunity. Through the DDN we have learned that how providers conceptualize and define moral injury is important to developing treatments and determining which veterans are appropriate for group care.<sup>52</sup> Our team's working definition of moral injury is:

*Moral injury is a betrayal of what is right. It is social, psychological and spiritual suffering. This is due to committing, failing to prevent, witnessing or being a casualty of acts that go against deeply held moral beliefs and expectations.*

Our definition includes the phrase “or being a casualty of acts that go against deeply held beliefs” because we see feelings of betrayal deeply embedded in all aspects of moral injury. Our team has also pioneered moral injury groups for both men and women veterans who are survivors of military sexual trauma, and most recently we are offering a group for male veterans with sex offender status. We facilitate groups because we believe this model allows our veterans to break the silence which keeps them siloed from potential sources of support.

### **III. Constructive Interpretation and reflection**

The question of how spiritual care can facilitate acceptance of the shadow as a critical spiritual component of military moral injury healing is the through line of my paper. Dr. Carrie Doehring, in her essay “Military Moral Injury: An Evidence-based and Intercultural Approach to

---

<sup>52</sup>Melissa Smigelsky et al., “Core Components of Moral Injury Groups Co-Facilitated by Mental Health Providers and Chaplains,” *Spirituality in Clinical Practice* 9, no. 3(September 2022): 163. <https://doi.org/10.1037/scp0000297>

Spiritual Care,” explains the key to understanding the struggles with a veteran’s faith lies in what Dr. Kenneth Pargament calls the care seeker’s spiritual orienting system “ ‘comprised of values, beliefs, practices, emotions and relationships’ that determine whether struggles lead to wholeness or brokenness.”<sup>53</sup> For me, facing and integrating one’s shadow into a new understanding and acceptance of self is a necessary process of becoming whole. In their seminal article on moral injury, Litz and colleagues reference the importance of self-forgiveness in moral injury treatment.<sup>54</sup> In later work Litz and colleagues begin to explore the role of self-compassion in healing.<sup>55</sup> Self-forgiveness is a newer area of study and has recently been placed under the umbrella of self-compassion.<sup>56</sup> We can also look at research from Wortmann and colleagues which outlines the importance of understanding how various religious traditions view the relationship between sin, transgressive behaviors, and forgiveness to the process of spiritual wholeness and restoration.<sup>57</sup> This next section will review how chaplains can explore forgiveness and compassion with veterans as important components of moral injury healing.

---

<sup>53</sup>Nancy Ramsay and Carrie Doehring, Eds. *Military Moral Injury and Spiritual Care* (St. Louis: Chalice Press, 2019), 20.

<sup>54</sup>Brett Litz, et al., “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Interventions Strategy,” *Clinical Psychology Review* 29, no. 8 (December 2009): 698. doi: 10.1016/j.cpr.2009.07.003.

<sup>55</sup>Brett Litz and Jessica Carney, “Employing loving-kindness meditation to promote self- and other-compassion among war veterans with posttraumatic stress disorder,” *Spirituality in Clinical Practice* 5, no. 3(September 2018): 201–211. <https://doi.org/10.1037/scp0000174>.

<sup>56</sup>Jon Webb et al., “A consensus definition of self-forgiveness: Implications for assessment and treatment,” *Spirituality in Clinical Practice* 4, no. 3(September 2017): 217. <https://doi.org/10.1037/scp0000138>.

<sup>57</sup>Jennifer Wortmann et al., “Spiritual features of war-related moral injury: A primer for clinicians,” *Spirituality in Clinical Practice* 4, no. 4(December 2017): 249–261. <https://doi.org/10.1037/scp0000140>.

## **Truth-telling, Forgiveness and Self-forgiveness in Military Moral Injury Repair**

Given the importance of religious faith to many of our veterans, chaplains have a unique role in honoring confession and truth-telling with veterans and exploring forgiveness and self-forgiveness in the aftermath of a morally injurious event. I believe humans have the capacity for both good and evil, and when any of us fail to live up to the moral standards we set for ourselves this can lead to the maladaptive moral emotion of shame. Religious beliefs, and the physiological impact of trauma on the brain and body can challenge long-held assumptions about identity. It is easy to see why forgiveness is often described as “tricky” by chaplains and clinicians within the context of military moral injury.

When a moral covenant is broken with the self or others leading to moral injury, what might forgiveness and healing look like for a veteran? Rabbi Nancy Wiener points out “...a real challenge for all of us who are committed to this work (moral injury) right now is how much of the literature so far is really embedded in Christian concepts and Christological language.”<sup>58</sup> Many of the veterans I minister to might self-identify as Christian yet have no experience of scripture, prayer, or Christian sacraments. I also minister to many veterans who identify as spiritual, not religious, and who tell me they have turned away from a childhood Christian identity due to perceived hypocrisy between the actions and beliefs of the Christians they encounter. Expanding how we can describe what moral injury looks and feels like and how we can engage in conversations about moral injury with people of diverse religious and secular beliefs is critical to offering high-quality care to our nation’s veterans. This has prompted me to educate myself about

---

<sup>58</sup>Susan Diamond and Rita Nakashima-Brock, Episode 2 “A Pandemic, Hate-Crimes, Murders, and an Insurrection: Have We All Got Moral Injury Now?” May 25, 2023, in podcast Soul Repair: After Moral Injury produced by Studio D Podcast Productions. 58:31, <https://open.spotify.com/episode/1umvRchFH0QO15AXrRWMFh>. (Dr. Nancy Wiener speaks at 37:56.)

the topic of forgiveness from different perspectives, both religious and secular. I map some prominent interpretive frameworks for forgiveness in the next section.

Rabbi Danya Ruttenberg explains from a Jewish perspective, "...the concepts of repentance, forgiveness and atonement are very separate categories, and the tradition places the highest emphasis on the work of repentance."<sup>59</sup> Repentance is the transformational work of repairing harm. According to Jewish law, a person who is harmed is not required to forgive the person who harmed them if that individual has not engaged in the work of repentance. The Mishnah and Talmud place less emphasis on forgiveness from the harmed person than on the repair work of the perpetrator. Ruttenberg explains "In a spiritual context, repentance is about coming back to where we are supposed to be, returning to the person we know we are capable of being—coming home, in humility and with intentionality, to behave as the person we'd like to believe we are."<sup>60</sup> A critical aspect of military moral injury I witness is the crisis of identity. When a veteran reflects on the loss of their moral identity as a good, honorable person, it is devastating. The institutional honor and integrity of the military can be harmed as well. How could goodness be restored through the work of repentance? I am called back to the importance of truth-telling as the beginning step of repentance, and the need to provide spiritual and clinical support to our veterans to help them move past the emotional avoidance that shame and grief bring to this often painful yet necessary step. Truth-telling is a raw encounter with the shadow.

---

<sup>59</sup>Danya Ruttenberg, *On Repentance and Repair: Making Amends in an Unapologetic World* (Boston: Beacon Press, 2022), 4.

<sup>60</sup>Ruttenberg, *On Repentance and Repair: Making Amends In An Unapologetic World*, 25.

Truth-telling is the journey of moving through emotional avoidance and the first step of reconnecting with the self and one's community.

Although there can be no one Christian understanding of forgiveness and repentance within this large faith, many of my veterans are more traditional in their beliefs. The conservative minister Rev. Timothy Keller, offers one such perspective in his mass-marketed book, *Forgive: Why Should I and How Can I?* Keller believes that humans cannot understand forgiveness without experiencing God's forgiveness first, and that God's divine mercy can change the human heart so that we might then be able to extend forgiveness in a way that is similar to God forgiving humanity.<sup>61</sup> This "...divine forgiveness brings profound healing" and should lead the Christian to the understanding that we must forgive others the way that Jesus forgave each of us.<sup>62</sup> Keller shares the concept of forgiveness was not a part of ancient Western culture - honor was key to keeping these societies intact. The death of Jesus for the sins of humanity was a radical departure and set Christianity apart from other religions of the time.

Unfortunately, the sacrificial death of Jesus can be viewed as a supportive argument for the sacrificial death of U.S. soldiers. Dr. Kelly Denton-Borhaug, in her essay "Like Acid Seeping Into Your Soul" explains the relationship between Christian theology and military service as a "necessary sacrifice" is a justification for war and may be fueling moral injury in service members.<sup>63</sup> If civilians buy into the rhetoric that soldiers must die for our freedom instead of living into the ethos of Jesus' command to love our enemies, who can the veterans turn to for an

---

<sup>61</sup>Timothy Keller, *Forgive: Why Should I and How Can I?* (New York: Viking Press, 2022), 10.

