

ADAPTIVE DISCLOSURE: CRITIQUE OF A DESCRIPTIVE INTERVENTION
MODIFIED FOR THE NORMATIVE PROBLEM OF MORAL INJURY
IN COMBAT VETERANS

by

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A Research Paper

Presented to Dr. Fred Simmons

Yale Divinity School

In Partial Fulfillment of the Requirements

In REL 659

Seminar on Ethics and Human Nature

Yale Divinity School

New Haven, Connecticut

Originally submitted 29 April 2013

Revised for CGSC 12 September 2013

Abstract

The U.S. Army wants Soldiers who are moral and at the same time able to kill enemy combatants. The morally questionable act of killing human beings inevitably creates the conditions for some Soldiers to experience moral injury. I contend that moral injury is a psychologically descriptive label for the normative problem of sin. Additionally, Brett Litz, et al. have proposed an eight step moral injury treatment model, Adaptive Disclosure (AD), that I argue is essentially a secularized form of the Sacrament of Reconciliation modified with the critical exclusion of a priest. In this paper originally submitted to Yale Divinity School, I present the newly defined but ancient problem of moral injury in combat veterans, critique the AD intervention model, and propose an inter-disciplinary solution to its major deficiency.

I conclude that military chaplains cannot remain isolated on one side of the philosophical wall that divides “is” from “ought” while hoping to address the problem of moral injury without engaging descriptive views on human behavior. Moral injury is the transgression of core moral beliefs; it is also the result of sin. A morally injured Soldier is a patient; he or she is also a penitent. Successive narrative exposures of the morally injured Soldier’s transgression are a modified Cognitive Behavioral Therapy (CBT) process of extinction; they are also confession. Dialogue between the morally injured Soldier and an imaginary, benevolent moral authority produces forgiveness-related content; it is also absolution. But a therapist is usually not also a priest, and a chaplain is usually not also a behavioral scientist. By modifying the AD therapeutic frame to include a chaplain, sustained recovery from moral injury in combat veterans is more likely than either therapist or chaplain can accomplish alone.

Introduction

¹⁻² Take a deep breath, GOD; calm down — don't be so hasty with your punishing rod. Your sharp-pointed arrows of rebuke draw blood; my backside smarts from your caning.

³⁻⁴ I've lost twenty pounds in two months because of your accusation. My bones are brittle as dry sticks because of my sin. I'm swamped by my bad behavior, collapsed under gunnysacks of guilt.

⁵⁻⁸ The cuts in my flesh stink and grow maggots because I've lived so badly. And now I'm flat on my face feeling sorry for myself morning to night. All my insides are on fire, my body is a wreck. I'm on my last legs; I've had it — my life is a vomit of groans.

Psalm 38:1-8, The Message

The U.S. Army wants Soldiers who are moral and at the same time able to kill enemy combatants. The morally questionable act of killing human beings inevitably creates the conditions for some Soldiers to experience moral injury. I contend that moral injury is a psychologically descriptive label for the normative problem of sin. Additionally, Brett Litz, et al. have proposed an eight step moral injury treatment model that is essentially a secularized form of the Sacrament of Reconciliation modified with the critical exclusion of a priest. Sustained recovery from moral injury in combat veterans is more likely when science and religion work together for healing as opposed to what either can do alone.

Definitions

Moral injury is an ancient wound at least as old as the above expression of misery and guilt to God in Psalm 38. The psalmist describes an acute sense of sin, shame, and guilt that would seem familiar to a morally injured Soldier. In an era of complex medical diagnoses and legal terminology, a new definition for this ancient wound is required. What is moral injury and how is it different from posttraumatic stress disorder (PTSD)?

Because moral injury and PTSD are often confused, one textbook definition of PTSD is:

Enduring, distressing emotional disorder that follows exposure to a severe helplessness - or fear-inducing threat. The victim reexperiences the trauma, avoids stimuli associated

with it, and develops a numbing of responsiveness and an increased vigilance and arousal.¹

It is important to note that PTSD happens in contexts other than armed combat. However, given this definition one can easily understand why many combat veterans often suffer from PTSD.

On the other hand, moral injury is:

Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations. This may entail participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others, as well as engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code.²

Like PTSD, moral injury can happen in situations other than war. Although the life-threatening, traumatic events of war are common to both conditions, PTSD is not simply a form of moral injury. PTSD is biologically based in the human body's organic response to fear. As a response to danger, the body produces hormones affecting the amygdala and hippocampus; areas in the brain associated with fear and linking memories with the traumatic event.³ This response is consistent from the perspective of evolution. Chances of survival increase even more if an individual remembers to avoid similar events in the future. Unfortunately, this instinctive survival mechanism may also cause psychological issues even when survival threats are absent. This biological basis for PTSD differentiates it from moral injury.

Moral Injury Results from Sin

Moral injury happens when a person is able to reflect upon a traumatic experience after the immediate danger has passed. In the same way PTSD is caused by biological responses to trauma, a person of conscience reflecting about a traumatic, morally ambiguous event

¹ V. Mark Durand and David H. Barlow, *Essentials of Abnormal Psychology*, 6th ed. (Belmont, CA: Wadsworth, Cengage Learning, 2013), 145.

² Brett T. Litz and others, "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention," *Clinical Psychology Review* 29 (2009): 700.