<sup>62</sup>Keller, *Forgive: Why Should I and How Can I?*, 32.

<sup>63</sup>Kelly Denton-Borhaug, "Like Acid Seeping into Your Soul: Religio-Cultural Violence in Moral Injury," in *Exploring Moral Injury in Sacred Texts*, ed. Joseph McDonald, (London: Jessica Kingsley Publishers, 2017), 113.



honest conversation about their feelings of grief, guilt, shame and regret? Chaplains must understand this connection and be able to help veterans navigate their thinking if it leads to cognitive distortions and negative religious coping such as believing they are unworthy of salvation or a meaningful life if they survived while others did not. This is why chaplains must carefully think about their theology of war and conflict. If a VA chaplain has not thoughtfully engaged with this theology, it would be far too easy to become activated if a veteran has a different theological view. This is the role of theological reflexivity in trauma care. Doehring explains “The process of theological reflexivity begins at a personal level.....and holds us (chaplains) responsible for identifying embedded theologies formed in childhood that still exert an influence which may be life-giving or life-limiting for ourselves and others.”<sup>64</sup> Surfacing and examining embedded theology is a critical component of Clinical Pastoral Education for preparation for working in the field of moral injury healing.

Personally, I resonate with the wisdom of Archbishop Desmond Tutu, who preached and wrote about forgiveness for much of his life. His understanding of forgiveness stemmed from the early familial and societal trauma he witnessed and endured. This led to his profound pastoral and prophetic call to assemble a Truth and Reconciliation Commission in South Africa to begin the process of national healing from apartheid. Tutu's wisdom offers the chaplain a model of post-traumatic growth and what Herman calls “survivor mission: they have been able to create a new purpose in life from their trauma by sharing their stories.”<sup>65</sup> As a Christian who believed in

---

<sup>64</sup>Carrie Doehring, “Spiritual Care After Violence: Growing from Trauma with Lived Theology,” *The Table* (Biola University Center for Christian Thought, June 23, 2014), 4. <https://cct.biola.edu/spiritual-care-violence-growing-trauma-lived-theology/>.

<sup>65</sup>Judith Herman, *Truth and Repair: How Trauma Survivors Envision Justice* (New York: Basic Books, 2023), 9.

unconditional forgiveness, Tutu was open and honest about the struggle humans have to forgive. He stated “Ultimately forgiveness is a choice we make, and the ability to forgive others comes from the recognition that we are all flawed and human.”<sup>66</sup> Tutu addressed the question I am asked by many veterans, “How can I forgive, or ask forgiveness of, a person if they are dead or if I can never really know who they are?” Tutu shared we can always forgive in our heart if we choose this path.<sup>67</sup> His theology also encompassed the idea of Ubuntu, the understanding “I am because you are” a profound statement that calls each of us into an ongoing exploration of the interconnectedness of humanity. Tutu melded this ancient African understanding, in which the “central concern is the healing of breaches, the redressing of imbalances, the restoration of broken relationships, a seeking to rehabilitate both the victim and the perpetrator, who should be given the opportunity to be reintegrated into the community he has injured by his offense” into his work on forgiveness.<sup>68</sup> In our moral injury groups, we witness the veterans’ relationship to this dual identity of being both “victim and villain” and accompany our veterans as they begin to integrate them into one accepted self.

### **Secular Thoughts on Forgiveness in Military Moral Injury Healing**

---

<sup>66</sup>Desmond Tutu and Mpho Tutu, *The Book of Forgiving* (New York: Harper One, 2014), 22.

<sup>67</sup>Desmond Tutu and Mpho Tutu, *The Book of Forgiving* (New York: Harper One, 2014), 25.

<sup>68</sup>Desmond Tutu, *No Future Without Forgiveness* (New York: Doubleday, 1999), 54-55.

Philosopher Dr. Myisha Cherry, in her book *Failures of Forgiveness: What We Get Wrong and How To Do Better* states current Western society has a narrow view of forgiveness. She writes “We think that forgiveness is the ‘letting go’ of negative feelings and that the aim is reconciliation. It is what the mature extend and what the bitter hold back. Promoting it is a virtue, discouraging it is a vice.”<sup>69</sup> She agrees with Archbishop Tutu that forgiveness does not mean that you need to reconcile, but we give up the need for revenge.”<sup>70</sup> Cherry wonders if one needs to be the direct object of harm to forgive. But as many of us working in trauma and moral injury know, self-harm is often a direct result of coping with the aftermath of a morally injurious event. Addiction to substances, isolation, and suicidal ideation are all harm directed to the self. Cherry cites James Baldwin and Martin Luther King, Jr. who both believed that hatred is really self-hatred (the outward projection of the shadow).<sup>71</sup> In working with military moral injury, we must add that soldiers are trained to kill, and they undergo psychological training to learn to see the enemy as the “other.” This adds a layer of societal complicity and betrayal to any forgiveness work.

In 2003 Marina Cantacuzino created “The Forgiveness Project” as a series of stories and photos that offered the public a chance to engage in what she calls the “moral minefield” of forgiveness.<sup>72</sup> People from all over the world shared harm they had done to others or traumatic instances that had been perpetrated against them, and whether they were able to forgive. Her

---

<sup>69</sup>Myisha Cherry, *Failures of Forgiveness* (Princeton: Princeton University Press, 2023), 4.

<sup>70</sup>Cherry, *Failures of Forgiveness*, 9.

<sup>71</sup>Cherry, *Failures of Forgiveness*, 159.

<sup>72</sup>Marina Cantacuzino, *The Forgiveness Project: Stories for a Vengeful Age* (London: Jessica Kingsley Publishers, 2015), 1.

project is ongoing, and she asks people to check assumptions they may have about forgiveness, and to question the “limits and possibilities of forgiveness.” She also makes the case that forgiveness and self-forgiveness are very subjective, and, like Dr. Cherry, explores the common idea that there is something wrong with a person who cannot forgive, asserting that forgiveness must always be a choice. Cantacuzino believes discussions of forgiveness that rely on “certainty” that one must forgive, “. . . is often just a step away from intolerance, absolute faith, fundamentalism, and even radical extremism.”<sup>73</sup> I work with veterans whose trauma presentation leads them to be squarely on one or the other side of the forgiveness debate, making it challenging to move forward in any direction. For some, their religious ideas about forgiveness help them move forward. For others, it seems relying on a religious doctrine leads to spiritual bypassing, meaning, a side-stepping of pain and anger to quickly express spiritual values of charity and forgiveness. This can lead to the avoidance of shadow work.

I minister to veterans across the religious and non-religious spectrum. However, the majority of veterans who adhere to a faith tradition are Christian, many have shared with me they lost their “faith” in the war. They are not open to the idea of receiving forgiveness from a God they no longer believe exists. I think many of them still believe in God, they are angry and traumatized, and that is why a chaplain can help to facilitate the repair of this sacred relationship. Second, many of my veterans do not want forgiveness from others because it feels they are skipping the step of repentance on the long road to moral repair. Many seem overwhelmed with trying to understand how they might make amends for acts of omission or commission. Most feel very betrayed by either the military institution or civilian society. One of the scriptural resources I

---

<sup>73</sup>Cantacuzino, *The Forgiveness Project: Stories for a Vengeful Age*, 20.

often use is the story of the prodigal son, asking the veteran which person in the story they most identify with. Usually, they identify with the son who receives the welcome party, and we can talk about what that means for the veteran in terms of repentance and self-forgiveness. This story also reinforces the idea that healing can be found within community.

Rev. Dr. Rita Nakashima Brock writes in her book *Soul Repair: Recovering from Moral Injury after War* “We must be careful about the use of forgiveness. In wanting to overcome the pain of moral self-condemnations, we can be tempted to offer forgiveness too quickly...Premature forgiveness may be cathartic and offer emotional relief, but receiving such forgiveness requires amnesia about the full extent of harm that war inflicts.”<sup>74</sup> She is referencing the issue that many of my veterans share with me. They do not want to be thanked, or lauded in a parade, or told what they did in combat can be wiped clean. This amnesia cannot help a society and its warriors with the hard work of truth-telling and moral repair.

All of the writers cited above speak about how our modern society has a conflicted attitude toward forgiveness. They also point out that the forgiveness process must begin with truth-telling - which is what we hope to foster in individual chaplain visits and in the REAL group. Many veterans who are referred to me have never shared the horrors they have seen or participated in with another person unless it was the referring provider. We have a push-pull relationship in that the veteran has come to me because the soul pain they feel is so immense they have finally decided they want help and yet, the need to emotionally avoid is so great. The story a veteran tells a chaplain is not a “factual” trauma account. It is a despairing cry from the soul.