³ Durand and Barlow, *Essentials of Abnormal Psychology*, 149.

experiences moral injury counterproductive to mental health. “Moral injury results when Soldiers violate their core moral beliefs, and in evaluating their behavior negatively, they feel they no longer live in a reliable, meaningful world and can no longer be regarded as decent human beings.”⁴ Moral injury is a wound of conscience whereby the injured experiences feelings of worthlessness and betrayal from a world which seems no longer just or predictable. The injured also experiences depression, guilt, substance abuse, remorse, despair, and loneliness similar to the despairing description in Psalm 38.

An exhaustive exposition of the many definitions of sin is beyond the scope of this paper. Consequently, for the purposes of this paper, sin is “an offense against religious or moral law.”⁵ In the context of moral injury, this definition of sin captures the sense of sin being equally damaging whether the sin’s occurrence is intentional or accidental. Thus I contend moral injury, understood as an offense against core moral beliefs, is the result of sin.

A basic moral obligation, perhaps THE basic moral obligation with respect to moral injuries of combat veterans, is: you shall not kill (Exodus 20:13). A Soldier kills another human being during combat yet, upon reflection, realizes he has transgressed his deeply held personal injunction against killing. The key concept is transgression, “...which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth.”⁶ Even in a best-case scenario in which the Soldier, on a rational level, understands that she killed in order to prevent being killed, on an emotional level she feels as though she broke God’s commandment. Parsing the difference between killing and murder in combat is not truly relevant in this case because what is significant

⁴ Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston: Beacon Press, 2012), xv.

⁵ *Webster’s Ninth New Collegiate Dictionary*, 1987 ed., s.v. “sin.”

⁶ Shira Maguen and Brett Litz, “Moral Injury in the Context of War,” United States Department of Veterans Affairs, http://www.ptsd.va.gov/professional/pages/moral_injury_at_war.asp (accessed March 11, 2013).

is what the Soldier *believes*. Thus, by transgressing God's injunction against killing, the Soldier has committed an act of disobedience against God's divinely appointed limits upon humanity and morally injured himself, or sinned, by putting himself in the place of God which is idolatrous.

The Army Wants “Moral Killers”

Generally speaking, a Soldier's job is to fight and win her nation's wars by killing enemy soldiers. The Army's dilemma is that the institution demands moral excellence of Soldiers in order to maintain discipline but at the same time requires that combatants be prepared to perform the morally injurious act of killing human beings. General Marshall famously said: “The soldier's heart, the soldier's spirit, the soldier's soul are everything. Unless the soldier's soul sustains him, he cannot be relied on and will fail himself and his country in the end.” The Army professes it cares about the Soldier's heart, spirit, and soul and spends considerable resources addressing issues of Soldiers' physical, mental, emotional, and spiritual well-being. In 2009, the Army began an effort to address the ability of a Soldier's soul to sustain him with a program called Comprehensive Soldier Fitness, or CSF. The program, designed to assess physical, emotional, social, familial, and spiritual fitness “pillars,” is not without critics. While the spiritual fitness pillar is intentionally vague in order to address the depth and breadth of religious preferences in the Army, Brock and Lettini make a valid critique in observing, “The meaning of spiritual strength, however, fails to contain any moral content or to acknowledge the basic existence of moral conscience, which is the key to distinguishing a healthy person from a sociopath.”⁷ Such a program cannot reasonably be expected to meaningfully assess the potential for moral injury if the training ignores the Soldier's conscience. One could argue the Army does

⁷ Brock and Lettini, *Soul Repair*, 99.

not want Soldiers, actively engaged in combat, to think about the moral implications of their actions because a moment's hesitation before pulling the trigger could mean the difference between life and death for many Soldiers. In fact the Army culture encourages quick trigger fingers, for example, by dehumanizing enemy combatants with insulting terms such as "Raghead," "Gook," and "Kraut" in the belief that killing Ragheads, Gooks, and Krauts is easier than killing spouses, siblings, and parents. Brock and Lettini presciently conclude, "We ... cannot imagine spiritual 'fitness' without moral conscience."⁸

Thus, on the one hand, the Army needs its Soldiers to be highly trained yet moral professionals in order to maintain a level of physical and emotional health ensuring discipline and maximum combat readiness. On the other hand, the Army needs its Soldiers to kill without thinking too hard about the moral implications before or after pulling the trigger. The Army demands a delicate balancing act which frequently manifests itself in morally dubious ways both on and off the battlefield. Recent reports in the media have documented a woeful litany of ethical lapses revealing the breadth and depth of the morality problem in all the services: General Petraeus and General Allen, former top commanders in Afghanistan, were both embroiled in the same sex and email scandal. Brigadier General Sinclair, former deputy commander of the 82nd Airborne Division, is under investigation for adultery, sexual misconduct, and forcible sodomy with five different women. Colonel Johnson, former commander of the 173rd Airborne Brigade, stands accused of having a bigamous relationship with an Iraqi woman and for maneuvering lucrative government contracts to her father. General Ward, Africa Command commander, was demoted from four to three stars and ordered to repay the government \$82,000 after taking his wife and a large "security" detail on lavish trips under the pretense of Army business. Rear

⁸ Ibid., 102.

Admiral Gaouette was relieved of command of the Stennis aircraft carrier group for lapses in leadership judgment. Twenty-five Air Force instructors at Lackland Air Force Base are accused of sexually abusing cadets.⁹ While scandal and criminal behavior may not equal the moral import of killing, it reveals a disturbing pattern of moral decline and poor judgment among the military's top leaders. According to Don Snider, a senior fellow at West Point's Center for the Army Profession and Ethic, "Moral corrosion has spread throughout the entire profession of arms as a result of a decade of war. War ... creates a culture where cutting corners ethically becomes the norm."¹⁰ Provided Snider is correct and the new normative ethic for the military is to take moral shortcuts, one might logically expect a concomitant decrease in moral injury. In other words, a morally corrosive culture diminishes the likelihood of individual, serious moral reflection thereby limiting the potential occurrence of moral injury.