---

<sup>74</sup>Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston: Beacon Press, 2012), 103.

Trust and acceptance of where they are in the process of healing is critical. In this situation, truth-telling is the ability to look deeply within one's soul and share authentic feelings about the morally injurious event and any cognitive dissonance and/or moral conflict they are experiencing. Chaplains hold this confessional space for veterans as they seek to understand for themselves the limits and possibilities of forgiveness and self-forgiveness.

### **Chaplain Support of Self-forgiveness in Military Moral Injury**

Webb and colleagues cite many reasons why mental health providers would talk about self-forgiveness with patients because it has been seen to have beneficial associations with hopelessness and depression, anxiety, anger, suicide, and alcohol problems.<sup>75</sup> This information is also helpful to chaplains as we continue to strengthen collaborative care. Webb et al. reviewed 177 peer-reviewed scientific journal articles on the psychology of self-forgiveness to determine there are five components to genuine self-forgiveness: 1) acceptance of responsibility and accountability, 2) reconciliation with the self, 3) acceptance of the self, 4) connection with the human condition, and a 5) a genuine effort to change.<sup>76</sup> This group of researchers also cites work from Enright “ ‘unlike interpersonal forgiveness...self-forgiveness and reconciliation with the self are always linked’ making the point that acceptance of all aspects of the self is a key component such that self-forgiveness ‘involves a shift from a fundamental estrangement to being at home with one’s self in the world...from an attitude of judgment to embracing who one is.’”<sup>77</sup> This is

---

<sup>75</sup>Jon Webb et al., “A consensus definition of self-forgiveness: Implications for assessment and treatment,” *Spirituality in Clinical Practice* 4, no. 3(September 2017): 218. <https://doi.org/10.1037/scp0000138>.

<sup>76</sup>Webb et al., “A consensus definition of self-forgiveness: Implications for assessment and treatment,” 220.

<sup>77</sup>Webb et al., “A consensus definition of self-forgiveness: Implications for assessment and treatment,” 220.

also the goal of shadow work and being able to accept all parts of the self to move forward. This also differentiates PTSD from moral injury. When a veteran is suffering from moral injury, they withdraw from the world not because the world is no longer seen as a safe place, but because they do not feel worthy to belong in the world as their full self.

Purcell et al. define self-forgiveness as "...a process in which a person (a) accepts responsibility for having harmed another; (b) expresses remorse while reducing shame; (c) engages in restoration through reparative behaviors and a recommitment to values; and (d) thus achieves a renewal of self-respect, self-compassion, and self-acceptance."<sup>78</sup> Both Webb and Purcell describe an intense interpersonal journey of acceptance and commitment to change. This is a painful process and the chaplain can accompany and validate the journey using tools to foster deliberative theological reflection. In seminary, I was introduced to the Wesleyan Quadrilateral as a tool for theological reflection. I use this process to guide veterans through their beliefs about scripture and tradition including their life experiences and giving credit to these experiences for shaping what makes sense to them now. Theological reflection can aid the veteran to a recommitment of faith values - and these values may have changed in the aftermath of their experiences.

Chaplains can help veterans bridge intense feelings of guilt, shame, and remorse and imagine living a life congruent with new values. I utilize strategies and concepts from Acceptance and Commitment Therapy (ACT) to help move veterans through emotional avoidance, discuss willingness to feel discomfort and sort through important values to help them

---

<sup>77</sup>Natalie Purcell et al., "Opening a Door to a New Life": The Role of Forgiveness in Healing From Moral Injury, *Frontiers in Psychiatry* 16, no. 9(October 2018): 3. doi: 10.3389/fpsy.2018.00498. PMID: 30405451; PMCID: PMC6203131.

reacquaint themselves with their moral compass. Chaplains can offer a path to self-forgiveness through self-compassion. I do not want veterans to assume forgiveness is the only destination for healing. Instead, chaplains can help veterans cultivate compassion for self and others grounded in spiritual practices as a precursor for the veteran to approach the topic of forgiveness. I do think when a chaplain asks “Can you forgive yourself for being human?” it feels different than when a mental health provider asks this question. This is the important context of pastoral authority and grace the chaplain brings to the question. When a veteran can begin to speak about forgiveness they need to be grounded in self-compassion as they review their assumptions about their actions, salvation, and forgiveness. Chaplains accompany the veterans as they discern what they want to dedicate the rest of their lives to, to make their life worthwhile.

### **The role of Compassion for self and others in Military Moral Injury Repair**

Religious studies scholar Dr. Karen Armstrong has compiled a history of the role of compassion and self-compassion in the major world religions. She writes in her book *Twelve Steps to a Compassionate Life*:

We have seen that compassion is essential to humanity. We have a biological need to be cared for and to care for others. Yet it is not easy to love ourselves....It is essential to be aware of our misdeeds and take responsibility for them....It is useless to castigate ourselves bitterly for feeling jealousy, anger, and contempt, as that will only lead to self-hatred...Instead of hating yourself for these anxieties...be compassionate towards yourself.<sup>79</sup>

Dr. Armstrong goes on to link the difficulty with offering compassion to oneself with the Jungian concept of the “shadow” and encourages humans to “take ownership of this nether region of the

---

<sup>79</sup>Karen Armstrong, *Twelve Steps to a Compassionate Life* (New York: Anchor Books, 2011), 76-78.



psyche” in order to accept all parts of ourselves and to mitigate the probability that we will project our own shadow onto those around us.<sup>80</sup> Dr. Armstrong provides a strong religious foundation for the need for self-compassion for healthy spirituality.

As a chaplain, my understanding of the critical role of compassion in healthy spirituality and relationships guides my desire to help veterans engage with self-compassion practices as a necessary component to integrate aspects of their shadow. In my own journey of spiritual growth, several prominent religious teachers, meditation instructors, and therapists have served as guides to help me understand the important resiliency offered by compassion practices. I have learned that one can be actively engaged in one’s own faith tradition but still connect to the core Buddhist beliefs of compassion and equanimity. Additionally, there are two compassion training programs I have taken to learn more as a group participant, and eventual facilitator.

First, an eight-week course in Mindful Self-Compassion (MSC) based on the work of Drs. Kristen Neff and Christopher Germer. These psychologists have built a powerful series of practices for the spiritual seeker based on three components 1) self-kindness vs. self-judgment, 2) the understanding of suffering and our common humanity, and 3) the idea that we can be mindful of our emotions and feelings in the present moment.<sup>81</sup> Throughout the training, participants learn to feel bodily sensations of discomfort and compassion, affectionate breathing to counter the threat of self-criticism and the inner critic, and explore loving-kindness meditation. Other practices included journaling with prompts, photography, and creating mantras. The course provides a safe space for each participant to explore the core idea of “What

---

<sup>80</sup>Armstrong, *Twelve Steps to a Compassionate Life*, 79.

<sup>81</sup>Kristen Neff and Christopher Germer, *The Mindful Self-Compassion Workbook* (New York: Guilford Press, 2018), 10-11.

Do I Need Now?” and understand that as human beings, without self-compassion we cannot tolerate difficult emotions. There is a focus on identifying and moving through shame, an unhelpful emotion many of my veterans carry. Negative core beliefs that lead to shame are identified and felt sensations of shame in the body are located. Kindness is offered to these beliefs, and softening practices relieve body tension. This is a process that feels naturally counterintuitive and it takes time and intention to learn these strategies. Self-compassion is offered as the antidote to shame. I believe that without a grounding in self-compassion, it is difficult for veterans to process the complicated emotions encompassed in moral injury to be able to be fully present and open to the complexities of forgiveness.

Second, I participated in the twenty-hour Cognitive-Based Compassion Training (CBCT) offered through the Emory University Center for Compassion. This program was developed by Lobsang Tenzin Negi, who trained in Tibetan Buddhist monasteries with His Holiness the Dalai Lama. Negi was then advised by the Dalai Lama to come to the United States to study scientific perspectives on alleviating human suffering. While teaching at Emory University he was asked to develop a program based on Tibetan Buddhist principles to help students manage anxiety and depression. This class has grown into a large umbrella of programs to help students, hospital staff and many others use “compassion as a sustainable response to human suffering.”<sup>82</sup>

CBCT defines compassion as “A warm-hearted concern that unfolds when we witness the suffering of others and feel motivated to relieve it.”<sup>83</sup> This protocol is based on the Buddhist lojong tradition of meditation and awareness coupled with compassion science. Similar to MSC,

---

<sup>82</sup>Maureen Shelton, “Cognitive-Based Compassion Training,” (Presentation, 2023 Science of Spirituality conference, Emory University, Atlanta, Georgia, April 1, 2023).

<sup>83</sup>Lobsang Tenzin Negi, Timothy Harrison and Michelle Lieberman, *Training Compassion: The Official Guide to CBCT* (Atlanta: Emory University, 2023), 9.

the CBCT group curriculum is highly interactive with eight modules that teach participants to gain emotional self-awareness using the Zone of Well-Being model, to connect to a moment of nurturing, to develop clear and stable attention, to offer compassion to self and then to others. I am drawn to CBCT because it is grounded in the spiritual authenticity of a religious tradition yet it does not presuppose or ask the participant to adhere to any specific religious beliefs.

Emotional regulation and enhanced awareness of patterns in one's inner life are practiced.

Compassion is offered as a pathway to flourishing, connection and wholeness. It is offered to the world to contribute to greater human flourishing.

The role of compassion for self and others is trending in moral injury research and care. There is a high bar of perfectionism in the veterans we serve. Many veterans suffering from moral injury over-identify with their moral failings and mindfulness has been found to help veterans stay in the present moment while moving through difficult emotions.<sup>84</sup> Researchers have also found that “greater levels of mindfulness and self-compassion may help to minimize the effects of traumatic experiences on veterans’ overall functioning.”<sup>85</sup> Recently, researchers in Virginia have developed and piloted a virtual seven-week program using mindfulness (with a focus on self-compassion) to manage military moral injury.<sup>86</sup> Data from this study is currently being analyzed, but researchers understand the need for flexible training that includes a variety

---

<sup>84</sup>Michelle Kelley et al., “Moral Injury and Suicidality Among Combat-Wounded Veterans: The Moderating Effects of Social Connectedness and Self-Compassion,” *Psychological Trauma: Theory, Research, Practice, and Policy* 11, no. 6(September 2019): 621–629. <https://doi.org/10.1037/tra0000447>.

<sup>85</sup>Katherine Dahm et al., “Mindfulness, Self-Compassion, Posttraumatic Stress Disorder Symptoms, and Functional Disability in U.S. Iraq and Afghanistan War Veterans,” *Journal of Traumatic Stress* 28, no. 5 (October 2015): 463. <https://doi.org/10.1002/jts.22045>.

<sup>86</sup>Michelle Kelley et al., “Mindfulness to Manage Moral Injury: Rationale and development of a live online 7-week group intervention for veterans with moral injury,” *Contemporary Clinical Trials Communication* 30(December 2022): 1-12. DOI: [10.1016/j.conctc.2022.101011](https://doi.org/10.1016/j.conctc.2022.101011).

of modalities for moral injury healing. Breathwork and meditation practices can be helpful grounding strategies for our veterans working through anger, grief, and shame. Moral Injury researcher Brett Litz has now incorporated the ancient spiritual loving-kindness compassion meditation into his group protocol.<sup>87</sup>

The Buddhist loving-kindness meditation is a profound spiritual practice that asks us to focus attention on the care of ourselves and others regardless of feelings of worthiness. In his book *An Open Heart: Practicing Compassion in Everyday Life*, the Dalai Lama explains “Just as compassion is the wish that all sentient beings be free of suffering, loving-kindness is the wish that all may enjoy happiness.”<sup>88</sup> This is an ability that can be learned, as researchers in the science of compassion can attest. There needs to be a willingness to enter this potentially transformational space - and the chaplain is uniquely situated to guide veterans with pastoral authority.

I was somewhat aware that Western psychology had used Buddhist approaches and concepts but after listening to Prof. Helderma’s lecture and reading parts of his book I have a deeper understanding of how much the field of psychology has misappropriated religious concepts and meditative practices from Buddhist and Yoga Philosophy.<sup>89</sup> The fact that Western science is reaching out to Eastern religious and spiritual practices to find ways to alleviate

---

<sup>87</sup>Brett Litz and Jessica Carney, “Employing loving-kindness meditation to promote self- and other-compassion among war veterans with posttraumatic stress disorder,” *Spirituality in Clinical Practice* 5, no. 3(September 2018): 201–211. <https://doi.org/10.1037/scp0000174>.

<sup>88</sup>Dalai Lama, *An Open Heart: Practicing Compassion in Everyday Life* (New York: Little, Brown and Company, 2001), p. 96.

<sup>89</sup>Ira Helderma, “Black Boxes and Trojan Horses: Translating Religion Approaches,” in *Prescribing the Dharma: Psychotherapists, Buddhist Traditions and Defining Religion* (Chapel Hill: University of North Carolina Press, 2019), 112-145.

suffering is quite telling - and opens space for chaplains to provide not only meditative practices but to honor these practices with spiritual authenticity. This awareness has motivated me to reclaim self-compassion as a *spiritual* practice in my chaplaincy.

Anecdotally, I notice veterans who can engage with the idea of self-compassion, being able to move to a greater place of acceptance about their involvement in a morally injurious event. This can sometimes lead more easily to discussions of forgiveness and repentance. Although the REAL curriculum has one week that focuses on self-compassion, it comes after the discussion of forgiveness. This is not necessarily the order in which I notice the emotional or spiritual progression of veterans. My interest in self-compassion leads me to want to offer an aftercare group for veterans on this topic.

In my experience, veterans find talking about compassion and trying self-compassion practices very difficult at first. They may think they are not worthy of compassion let alone offering themselves compassion. Some share they are emotionally “numb” to compassion, while others may view self-compassion as weak and going against military culture. Male veterans may find compassion out of sync with their ideas about manhood. However, once a veteran has been able to tell the story of the morally injurious event and accept responsibility for their role, whether as perpetrator or bystander, cultivating self-compassion is critical to increasing spiritual and psychological flexibility. This can then lead to exploring what repentance might look like, followed by reconstructing a new, but more integrated moral identity.<sup>90</sup> Once a veteran can hold themselves with compassion at the time of the event and in the aftermath, they can begin to

---

<sup>90</sup>Natalie Purcell et. al, “Opening a Door to a New Life”: The Role of Forgiveness in Healing From Moral Injury, *Frontiers in Psychiatry*, 16 no. 9(October 2018): 4. doi: 10.3389/fpsy.2018.00498. PMID: 30405451; PMCID: PMC6203131.

accept their shadow side, most often externalized in shame-based behaviors. I believe self-compassion may be the most powerful antidote to our shadow. Additionally, it can be difficult for a veteran to realize that healing is a process that will be ongoing, and self-compassion can provide ongoing support to accept this understanding.

Wisdom from Tibetan-Buddhist nun and teacher Pema Chodron reminds us “When we are willing to stay even a moment with uncomfortable energy, we gradually learn not to fear it.”<sup>91</sup> Self-compassion practices and meditations can support veterans as they allow themselves to feel again. It is critical to feel the “bad stuff” to get to the “good stuff.” Carrie Doehring also explains the importance of lamenting shared anguish and the critical component of using spiritual practices to “...help veterans compassionately accept the emotions arising from moral injury so intensely felt in their bodies.”<sup>92</sup> If a veteran can sit with themselves with even a little acceptance, they will be able to explore complex emotions and be open to the idea there is still good in themselves and in the world. ACT strategies work well here with the understanding that acceptance means the willingness to feel all emotions, even the painful ones, while continuing to live a life of value and meaning.

#### **IV. Strategic Suggestions for Practice**

In this section, I offer strategic suggestions in two areas of VA chaplaincy care related to moral injury. First, the development of a clinical focus on moral injury within our current Clinical Pastoral Education (CPE) program for students who want to learn about research-based

---

<sup>91</sup>Pema Chodron, *The Places That Scare You: A Guide to Fearlessness in Difficult Times* (Boulder, CO: Shambhala Publications, 2018), 55.

<sup>92</sup>Carrie Doehring, “Military Moral Injury: An Evidence-Based and Intercultural Approach to Spiritual Care,” *Pastoral Psychology* 68, no. 1 (February 2019): 21. DOI <https://doi.org/10.1007/s11089-018-0813-5>.

care for veterans suffering from moral injury and second, developing aftercare for veterans who have completed the moral injury groups we currently offer and who wish to have further options for healing. Because the construct of moral injury is not easily definable, it is difficult to imagine an all-encompassing program of training and treatment, but these are two areas to begin my focus.

### **A. Clinical Pastoral Education**

The Cleveland VA offers Clinical Pastoral Education training for students at the intern, first, and second-year residency levels. At the second-year level, we offer specific Mental Health Fellow training. In the last three years of serving as a preceptor for second-year Mental Health fellow students, I have noticed an increased interest in students wanting to learn about military moral injury care. I provide yearly didactics on PTSD and moral injury to students and have worked individually to mentor them, including opportunities to shadow and then co-facilitate groups. In conversations with our Chief and the CPE educators at our site, we agree that increased collaboration and planning are needed to provide the best training experiences for students in the area of military moral injury.