Snider identifies a faulty assumption within the Army's leadership as a root cause of the current state of moral decline: "Any healthy volunteer will make a good soldier because they accept and agree with the service's values and inherently will want to live by those values."¹¹ Decades ago this may have been true because American society valued social and moral conformity much more so than it does presently. Potential recruits are more morally diverse today and much less willing to conform to high uniform standards of military morality.¹² Snider observes that new recruits approaching military service as a job are externally motivated to moral behavior as a consequence of its benefits or punishments. However, recruits internally motivated

⁹ James Kitfield, "The Military Knows It Has a Morality Problem," NationalJournal.com, <http://www.nationaljournal.com/magazine/the-military-knows-it-has-a-morality-problem-20121206> (accessed December 7, 2012).

¹⁰ Don M. Snider quoted in James Kitfield, "The Military Knows It Has a Morality Problem," NationalJournal.com, <http://www.nationaljournal.com/magazine/the-military-knows-it-has-a-morality-problem-20121206> (accessed December 7, 2012).

¹¹ Don M. Snider, "The Moral Corrosion within Our Military Professions," Strategic Studies Institute and United States Army War College, <http://www.strategicstudiesinstitute.army.mil/index.cfm/articles/The-Moral-Corrosion-within-Our-Military-Professions/2012/11/27> (accessed November 29, 2012).

¹² Ibid.

to approach military service as a lifestyle, characterized by sacrificial service, are more likely to conform to high military standards of morality. But conformity to high moral standards is both blessing and bane during a time of war: “It’s because soldiers have such high standards that they’re vulnerable to moral injury.”¹³ Consequently, Soldiers for whom military service is a patriotic calling presently live, fight and suffer moral injury for an Army struggling with the “do as I say, not as I do” mixed message of leaders preaching high ethical standards yet pridefully taking moral shortcuts.

Moral Injury Healing Requires Self-Forgiveness

Among the numerous war stories of veterans recounted in the moral injury literature, two of my own experiences illustrate the moral injury dynamic and the devastating impact of killing. From March to November 2003, I deployed with my National Guard Unit to Camp Liberty, Kuwait. Our mission was the transportation of materiel from the depots of Kuwait north to forward operating bases in Iraq. Consequently, the truck drivers in my unit were vulnerable to the roadside bombs known as improvised explosive devices, or IEDs. One way to defend against the threat of IEDs was to drive at high speed down the middle of the road without stopping for any reason short of another vehicle in the convoy being damaged in an attack. Insurgents countered this practice by forcing civilians into the road in front of the speeding trucks so as to stop the convoy and attack it. Commanders, wise to this tactic, instructed truck drivers not to stop for civilians in the road. After an especially dangerous mission, a truck driver asked to speak privately with me. On this particular mission, my Soldier reported how what appeared to be an Iraqi woman with a child stepped in front of his truck. He was uncertain whether or not

¹³ Tony Dokoupil, “A New Theory of PTSD and Veterans: Moral Injury,” The Daily Beast, <http://www.thedailybeast.com/newsweek/2012/12/02/a-new-theory-of-ptsd-and-veterans-moral-injury.html> (accessed January 24, 2013).

the pair had been struck and could not know whether they had been forced into the road. But the anxiety rooted in the fear that he had injured or killed the woman and her baby haunted him.

As my second experience illustrates, moral injury is not restricted to distant battlefields. In 2009, I served the Soldiers and civilians who worked for the National Ground Intelligence Center (NGIC). Among NGIC's missions was analyzing top secret satellite imagery to identify high value targets to be destroyed by armed unmanned aerial systems. A supervisor over a particular section of analysts asked me to be especially attentive to his group because they were essentially marking people for death. The messy business of warfare becomes strangely personal and ripe for moral injury when, for example, an analyst has misgivings about the quality of the intelligence being examined yet identifies a face in an image knowing that person's imminent death will be a direct result of the analyst's uncertain identification.

As a result of their experiences, did my truck driver and image analysts potentially suffer a moral injury? Existing definitions for PTSD do not adequately address their experiences because neither was immediately exposed to a fear-inducing threat against their own lives. Rather, Soldiers engaged in counter-insurgency are at the greatest risk for moral injury because, according to Litz et al.:

These types of wars involve unconventional features (e.g., an unmarked enemy, civilian threats, improvised explosive devices) that produce greater uncertainty, greater danger for non-combat troops, and generally greater risk of harm among non-combatants. Not surprisingly, a select field survey in theatre revealed that 27% of soldiers faced ethical situations during deployment in which they did not know how to respond.¹⁴

As previously stated, ethical dilemmas in war are not new. However, the experience of the U.S. military in Vietnam, Afghanistan, and Iraq reveal how modern asymmetrical warfare clouds the ethical discernment of Soldiers who must quickly judge whether the occupants of an approaching car or faces in a satellite image are civilians on the battlefield or lawful combatants. The impact

¹⁴ Litz, "Moral Injury and Moral Repair," 696.

of ethical ambiguity arising from the fog of war is compounded by multiple, lengthy deployments and the accumulated grief and anger of comrades killed in action and broken marriages back home. It is unknown, but possible, my trucker and image analysts may have mistakenly caused civilian deaths. This leads me to assess them at a high risk for moral injury. The key factor having the greatest impact is the transgression of a moral code by the unwarranted killing of another human being.