Nationally, CPE-certified educators are revamping VA Advanced Competencies for chaplains in several areas, including Mental Health and Trauma Competencies (see Appendix A.). I am one of the VA chaplain subject matter experts who was asked to provide feedback to the Mental Health and Trauma competencies workgroup as part of this process. Currently, six competencies include moral injury as an area that should be addressed in Mental Health advanced training for CPE students. These include competencies #2 Understands the definitions

of Military Sexual Trauma (MST), Moral Injury, along with PTSD, and have familiarity with the Diagnostic and Statistical Manual (DSM-V) chapter on Trauma- and Stressor-Related Disorders, **#9** Demonstrates awareness of how PTSD and Moral Injury are described in the current mental health and spiritual care literature as separate but interrelated constructs, **#10** Detail one's own definitions of "trauma" and "moral injury" from a spiritual care perspective, inclusive of current conversations in the relevant literature, **#11** Demonstrate an ability to provide collaborative care with mental health providers in addressing needs relative to MST, PTSD, IPV, and moral injury, **#12** Demonstrate an understanding of the intersectionality between MST or IPV and moral injury and include the biopsychosocial-spiritual model of care for treatment, and **#14** Demonstrates an awareness of the unique group dynamics present in MST, moral injury, and/or PTSD mental health groups while being attentive to the dynamics in one's own spirituality group facilitation practice. CPE programs that offer advanced training need to address how to best prepare students in these competencies.

Additionally, as I have reflected on my journey and training, I advocate that VA Chaplains who offer spiritual care to veterans suffering from moral injury spend time reflecting on their personal theology of suffering, war and conflict. This understanding will guard against theological reflexivity on the part of the chaplain and offers an opportunity for ongoing personal awareness and spiritual growth. Civilian CPE students will need to cultivate competency in military culture to ensure an understanding of the stresses of deployment and reintegration, warrior ethos and the understanding that the entire family struggles with these stressors, not only the veteran. Ideally, I would be able to incorporate training in compassion meditation from both a cognitive and spiritual orientation, such as the Cognitively-Based Compassion Training



(CBCT) offered by the Emory Spiritual Care Center, to help our students develop strong self-care strategies to prevent burnout and protect against phenomena like vicarious trauma. A manual will be developed that includes resources and best practices for students as part of this clinical focus.

A potential outline of a year-long moral injury clinical focus might encompass the following activities. In the first CPE unit fellows begin to learn the different definitions of moral injury and the history of moral injury from both a spiritual and clinical lens. Books, articles, webinars and 1:1 mentoring would provide this background. I advocate a broad approach that includes reading a classic book such as *The Things We Carried* or *The Yellow Birds*, and watching the opera *Glory Denied* to help students engage the emotional depth of moral injury from multiple entry points of the human experience. Using a variety of modalities also models for the students that poetry, music, art and film are all appropriate jumping-off points to deepen spiritual care conversations with veterans. This approach may also help CPE students with a more rigid religious foundation learn about ways to enter into conversation with a veteran who may identify as Spiritual not Religious, Agnostic, or Atheist. During this unit, the student would begin to shadow the four-week moral injury psychoeducation group with the goal to co-facilitate this group by the second unit.

In the second unit students begin to utilize basic clinical screening tools such as the Moral Injury Event Scale (MIES) to better understand how a veteran may be experiencing moral injury (commission, omission, or betrayal), or perhaps learn the veteran might benefit from 1:1 care for grief, or to talk about forgiveness issues. An understanding of how Cleveland VA has conceptualized moral injury and what veterans will be most appropriate for our particular groups

will be honed so the students understand the connection between conceptualization, referrals, and services offered. As our moral injury groups are co-facilitated with a mental health partner, the CPE students would be introduced to the benefits of an interdisciplinary partnership.

In the third unit the students will be able to take on a moral injury consult and work 1:1 with a veteran. This will allow the student to build a relationship over several visits and refer the veteran to a group, if appropriate. The student would offer a short case study for presentation to their CPE cohort based on this 1:1 care. They would observe the twelve-week REAL group. In the fourth and last unit, the student will potentially co-facilitate the REAL moral injury group, with supervision. Students would be involved in the session planning meetings, recruitment and screening of veterans, and in general gain experience with all aspects of the administration and facilitation of a process-based moral injury group.

Throughout the four units students will be actively introduced to the six advanced competencies for Mental Health and Trauma, and learn how to build successful relationships with mental health providers and veterans. They would gain experience observing and co-facilitating both psychoeducation and processing groups, administering screens, and writing complex chart notes. Chaplain students involved in this level of training will be well-equipped to be promising members of a VA chaplain service.

### **B. Aftercare for REAL moral injury group members**

Almost every veteran who has completed the twelve-week REAL group (nine groups to date) has asked for further interaction with group members and facilitators. This is not surprising given the emotional nature of the group and the liberation from internalized shame and judgment

many veterans in the REAL group share they have begun to experience. No veteran transforms in twelve weeks, and healing from moral injury can be seen as a lifelong spiritual journey. However, offering appropriate care that continues to support self-awareness and healthy growth while also encouraging the veteran to use new skills is the goal of aftercare programs. Typically, PTSD clinic veterans are eligible to participate in an aftercare group for up to one year after they complete an evidence-based treatment. As our moral injury team in Cleveland continues to think about the feasibility of aftercare we will ponder both programmatic and administrative questions.

I propose a cohort-based group focused on building skills in self-compassion meditation and providing opportunities for ongoing discussions of acceptance and forgiveness would be beneficial for veterans who complete the REAL group. The REAL curriculum offers an opening for veterans to grieve what they have lost in the aftermath of the morally injurious event and examine the impact of the moral injury on their relationships. In the last session of REAL veterans write and present a “New Eyes” story to share how they want to move forward living a life of meaning, purpose, and hope. An aftercare group could provide support as veterans build upon their “New Eyes” story and support a wider perspective about what change is possible.

Psychological and behavioral flexibility are the primary goals of Acceptance and Commitment Therapy and engaging with ACT principles might allow veterans to gain the psychological flexibility needed to engage their New Eyes story with committed action and not simply put the story away for another day.<sup>93</sup> Nieuwsma et al. reinforce the idea that as culture changes, veterans will continue to interpret their morally injurious event “not just through the

---

<sup>93</sup>Lauren Borges et al., “Cultivating psychological flexibility to address religious and spiritual suffering in moral injury,” *Journal of Health Care Chaplaincy* 28, no. 11(February 2022): 32-41. <https://doi.org/10.1080/08854726.2022.2031467>.

lens of that culture which formed them prior to the injury but through the ongoing lived experiences of moral injury in communities that continue to provide boundaries for understanding morality.”<sup>94</sup> These researchers also assert that ACT allows the caregiver to continue to provide space for veterans to share feelings and emotions that are morally troubling in a nonjudgmental space that can lead to making these thoughts less harmful to the veteran’s connection to self.<sup>95</sup> Other research supports the idea of ongoing compassion training “Of note, although especially salient during difficult experiences, self-compassion is a way of being that is always germane, regardless of circumstance.”<sup>96</sup> Research continues to support the use of mindfulness to help veterans assess triggers with greater acceptance and to take a moment to step back and respond, rather than react, to a situation.<sup>97</sup>

Related to the content of the group, Wortmann and colleagues report when VA chaplains were asked in a survey what the most essential elements to caring for moral injury were, “the most frequently endorsed were forgiving self, developing compassion for self, emotional processing, developing trusting relationships, and willingness to live life even with painful memories.”<sup>98</sup> Additionally, this study found that along with providing space to discuss issues of

---

<sup>94</sup>Jason Nieuwsma et al., “Possibilities within Acceptance and Commitment Therapy for Approaching Moral Injury,” *Current Psychiatry Reviews* 11, no. 3(August 2015): 198. [Nieuwsma et al\\_2015 \(ACT for moral injury\).pdf](#).

<sup>95</sup>Nieuwsma, “Possibilities within Acceptance and Commitment Therapy for Approaching Moral Injury,” 202.

<sup>96</sup>Jon Webb et al., “A consensus definition of self-forgiveness: Implications for assessment and treatment,” *Spirituality in Clinical Practice* 4, no. 3(September 2017): 223. <https://doi.org/10.1037/scp0000138>.

<sup>97</sup>Dana Colgan et al., “A Qualitative Study of Mindfulness Among Veterans with Posttraumatic Stress Disorder: Practices Differentially Affect Symptoms, Aspect of Well-Being, and Potential Mechanisms of Action,” *Journal of Evidence-Based Complementary & Alternative Medicine* 22, no. 3(July 2017): 482-493. DOI: [10.1177/2156587216684999](https://doi.org/10.1177/2156587216684999).

<sup>98</sup>Jennifer Wortmann et al., “Collaborative spiritual care for moral injury in the Veterans Affairs Healthcare System (VA): Results from a national survey of VA chaplains,” *Journal of Health Care Chaplaincy* 28, (sup1), S9–S24. DOI: [10.1080/08854726.2021.2004847](https://doi.org/10.1080/08854726.2021.2004847).

theodicy and moral injury, chaplain care should include helping veterans learn to “move forward in one’s life in the midst of disappointment with a world that does not meet one’s expectations.”<sup>99</sup> This care aligns with the goals of Acceptance and Commitment Therapy and these data reinforce the need for ongoing work in the areas of self-compassion and forgiveness.

I envision a moral injury aftercare group built around practicing several different self-compassion meditations from Neff and Germer’s Mindful Self-compassion approach with those I learned through Emory University’s Compassion Center Cognitive-Based Compassion Training. Each group would begin with 20-30 minutes of meditation and debriefing. Conversation prompts would guide the group to topics of self-compassion, compassion, forgiveness and self-forgiveness. The stories in the Forgiveness Project offer a model for veterans to think about forgiveness in different contexts, and potentially to write their own story for public sharing. To continue to practice and move toward increased psychological and behavioral flexibility, ACT concepts would be used throughout the group to help veterans notice when they or another participant seemed fused with a negative self-concept. ACT exercises such as the “reverse compass” or “Attending Your Own Funeral” would be offered to engage veterans in their named values. Veterans would be able to participate in a cohort for up to one year after completing REAL.

The REAL group also prioritizes the group members’ witnessing to each other’s journey. I would argue this is an important and valuable component of any moral injury

---

<sup>99</sup> Wortmann, “Collaborative spiritual care for moral injury in the Veterans Affairs Healthcare System (VA): Results from a national survey of VA chaplains,” S21.

aftercare group. Christian theologian Dr. Shelly Rambo asserts a theology of witness is necessary because

without witnessing to what does not go away, to what remains, theology fails to provide a sufficient account of redemption. The challenge to theology.... is to account for what remains - to provide a discourse of remaining that can speak to life in the aftermath and to the shattering of familiar frameworks by which persons and communities have oriented themselves and in the world.<sup>100</sup>

The work of witnessing is a powerful act of offering compassion to others. Part of recovery from the wound of moral injury seems to be recreating a moral self and a moral system after prior ones have been broken. A person's idea about who they knew themselves to be has been broken, and the system in which they operated with this assumption, has been broken. The aftercare group can provide a place for veterans to practice offering compassion in a sacred community. There is also the witnessing of the chaplain from their place of lived trauma and grief. We learn from the work of theologian Henri Nouwen who writes, "Our service will not be perceived as authentic unless it comes from a heart wounded by the suffering about which we speak. Thus, nothing can be written about ministry without a deeper understanding of how ministers can make their wounds available as a source of healing."<sup>101</sup> If a chaplain can minister from a place of vulnerability born from their wounds, they are less likely to "cover over" a veteran's suffering with the immediate promise of redemption or forgiveness.

## **Conclusion**

---

<sup>100</sup>Shelly Rambo, "Spirit and Trauma," *Interpretation: A Journal of Bible and Theology* 69, no. 1(January 2015): 14.

<sup>101</sup>Henri Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York: Doubleday Books, 2009), xvi.

VA chaplains and mental health providers are still trying to understand which approaches are most effective for healing veterans' "soul wounds," those internal moral conflicts and feelings of deep betrayal from their time in the military. In this Project I have shared ideas to guide chaplains working in moral injury and for the training and preparation of CPE students. I assert chaplains must reflect on their theological views of war and suffering to avoid reflexively affirming or comforting veterans. If the chaplain easily offers absolution, this merely reinforces their sacred role as an external source of authority without the necessary shadow work the veteran must engage in for healing.

No singular moral injury treatment or assessment tool has been developed to document how and when spiritual healing occurs. I advocate chaplains must be open to exploring different religious and spiritual views of moral injury and stay abreast of the evolving clinical research. This includes a knowledge of different moral injury group curricula and screening tools. Research continues to support the understanding that moral injury healing occurs in community, and chaplains have an important role in encouraging a veteran's participation in these groups. While many studies are ongoing, it is clear that additional research about how chaplains and mental health providers can work together is needed. This partnership is necessary to provide the best care possible for our veterans. Each field offers unique and important steps for healing. Ongoing education for VA chaplains and mental health providers about moral injury research and treatment continues to be a priority.

The initial studies from psychology and spirituality offer hope for continued healing through compassion training. Although the studies have primarily focused on the reduction of PTSD symptomatology, I believe additional research on the use of compassion training in moral

injury care is warranted. I wonder what the findings would be if chaplains offered systematic training in developing compassion for self and others with veterans? Spiritual wisdom and clinical research support compassion is a learned activity. I advocate for studies that include chaplains leading this spiritual wisdom training to learn more about how this intervention might impact moral injury suffering. Aftercare groups that offer this training can be developed as a first step in learning more about how compassion impacts functional quality of life in veterans.

The field needs models of CPE training with a focus on moral injury to introduce best practices to students. Clinical Pastoral Education programs have been challenged to prepare chaplains to work in trauma and mental health, and CPE Educators and preceptors will need a roadmap to respond to this challenge. VA Medical Centers that are utilizing moral injury group curricula are poised to offer opportunities for CPE students to learn.

When a veteran's sense of identity has been shattered and they no longer understand their place in the civilian world, the aftermath of this suffering impacts everyone around the veteran. Each veteran engaging in care with a chaplain is on a unique spiritual journey. This journey must include evidence-based approaches and spiritual and religious care from a variety of perspectives. VA chaplains can offer the perspective that each veteran is worthy of care and that spiritual connections can be restored and strengthened. Veterans deserve to hear the message there are many layers of forgiveness and that forgiveness is not the only destination for healing. Chaplains can help veterans cultivate compassion for themselves and others grounded in spiritual practices as a precursor for the veteran to approach the topic of forgiveness. My moral injury chaplaincy care has been enriched through the Mental Healthy Integrated Chaplaincy program, my involvement in the DDN QUERI Project, and



conversations with other chaplains and mental health providers nationwide. Without this ongoing training and network of care and consultation, my chaplaincy would not have flourished. All chaplains deserve to have ongoing educational opportunities for continued growth. These innovative and imaginative opportunities for learning are vital for the continued growth of chaplaincy.

## Appendix A.

Veterans Affairs Advanced Competencies for Clinical Pastoral Education  
**Mental Health – Trauma (MST, PTSD, Trauma-informed care)**

	<b>Competency</b>
1	Demonstrate awareness of the history of development of diagnosis of Post-Traumatic Stress Disorder (PTSD) in Diagnostic and Statistical Manual (DSM), and current and diagnostic criteria.
2	Understands the definitions of Military Sexual Trauma (MST), Moral Injury, and PTSD, and have familiarity with the Diagnostic and Statistical Manual (DSM-5) Trauma- and Stressor-Related Disorders.
3	Describe current predominant VHA Evidence-Based Psychotherapies (EBPs) for treatment of PTSD (Prolonged Exposure, Cognitive Processing Therapy) and therapies for PTSD (EMDR, Acceptance Commitment Therapy, Motivational Interviewing), and limitations of EBPs in clinical practice.
4	Incorporate a working knowledge of trauma informed care appropriate in the spiritual care context including but not limited to: 1. Theory on trauma and spiritual development. 2. Specific sacred texts that are used by spiritual leaders and members in ways that trap Veterans into thinking that they cannot leave a hostile or violent situations 3. Sacred texts that promote safety and justice.
5	Reflection and articulation of how one's own specific traumas impact their spiritual care in specific encounters.
6	Foster a collaboration with the interdisciplinary team relative to mental health and spiritual care relative to trauma (i.e., Rapid Response, Code Team, Poly-Trauma Health, etc.).
7	Demonstrate an ability to assess spiritual needs of persons experiencing PTSD prior to MST or Intimate Partner Violence (IPV) and other forms of traumatic events that currently impact daily functioning.
8	Demonstrates the ability to screen for IPV and assess spiritual and safety needs of the Veteran/family member/loved one.