Self-reports by Vietnam War veterans indicate a significant difference between veterans who killed and veterans who were exposed to combat but did not kill. Veterans who killed were more likely to be diagnosed with PTSD than those who did not kill. In other words, perpetration seems to be more injurious than simply being on the scene: “Killing, regardless of role, is a better predictor of chronic PTSD symptoms than other indices of combat, mirroring some of the results on atrocities.”¹⁵ However, an assumption that every Soldier who kills experiences moral injury is erroneous. Otherwise, why would some Soldiers become morally injured by killing while others develop different disorders like PTSD, depression, or suffer no ill effects at all? The operative dynamic appears to be an individual’s ability to reconcile the cognitive dissonance created by the transgression of one’s moral code.

A Soldier’s moral code is a unique mixture of rules formed by her personal beliefs, what her family taught her, and both the implicit and explicit rules for social behavior passed on by the community where she was nurtured. The Army has its own community and moral code. One expression of the unique Army community is the friendly competition between units. Like rival high school football teams, Airborne Rangers consider themselves to be elite fighters while Soldiers in less glamorous support units like to remind the Rangers that their ability to fight depends on the “bullets and beans” they provide. Additionally, one expression of the unique

¹⁵ Ibid., 697.

Army moral code is stated in the Army values. New recruits even receive a plastic tag with the acronym “LDRSHIP” to be worn around the neck along with his identification tags. The Army’s values, its moral code in seven letters, is:

Loyalty: Bear true faith and allegiance to the U.S. Constitution, the Army, your unit and other Soldiers.

Duty: Fulfill your obligations.

Respect: Treat people as they should be treated.

Selfless Service: Put the welfare of the nation, the Army and your subordinates before your own.

Honor: Live up to the Army values.

Integrity: Do what’s right, legally and morally.

Personal Courage: Face fear, danger or adversity (physical or moral).¹⁶

Litz et al. points out that morals serve an evolutionary purpose by teaching members of a community to limit destructive behaviors and promote survival behaviors: “The aversive learning experiences from powerful others (parents, teachers, leaders) leads to self-censure and moral comportment, as well as the expectation that others should conform to moral standards, and if they don’t, they should be punished.”¹⁷ Therefore, the failure to conform to the community’s moral standards results in feelings of guilt and shame because the transgressor has an expectation of the response to the transgression by other members of the community. Feelings of guilt are associated with the particular transgression and often lead to a desire to compensate for the behavior. Shame, on the other hand, is associated with negative self-evaluations, or the difference between “I did a bad thing” (guilt) and “I am a bad person” (shame). Because shame tends to involve negative self-evaluations, it appears to have a greater impact for moral injury. Consequently, a critical element in healing moral injury is self-forgiveness: “Less studied, but no less important from the vantage point of preventing

¹⁶ Headquarters, Department of the Army, *Field Manual No. 1: The Army* (Washington, DC, 2005), 1-16.

¹⁷ Litz, “Moral Injury and Moral Repair,” 699.

wrongdoing and helping transgressors, is the process of self-forgiveness, which is a means of obviating self-condemnation and shame and a vehicle for corrective action.”¹⁸

My truck driver felt caught between two competing claims upon his behavior. On the one hand was his belief in a fundamental injunction against killing, especially women and children. On the other hand was the desire to observe the Army values and do his duty for the Army and his fellow Soldiers. His dilemma was that the Army wants Soldiers who are moral and at the same time able to perform the morally damaging act of killing human beings. Consequently, he became conflicted and asked to speak with me when he realized that he could not fulfill one obligation without violating the other, yet both demanded to be fulfilled. Since he was uncertain whether he had actually hit the Iraqi woman and her child, he began to process the event in a way that was less attached to the specific event (“I could not avoid hitting them”) and more in a way that condemned himself as evil (“Only a bad person kills women and children”). I was not able to follow-up with my truck driving Soldier and do not know whether he has continued to suffer from his moral injury. However, Soldiers who are unable to forgive themselves and remain isolated from their support systems will experience greater negative impact on their mental health than those who benefit from intervention: “If these aversive emotional and psychological experiences lead to withdrawal (and concealment) then the service member is thwarted from corrective and repairing experience (that otherwise would temper and counter attributions and foster *self-forgiveness*) with peers, leaders, significant others, faith communities (if applicable), and the culture at large.”¹⁹ Thus when a Soldier is unable to reconcile his transgression with that internal yardstick by which we all judge our beliefs and actions within a particular world view (i.e., people are basically good, there is justice in the

¹⁸ Ibid.

¹⁹ Ibid., 700.

world), shame, guilt, and anxiety ensue which then further impede the reconciliation between what the Soldier did and what the Soldier believes he should have done. Without an intervention that promotes self-forgiveness, the vicious cycle results in chronic moral injury.