9	Demonstrate awareness of how PTSD and Moral Injury are described in the mental health and spiritual care literature as separate but interrelated constructs.
10	Detail one's own definitions of "trauma" and "moral injury" from a spiritual perspective, inclusive of current conversations in the relevant literature.
11	Demonstrate an ability to provide collaborative care with mental health providers addressing needs relative to MST, PTSD, IPV, and moral injury.
12	Demonstrate an understanding of the intersectionality between MST or IPV injury and include the biopsychosocial-spiritual model of care for treatment.
13	Articulates a practical understanding of group dynamics as it pertains to trauma-informed care for Veterans, family, and staff.
14	Demonstrates an awareness of the unique group dynamics present in MST, moral injury, and/or PTSD mental health groups while being attentive to the dynamics in spirituality group facilitation practice.

## Bibliography

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.), 1980.
- Armstrong, Karen. *Twelve Steps To A Compassionate Life*. New York: Anchor Books, 2011.
- Arneson, Wayne. "Care of the Soul." Unitarian Universalist Association worship web January 21, 2015. <https://www.uua.org/worship/words/sermon/183453.shtml>.
- Artress, Lauren. *Walking a Sacred Path: Rediscovering the Labyrinth as a Sacred Path*. London: Penguin Books, 2006.
- Bonson, Amanda, Dominic Murphey, Vicky Aldridge, Neil Greenberg, and Victoria Williamson. "Conceptualization of moral injury: A socio-cognitive perspective." *Journal of Military, Veteran and Family Health* 9, no. 2 (April 2023): 75-81. DOI:[10.3138/jmvfh-2022-0034](https://doi.org/10.3138/jmvfh-2022-0034).
- Borges, Lauren, Sean Barnes, Jacob Farnsworth, Wyatt Evans, Zachary Moon, Kent Drescher and Robyn Walser. "Cultivating psychological flexibility to address religious and spiritual suffering in moral injury." *Journal of Health Care Chaplaincy* 28, no. 11(February 2022): 32-41. <https://doi.org/10.1080/08854726.2022.2031467>.
- Boska, Rachel, Shawn Dunlap, Marek Kopacz, Todd Bishop, and Irene Harris. "Understanding Moral Injury Morbidity: A Qualitative Study Examining Chaplain's Perspectives." *Journal of Religion and Health* 60 (September 2021): 3090-3099. <https://doi.org/10.1007/s10943-021-01414-3>.
- Brown, Brene. *The Power of Vulnerability: Teachings on Authenticity, Connection and Courage*. Sounds True Audio Learning Course, 2012.
- Cantacuzino, Marina. *The Forgiveness Project: Stories for a Vengeful Age*. London: Jessica Kingsley Publishers, 2015.
- Cherry, Myisha. *Failures of Forgiveness*. Princeton: Princeton University Press, 2023.
- Chodron, Pema. *The Places That Scare You: A Guide to Fearlessness in Difficult Times*. Boulder, CO: Shambhala Publications, 2018.
- Clough, David and Brian Stiltner. *Faith and Force: A Christian Debate about War*. Washington DC: Georgetown University Press, 2007.

- Colgan, Dana, Helane Wahbeh, Mollie Pleet, Kristen Besler, and Michael Christopher. “A Qualitative Study of Mindfulness Among Veterans with Posttraumatic Stress Disorder: Practices Differentially Affect Symptoms, Aspect of Well-Being, and Potential Mechanisms of Action.” *Journal of Evidence-Based Complementary & Alternative Medicine* 22, no. 3(July 2017): 482-493. DOI: [10.1177/2156587216684999](https://doi.org/10.1177/2156587216684999).
- Currier, Joseph, Kent Drescher, Jason Nieuwsma and Wesley McCormick. “Theodicies and professional quality of life in a nationally representative sample of chaplains in the veterans' health administration.” *Journal of Prevention and Intervention in the Community* 45, no. 4(October-December 2017): 286-296. doi: 10.1080/10852352.2016.1197748. PMID: 28880810.
- Dahm Katherine, Eric Meyer, Kristen Neff, Nathan Kimbrel, Suzy Bird Gulliver, and Sandra Morissette. “Mindfulness, Self-Compassion, Posttraumatic Stress Disorder Symptoms, and Functional Disability in U.S. Iraq and Afghanistan War Veterans.” *Journal of Traumatic Stress* 28, no. 5(October 2015): 460-464 .<https://doi.org/10.1002/jts.22045>.
- Denton-Borhaugm, Kelly, “Like Acid Seeping into Your Soul: Religio-Cultural Violence in Moral Injury.” in *Exploring Moral Injury in Sacred Texts*. 111-133, ed. Joseph McDonald, London: Jessica Kingsley Publishers, 2017.
- Diamond, Susan and Rita Nakashima-Brock, Hosts. “A Pandemic, Hate-Crimes, Murders, and an Insurrection: Have We All Got Moral Injury Now?” Soul Repair: After Moral Injury, Episode 2, produced by Studio D Podcast Productions, May 25, 2023. <https://open.spotify.com/episode/1umvRchFH0QO15AXrRWMFh>.
- Doehring, Carrie. “Spiritual Care After Violence: Growing from Trauma with Lived Theology.” *The Table*. Biola University Center for Christian Thought, June 23, 2014. <https://cct.biola.edu/spiritual-care-violence-growing-trauma-lived-theology/>.
- Doehring, Carrie. “Military Moral Injury: An Evidence-Based and Intercultural Approach to Spiritual Care.” *Pastoral Psychology* 68, no. 1(February 2019): 15-30. <https://doi.org/10.1007/s11089-018-0813-5>.
- Drescher, Kent, David Foy, Caroline Kelly, Anna Leshner, Kerrie Schutz, and Brett Litz. An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*, 17 no. 1(January 2011): 8–13. <https://doi.org/10.1177/1534765610395615> .

- Drescher, Kent. "1.3.1: Spiritual Practices and Contemporary Psychotherapy." Integrative Mental Health, January 15, 2016, Video 46:28. <https://www.youtube.com/watch?v=tF0LzssUbNU>.
- Dynamic Diffusion Network QUERI Bulletin, Fall/Winter 2021. "Moral Injury Group News: A Dynamic Diffusion of Moral Injury Groups. [https://www.durham.hsr.dresearch.va.gov/DDN\\_QUERI\\_Newsletter\\_2021.pdf](https://www.durham.hsr.dresearch.va.gov/DDN_QUERI_Newsletter_2021.pdf).
- Farnsworth, Jacob, Kent Drescher, Wyatt Evans and Robyn Walser. "A Functional Approach to Understanding and Treating Military-Related Moral Injury." *Journal of Contextual Behavioral Science* 6, no. 4(July 2017): 391-397. <https://doi.org/10.1016/j.jcbs.2017.07.003>
- Fontana, Alan and Robert Rosenheck. "Trauma, change in strength of religious faith and mental health service use among veterans treated for PTSD." *Journal of Nervous and Mental Disease* 192, no. 9(September 2004): 579-584.
- Griffin, Brandon, Natalie Purcell, Kristine Burkman, Brett Litz, Craig Bryan, Martha Schmitz, and Shira Maguen. "Moral Injury: An Integrative Review." *Journal of Traumatic Stress* 32, no. 3(June 2019) 350-362. DOI: [10.1002/jts.22362](https://doi.org/10.1002/jts.22362)
- Helderman, Ira. "Black Boxes and Trojan Horses: Translating Religion Approaches" in *Prescribing the Dharma: Psychotherapists, Buddhist Traditions and Defining Religion*. Chapel Hill: University of North Carolina Press, 2019.
- Herman, Judith. *Trauma and Recovery: The Aftermath of Violence From Domestic Abuse to Political Terror*. New York: Basic Books, 2015.
- Judith Herman. *Truth and Repair: How Trauma Survivors Envision Justice*. New York: Basic Books, 2023.
- Holmes, John Haynes. "A Statement to My People on the Eve of War" in *The Messiah Pulpit*. New York, NY, April 3, 1917.
- Keller, Timothy. *Forgive: Why Should I and How Can I?* New York: Viking Press, 2022.
- Kelley, Michelle, Adrian Bravo, Rachel Davies, Hannah Hamrick, Christine Vinci, and Jason Redman. "Moral Injury and Suicidality Among Combat-Wounded Veterans: The Moderating Effects of Social Connectedness and Self-Compassion." *Psychological Trauma: Theory, Research, Practice, and Policy* 11, no. 6(September 2019): 621–629. <https://doi.org/10.1037/tra0000447>.