Adaptive Disclosure: A Self-Forgiveness Intervention

As the first to apply rigorous psychological research methodology to the concept of moral injury, Litz and his colleagues make four foundational assumptions about care for the morally injured Soldier. First is the assertion that a Soldier who experiences moral injury possesses a system of moral belief that is able to be injured and, more importantly, repaired. Second, Litz and colleagues assumed that treatment happens along two primary pathways, one that includes processing the memory of the moral injury at a psychological and emotional level, and one that includes opportunities to combat negative self-judgments by giving and receiving love within the safety of a caring community. Third, since Soldiers who experience moral injury have a tendency to believe they are completely and inflexibly beyond redemption, they need an equally forceful contradictory experience. Fourth, there is no shortcut to healing: “In the ideal case, service members and veterans will use therapy to get clear about what happened, what it means to them moving forward, what they need to do to repair and renew, and as means of priming the process of forgiveness and hopefulness.”²⁰

Interestingly, social connections are a basic mechanism both for causing the moral injury and for healing from the moral injury. As previously discussed, failing to conform to the community’s moral standards results in feelings of guilt and shame because the transgressor has an expectation of the response to the transgression by other members of the community. Similarly, a transgressor begins to heal within a loving, supporting community where the

²⁰ Ibid., 702.

expectation of the response to the transgression shifts from condemnation to positive attributions such as self-forgiveness, correction and restitution. The treatment strategies proposed by Litz et al., collectively known in the clinical trial as Adaptive Disclosure (AD), begin with what may be clinically defined as a strong therapeutic relationship. Because the expectations of others figure so greatly in the wounding of a morally injured Soldier, within the therapeutic relationship the therapist must not express even a hint of disgust or condemnation of the Soldier's transgression.

Secondly, Soldiers receive training on what moral injury is and learn how guilt and shame cause them to avoid psychologically painful memories. Based on the strength of the therapeutic relationship, they also learn to trust that healing is possible once the painful memories have been shared without the fear or expectation of social condemnation.

The third step in the AD treatment model is based on the conventional understanding of behavioral extinction. The therapist leads the Soldier in successive narrative "exposures" to the transgression. Since feelings of guilt and shame cause the Soldier to suppress and avoid memories of his transgression, the goal of this process is to encourage prolonged interaction with his memories. However, "Extinction of strong affect from repeated exposure is not the primary change agent, rather focused emotional reliving is a necessary pre-condition to change; service members and veterans will be unable to reconsider harmful beliefs stemming from deployment unless they 'stay with the event' long enough for their beliefs to become articulated and explicitly discussed."²¹

In step four of AD, the Soldier examines the morally injurious event in light of what it means for his self-image and future. Specific themes to be explored are maladaptive interpretations such as my truck driver's belief that "Only a bad person kills women and children." The therapist must walk a fine line that accommodates the service member in such a

²¹ Ibid., 703.

way that promotes moral repair without over-accommodation. One strategy to address my truck driver's sense of shame would be to help him think through the context specific nature of military convoys in Iraq. In short, he may have to accept that killing a civilian woman and her child truly is a bad thing that occasionally happens during convoys, but that does not necessarily mean he is bad because it occurred in a way largely beyond his control. In other words, he does not normally drive around town back in America trying to run down innocent women and children! Consequently, *"One does not need to accept the act to accept the imperfect self that committed the act."*²²

By step five of the AD treatment model, the morally injured Soldier is asked to engage in a conversation with an imaginary, benevolent moral authority. If the Soldier is unable to imagine anyone, he is invited to imagine being the benevolent moral authority himself and provide guidance to someone who is convinced that he is hopelessly beyond redemption. The Soldier is asked to verbalize what the moral authority would say. If the Soldier struggles, the therapist introduces "forgiveness-related"²³ content specific to the Soldier's context.

Step six of AD considers the process of making amends. This is a collaborative process in which the therapist and the Soldier devise tangible, relevant, and feasible tasks designed to orient the Soldier toward positive, life-changing, and self-forgiving goals. The danger with this treatment strategy is that a Soldier may make the extreme determination that his life must now be wholly devoted to righting the wrong he did. Furthermore, some wrongs simply can never be made "right." As Litz et al. point out, "In general, the idea is not to try and fix the past, but rather to draw a firm line around the past and its related associations, so that the mistakes of the

²² Ibid.

²³ Ibid., 704.

past do not define the present and the future and so that a pre-occupation with the past does not prevent possible future good.”²⁴

By step seven of the AD treatment model, the Soldier has had multiple painful experiences of sharing his moral transgression while receiving positive messages of self-forgiveness in return. A long-term, stable recovery is now contingent upon the Soldier’s ability to get out of his own head and make affirming relationships in community: “Veterans and service members need to improve their relationships with others and, more importantly, with themselves as relational demands arise over their life course.”²⁵ Because friends and family members may not know how to respond to the Soldier’s eventual self-disclosure of his transgression, a conversation about how to ask loved ones for what he needs from the relationship is prudent. Litz et al. also encourage Soldiers to explore joining spiritual communities which certainly supports the overall healing of moral injury.

At the conclusion of therapy, the Soldier and therapist consider the work they have accomplished and the Soldier’s expectations for the future. If the treatment has been helpful, the Soldier will use language expressing his changed self-perception with hopeful, positive, and relational themes. There should also be a frank discussion about the inevitable moments when the transgression will intrude, strategies for coping with the intrusion, and how to identify when it is time to get professional help. Significantly, Litz and his colleagues caution that future research should not focus exclusively on the commission of atrocities and killing, but also on the potential for moral injury in Soldiers who witness or learn about extreme human suffering, cruelty, and the unethical behavior of others.

²⁴ Ibid.

²⁵ Ibid.

Results of a clinical trial by Gray et al. in which 44 marines received AD indicate a positive therapeutic result worthy of further examination: “These findings also provide preliminary support for AD’s ability to address not only life-threat-related PTSD but that it can also address guilt and shame resulting from morally injurious actions and grief related to traumatic loss.”²⁶ Noteworthy limitations of the study include a small sample size, no long-term follow-up, no random assignment, and no control group.²⁷ I argue there is an additional significant limitation to the AD treatment design: *the reliance upon dialogue with an imaginary moral authority for real soul repair, which is a psychologically descriptive intervention for a fundamentally normative problem.*

Gray et al. acknowledge the necessity of recalling the morally injurious transgression for healing and the potential harm of repeatedly doing this during AD “...without a strategic therapeutic frame for corrective and countervailing attributions and appraisals, and without fostering corrective, and especially forgiveness-promoting, experiences inside and outside therapy....”²⁸ The need for such a strategic therapeutic frame is a consequence of “hot-cognitive processing”²⁹ which assumes that Soldiers undergoing AD will be more likely to accept positive, self-forgiving ways of understanding their moral injury while in an emotionally vulnerable state resulting from having just shared the experience of the moral injury. In other words, a Soldier in such an emotionally vulnerable state without a strategic therapeutic frame that promotes self-forgiveness may be just as likely to interpret the moral injury in radically self-condemning ways. Consequently, the AD therapeutic frame invites the morally injured service member to dialogue with an imaginary benevolent authority: “The goal is to promote new learning in the form of

²⁶ Matt J. Gray et al., “Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members With Combat-Related Psychological Stress Injuries,” *Behavior Therapy* 43 (2012): 414.

²⁷ Ibid.

²⁸ Ibid., 410.

²⁹ Ibid.

corrective feedback about the appraised implications and related messages about forgiveness, compassion, the possibility of repair, and so forth.”³⁰

I contend that a better predictor of real soul repair is dialogue with a real moral authority; the military chaplain. First, the morally injured service member is invited to dialogue with an imaginary moral authority guided by the therapist who steers the conversation away from harmful thoughts and toward healing thoughts: “If necessary, the therapist is instructed to introduce content that is forgiveness-related, tailored to the specifics of the case.”³¹ This assumes that either the morally injured service member or the therapist is able to comment expertly on matters of morality and forgiveness. Inviting the morally injured Soldier to muse upon his own self-forgiveness is tantamount to asking a dental patient to pull his own tooth or a hospital patient undergoing surgery to make the initial incision. The participants are certainly capable of going through the healing motions, but a person skilled in dentistry or surgery is likely to produce superior results. What is true for physical injuries is also true for moral injuries. The chaplain experienced in answering questions of morality and forgiveness is more likely to produce superior results.

Second, to invoke the spirit of Anselm’s Ontological Argument, real is qualitatively superior to imaginary.³² Neither Litz et al. nor Gray et al. offer a compelling reason that dialogue with an imaginary benevolent authority is superior than dialogue with an embodied benevolent authority. It makes more sense for the therapist to intervene and guide the chaplain on matters of psycho-therapeutic technique (i.e. hot-cognitive processing) than for the therapist

³⁰ Ibid.

³¹ Litz, “Moral Injury and Moral Repair,” 704.

³² F. L. Cross and E. A. Livingstone, eds., *The Oxford Dictionary of the Christian Church*, 2nd ed. (New York: Oxford University Press, 1974), 1,000.

to navigate the thorny theological and moral questions that will inevitably arise (i.e. theodicy, sin, forgiveness, afterlife) without a chaplain.

Third, it is possible that a morally injured service member may also suffer physical injuries that diminish or delay his ability to feel imaginative or engage in dialogue. A Soldier who lost his legs will likely be overwhelmed for some time with adjusting to life as a paraplegic thereby indefinitely delaying any imaginative dialogue about his moral injury. Furthermore, a Soldier with catastrophic injuries that prevents him from speaking or who sustained a traumatic brain injury resulting in impaired cognition will be challenged by a moral injury treatment dependent upon his ability to imagine and dialogue. The professional community must not discount the moral injuries of these service members as any less important or untreatable.

Finally, the military chaplain “brand” carries significantly more weight on matters of morality within the military community than a mental health professional. Since military chaplains are also Soldiers, Sailors, and Airmen, they deploy to combat zones with their service members. In the Army, some mental health professionals also deploy at the brigade level and higher. More often than not, however, mental health professionals are civilians who do not share the danger or potential for moral injury of combat with the service members they treat. Even when these professionals have deployed, because their military occupational specialty is a significantly newer addition to the ranks than the chaplain, their “brand” (or reputation) is not as well established and therefore may be viewed by some as less trustworthy. Litz et al. established the importance of connection by making a robust therapeutic relationship the first step in their treatment strategy: “Because of the sensitive and personally devastating and disorienting nature of moral injury, a strong and genuinely caring and respectful therapeutic relationship is

critical.”³³ Based on the importance of relationship for therapeutic efficacy, it is illogical to expect much therapeutic improvement from a relationship conjured by the imagination of a morally injured Soldier. In short, therapeutic dialogue jointly with a therapist and an embodied chaplain who is a trusted authority on matters of morality, who has instant credibility with fellow service members by virtue of being a fellow service member, and who has the training, shared deployment experience, and theological tools to address the morally injured who are also physically injured is a more robust predictor of sustained recovery from moral injury than the forgiveness-related dialogue of a civilian therapist or imaginary benevolent authority alone.