- Kelley, Michelle, Megan Strowger, Victoria Chentsova, Adrian Bravo, Susan Gaylord, Elizabeth Burgin, Christine Vinci, Kenneth Ayers, and Erum Agha. "Mindfulness to Manage Moral Injury: Rationale and development of a live online 7-week group intervention for veterans with moral injury." *Contemporary Clinical Trials Communication* 30 (December 2022): 1-12. DOI: [10.1016/j.conctc.2022.101011](https://doi.org/10.1016/j.conctc.2022.101011).
- Lama, Dalai. *An Open Heart: Practicing Compassion in Everyday Life*. New York: Little, Brown and Company, New York, 2001.
- Litz, Brett, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William Nash, Caroline Silva, and Shira Maguen. "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Interventions Strategy." *Clinical Psychology Review* 29, no. 8(December 2009): 695-706. doi: 10.1016/j.cpr.2009.07.003.
- Litz, Brett and Jessica Carney. "Employing loving-kindness meditation to promote self- and other-compassion among war veterans with posttraumatic stress disorder." *Spirituality in Clinical Practice* 5, no. 3(September 2018): 201–211.  
<https://doi.org/10.1037/scp0000174>.
- Moon, Dawne. *God, Sex and Politics: Homosexuality and Everyday Theologies*. Chicago: University of Chicago Press, 2004.
- Nakashima Brock, Rita and Gabriella Lettini. *Soul Repair: Recovering from Moral Injury after War*. Boston: Beacon Press: Boston, 2012.
- Nakashima-Brock, Rita. "Moral Injury, Identity and Meaning." Lecture given at Union Theological Seminary as part of the conference Moral Injury and Soul Repair in Veterans, Trauma-Survivors and Caregivers, January 9, 2019.
- Neff, Kristen and Christopher Germer. *The Mindful Self-Compassion Workbook*. New York: Guilford Press, 2018.
- Negi, Lobsang Tenzin, Timothy Harrison and Michelle Liberman. *Training Compassion: The Official Guide to CBCT*. Atlanta: Emory University, 2023.
- Nichols, Michael P. *Family Therapy: Concepts and Methods*. Boston: Pearson Education, 2011.
- Nieuwsma, Jason, Jeffery Rhodes, George Jackson, William Cantrell, and Marian Lane. "Chaplaincy and Mental Health in the Department of Veterans Affairs and the

- Department of Defense." *Journal of Healthcare Chaplaincy* 19, no. 1(January 2013): 3-21. [https://doi: 10.1080/08854726.2013.775820](https://doi.org/10.1080/08854726.2013.775820).
- Nieuwsma, Jason, Robyn Walser, Jacob Farnsworth, Kent Drescher, Keith Meador and William Nash. "Possibilities within Acceptance and Commitment Therapy for Approaching Moral Injury." *Current Psychiatry Reviews* 11, no. 3(August 2015): 193-206.  
[Nieuwsma et al\\_2015 \(ACT for moral injury\).pdf](#).
- Nouwen, Henri. *The Wounded Healer: Ministry in Contemporary Society*. New York: Doubleday, 2009.
- Pargament, Kenneth. "1.2.1: Spiritual Assessment." Integrative Mental Health, October 28, 2014, Video 1:14:38. [https://www.youtube.com/watch?v=\\_5ML2H9KAIk](https://www.youtube.com/watch?v=_5ML2H9KAIk).
- Parker, Katherine R. *Sacred Service in Civic Space: Three Hundred Years of Community Ministry in Unitarian Universalism*. Chicago: Meadville Lombard Press, 2007.
- Purcell, Natalie and Brandon Griffin, Kristina Burkman and Shira Maguen. "Opening a Door to a New Life: The Role of Forgiveness in Healing From Moral Injury." *Frontiers in Psychiatry* 16, no. 9 (October 2018): 1-7. doi: 10.3389/fpsy.2018.00498. PMID: 30405451; PMCID: PMC6203131.
- Rambo, Shelly. "3.6.1: A Theological Rethinking of Trauma and Suffering." Integrative Mental Health, January 5, 2015, Video 1:14:24, <https://www.youtube.com/watch?v=Fa5TAIhFPjM>.
- Rambo, Shelly. "Spirit and Trauma." *Interpretation: A Journal of Bible and Theology* 69, no. 1 (January 2015): 7-19.
- Ramsay, Nancy and Carrie Doehring, Eds. *Military Moral Injury and Spiritual Care*. St. Louis: Chalice Press, 2019.
- Rattan, Simran. "What is Spirituality." *Spirituality is Medicine* (blog). December 9, 2020. <https://www.spiritualityismedicine.com/blog/what-is-spirituality>.
- Rohr, Richard. *Falling Upwards: A Spirituality for the Two Halves of Life*. San Francisco: Jossey-Bass, 2011.
- Ruttenberg, Danya, *On Repentance and Repair: Making Amends in an Unapologetic World*. Boston: Beacon Press, 2022.
- Shay, Jonathan. "Moral Injury." *Psychoanalytic Psychology* 31, no. 2(April 2014): 182-201. [doi.org/10.1037/a0036090](https://doi.org/10.1037/a0036090).
- Shelton, Maureen. "Cognitive-Based Compassion Training." 2023 Science of Spirituality. Conference presentation at Emory University, Atlanta, Georgia, April 1, 2023.



- Sheppard, Phyllis. “*Spiritual Care Practice for Intimate and Cultural Trauma Experiences.*” VDS Doctor of Ministry Program. October 12, 2021. Video, 48:11. <https://vanderbilt.app.box.com/s/xwtbcpxfikhzvei4e5gk2ks1rd8hwkem/file/891055019082>.
- Smigelsky, Melissa, Jason Nieuwsma, Keith Meador, Ryan Vega, Blake Henderson, George Jackson. “Dynamic Diffusion Network: Advancing moral injury care and suicide prevention using an innovative model.” *Healthcare* 8, no. 3(September 2020): 1-6. DOI:[10.1016/j.hjdsi.2020.100440](https://doi.org/10.1016/j.hjdsi.2020.100440).
- Smigelsky, Melissa, Jesse Mallet, Ryan Parker, Carter Check, Brad Rappaport, and Stephanie Ward. “Let’s get REAL”: A collaborative group therapy for moral injury.” *Journal of health care chaplaincy* 28, no. sup1 (2022): S42-S56.
- Smigelsky, Melissa, Victoria Trimm, Keith Meador, George Jackson, Jennifer Wortmann and Jason Nieuwsma. “Core Components of Moral Injury Groups Co-Facilitated by Mental Health Providers and Chaplains.” *Spirituality in Clinical Practice* 9, no. 3(September 2022): 159–174. <https://doi.org/10.1037/scp0000297>.
- Social Witness Statement. “2010 Statement of Conscience Creating Peace.” Boston, MA: Unitarian Universalist Association July 1, 2010, 1. <https://www.uua.org/action/statements/creating-peace>.
- Stallinga, Beth. “Comfort Ye My People: Chaplains, Spiritual Care, and Operational Stress Injury.” Master of Military Studies Research Paper, USMC Command and Staff College Marine Corps University, 2011. <https://apps.dtic.mil/sti/pdfs/ADA603454.pdf>.
- Taylor, Louise. “The Beauty and Brilliance of Shadow Work.” *Psychology Today*. September 28, 2021. <https://www.psychologytoday.com/us/blog/reflections-neurodiverse-therapist/202109/the-beauty-and-brilliance-shadow-work>.
- Tick, Edward. *War and the Soul: Healing Our Nation’s Veterans from Post Traumatic Stress Disorder*. Wheaton, Illinois: Quest Books, 2005.
- Tutu, Desmond and Mpho Tutu. *The Book of Forgiving*. New York: Harper One, 2014.
- Tutu, Desmond. *No Future Without Forgiveness*. New York: Doubleday, 1999.
- Webb, Jon, David Bumgarner, Elizabeth Conway-Williams, Trever Dangel and Benjamin Hall. “A consensus definition of self-forgiveness: Implications for assessment and treatment.” *Spirituality in Clinical Practice* 4, no. 3(September 2017): 216-227. <https://doi.org/10.1037/scp0000138>.

Wortmann, Jennifer, Ethan Eisen, Carol Hundert, Alexander Jordan, Mark Smith, William Nash, and Brett Litz. "Spiritual features of war-related moral injury: A primer for clinicians." *Spirituality in Clinical Practice* 4, no. 4(December 2017): 249–261.  
<https://doi.org/10.1037/scp0000140>.

Wortmann, Jennifer, Jason Nieuwsma, Heather King, Paola Fernandez, George Jackson, Melissa Smigelsky, William Cantrell, and Keith Meador. "Collaborative spiritual care for moral injury in the Veterans Affairs Healthcare System (VA): Results from a national survey of VA chaplains." *Journal of Health Care Chaplaincy* 28 (sup1): S9–S24.  
DOI: [10.1080/08854726.2021.2004847](https://doi.org/10.1080/08854726.2021.2004847)