Moral Injury Care Is Pastoral Care

Thus far I have laid a foundation that defines key terms, interprets moral injury as the result of sin (hence emphasizing the importance of ideas such as forgiveness and repentance), establishes the military’s morality problem, explores the moral injury dynamic, and critiques the clinical treatment model proposed by Litz et al. and Gray et al. I argue in the remainder of the paper that because moral injury is the result of sin, dialogue with an embodied chaplain in the AD therapeutic frame is another way of fulfilling the same ritual function as the Sacrament of Reconciliation (or Penance). I do not propose the AD dialogue is the same as the Sacrament of Reconciliation; rather I contend the ritual purpose of acts similar to the sacrament in this context is moral injury care (absolution) and *moral injury care is pastoral care*. All of the basic ritual elements in the Sacrament of Reconciliation are also present in the AD therapeutic frame. For example, the imaginary, benevolent moral authority functions in the role of the priest, the morally injured soldier is the penitent, successive narrative exposures of the transgression by the morally injured Soldier in step three of the treatment model is tantamount to confession, and the

³³ Ibid., 702.

forgiveness-related content introduced in the dialogue of step five in the treatment model is, effectively, absolution. Therefore, I argue since the AD treatment design mimics the pastoral care function of the Sacrament of Reconciliation, the presence of a chaplain to provide actual pastoral care is warranted.

Accordingly, in the same way a morally injured/penitent Soldier dialogues/confesses with his chaplain/confessor regarding his moral transgression/sin in order to experience self-forgiveness/absolution,³⁴ dialogue within the AD therapeutic frame and the Sacrament of Reconciliation serve the same pastoral care goal; healing the moral injury. Since one may argue describing the AD therapeutic dialogue in the sacramental language of the Roman Catholic Church is potentially efficacious only for service members who are Roman Catholic Christians, the term “pastoral care” is equally descriptive in this context and more accessible to all. For example, a morally injured Muslim Soldier may find a term such as “Sacrament of Reconciliation” inaccessible or even offensive while the term “pastoral care” is more acceptable. Even though pastoral care is often associated with Christianity, any exclusiveness suggested by the term is somewhat mitigated because a Christian military chaplain is trained to cross inter-faith boundaries. However, it is a justifiable critique to question whether a Christian chaplain can legitimately offer reconciliation to a non-Christian Soldier short of a conversion experience. Thus while the healing mechanism of pastoral care is efficacious for all morally injured Soldiers, language that specifically identifies Christian theology and ecclesiology as the preferred approach to the treatment of moral injury is problematic. Good inter-faith questions aside, when the chaplain and morally injured Soldier engage in dialogue within the AD therapeutic frame, it is effectively pastoral care able to exploit the healing power of ritual, the healing power of pastoral care language, and the healing power of community.

³⁴ Gray, “Adaptive Disclosure,” 410.

The Healing Power of Ritual

Chaplain Herman Keizer Jr., an Army chaplain during the Vietnam War, recounts a memory of an important experience during his deployment. During his second week in-country, Chaplain Keizer worked his way along a row of armored personnel carriers and tanks checking on Soldiers. Along the way, he asked them when they had last been served Communion or attended Mass. “Most had never had it in-country. One soldier told me that he felt chaplains had forgotten that wherever two or three are gathered there was a worshipping community. So we had Communion.”³⁵ Thereafter, at every service he conducted, Chaplain Keizer offered Communion. Time and again as he read the words of forgiveness and love from Psalm 103 at the conclusion of the simple Protestant communion liturgy, Chaplain Keizer noticed a change come over the Soldiers: “I could feel the ritual grounding them. ... A deep moral hunger and thirst was quenched in this meal together. The eloquence of the Sacrament brought healing.”³⁶

Chaplain Keizer had success in helping his Soldiers alleviate the sense of becoming morally unhinged in Vietnam by reading the Psalms and serving Communion. The challenge for military chaplains today is to meet a similar need in Soldiers who are much more likely to be biblically illiterate, secularized, or of a non-Christian faith group if they have a religious preference at all. As previously noted, a limitation of Christian rites is they are generally regarded as efficacious only for Christians. Re-imagined as the Sacrament of Reconciliation, the therapeutic dialogue of the AD treatment design is a pastoral care ritual of healing for soul repair between a chaplain and a morally injured Soldier that must consider the limitation of a secular setting.

³⁵ Brock and Lettini, *Soul Repair*, 24.

³⁶ *Ibid.*, 24-25.

If healing a moral injury was as simple as performing a ritual act, virtually anyone could fill the role of a “village shaman” and with the shake of a ceremonial rattle proclaim a morally injured Soldier “healed.” According to Long, however, this process is not as simple as one might believe: “Ritualistic behavior, by itself, has no healing power.”³⁷ So why argue the dialogue between chaplain and the morally injured Soldier serves a ritually significant purpose? It is significant because rituals serve three key anthropological functions.

Generally speaking, human beings seek homeostasis. In other words, as a species we seek stability with respect to survival needs such as food, water, clothing, shelter, and social relationships. Unfortunately, we also experience the reality of life as anything but stable. Rituals serve a key anthropological function of helping humanity traverse times of disorder that punctuate times of relative order: “The capacity of rituals to order the messy business of life is much of what gives them their character as social mandate.”³⁸ Furthermore, rituals remind humanity that the promise of extraordinary, ritual reality remains true even in the ordinariness of everyday reality: “The value of this ritual framing of time is not that it establishes a firewall between ordinary and extraordinary time but, rather, that it discloses that what we can see as true in the clear light of ritual remains true in the shadows of ordinary experience.”³⁹ Finally, rituals demarcate safe, albeit temporary, space to experiment with new possibilities for living: “By living out an alternative reality in the ritual, participants are provided new ways of living toward the future.”⁴⁰ Thus the ritual “space” provided by the therapeutic dialogue between chaplain and morally injured Soldier securely allows her to reenact the moral transgression and test thoughts

³⁷ Thomas G. Long, *Accompany Them with Singing: The Christian Funeral* (Louisville, KY: Westminster John Knox Press, 2009), 98.

³⁸ *Ibid.*, 100.

³⁹ *Ibid.*

⁴⁰ *Ibid.*, 101.

of self-forgiveness in such a way that the promise of the dialogue sustains her as she emotionally traverses from disorder to order.

The Healing Power of Pastoral Care Language

When the chaplain and morally injured Soldier engage in dialogue within the AD therapeutic frame, it is rehabilitative to be able to exploit the healing power of pastoral care language. Using the language of pastoral care acknowledges the military chaplain must be intentional about the moral injury healing process that is soul repair. As Kathleen Greider observes: “Every small or simple step toward healing – all these bits of acceptance, healthy habit, purpose, connection, professional help, authenticity, loveliness, value – they become little things to believe in, reliable articles of faith.”⁴¹ These collective “bits” are not meant to be a pastoral care primer, but pastoral care themes supplying the language, the “forgiveness-related” content, a chaplain uses in the therapeutic dialogue with the morally injured Soldier.

First, Soldiers who have just redeployed from combat generally want to eat, drink, and party as much as possible. Sergeants are typically quite busy dealing with discipline problems. A Soldier trying to cope with the vicious impact of moral injury may try to avoid the pain with unhealthy distractions that deny him the value of an appreciation for simplicity. Additionally, Soldiers tend to be problem-solvers who may have unrealistic expectations that a complete cure exists for every problem. According to Greider, “Simplicity is seen when sufferers begin to let go of grandiose dreams of cure and take heart instead in each precious small step of healing.”⁴² Chaplains have an opportunity and responsibility to teach their Soldiers recovery from moral injury, or soul repair, is a process of managing their injury rather than curing it. An appreciation

⁴¹ Kathleen J. Greider, *Much Madness Is Divinest Sense: Wisdom in Memoirs of Soul-Suffering* (Cleveland: The Pilgrim Press, 2007), 294.

⁴² *Ibid.*, 273.

for simplicity provided by the chaplain orients the Soldier toward the spiritual work of healing a moral injury.

Learning to live with paradox is a survival skill with which most Soldiers are familiar. As members of the profession of arms, we embody perhaps the fundamental paradox of preserving life by being very good at destroying it. Captain Peter Linnerooth, an Army psychologist deployed to Iraq in 2006, captured a paradox of tenderness amidst the indescribable brutality of a field hospital swamped with American mass casualties:

I stood at her head and considered her hair, for Christsakes! The blast had mussed her hair. Removed her foot, cleaved her abdomen, but mussed her hair. For whatever reason I looked at it and longed to smooth it back from her forehead. Like I do for my children. It was reddish-blond, curly, almost kinky, and in disarray. I looked around me to see if anyone would notice this gesture, if anyone would mind. Hell, I don't know what to do in an abattoir of human suffering, it's not my job. I deal with easy things, like the paranoid, the personality disordered, and those without hope. All I wanted to do was smooth her hair, perhaps compose her for the next stage of her journey. But I never did it, and regret it to this day.⁴³

On 2 January 2013, Captain Peter Linnerooth killed himself with a gunshot to the head, arguably as a consequence of failing to cope with what he believed to be the insurmountable paradoxes of his Iraq deployment. Surviving a moral injury requires a Soldier embrace the paradoxes of human existence, such as accepting his wound as a step toward healing, guided by the chaplain's specialized education, experience, and care.

“Creativity,” according to Greider, “plays a consistently important role in the spiritual lives and healing of soul-sufferers.”⁴⁴ The tempo of military life can grind the creativity right out of it. After a day of mind-numbing training and meetings, or boredom, denial, and violence while deployed, many Soldiers collapse at the end of the day into a world of movies, video games, family responsibilities, or other escapes. However, the humdrum of military life is not an

⁴³ Sharon Cohen, “Vet Who Saved Many in Iraq Couldn't Escape Demons,” Yahoo! News, <http://news.yahoo.com/vet-saved-many-iraq-couldnt-escape-demons-190136480.html> (accessed March 18, 2013).

⁴⁴ Greider, *Much Madness Is Divinest Sense*, 278.

admission that Soldiers are uncreative. On the contrary, the Veterans Writing Project is just one of many similar initiatives that encourage veterans to heal with writing. Travis Martin, an Iraq veteran recovering from PTSD and editor of *The Journal of Military Experience*, explains:

My experience is that traumatic memories are fragmented. They appear in flashes of intensity, but not always in order. ... If you can put those emotions and the traumatic event in a narrative that makes sense to you, it makes the trauma tangible. If it is tangible, it is malleable. And if it is malleable, you can do something with it.⁴⁵

Whether the creative activity is painting, photography, writing, or something else allowing the morally injured Soldier to process and express the raw power of his feelings, the chaplain who encourages creativity heals.

The natural world is also a source of healing. Soldiers, however, have a checkered relationship with nature which must be cautiously considered. The beautiful, misty dawn is one person's symbol of healing and restoration. However, the same foggy morning before sunrise might also summon a Soldier's unwelcome memory of a camouflaged enemy who killed a buddy. "Nature provides elegant and stirring beauty, which can soothe the deepest despair..."⁴⁶

In planning for pastoral care, chaplains are uniquely mindful that the best and worst of what Soldiers experience often occurs in strikingly beautiful natural locales.

Soldiers are adept at spotting phonies and do not suffer long the pretensions of those who claim to be more than they really are. Consequently, genuineness is a highly desirable trait. For example, Soldiers who earn the Army's award for physical fitness rarely ever wear the patch on their physical training uniforms because they regard this as ostentatious. On the other hand, while Soldiers are skilled at spotting the speciousness of others, they are less successful in being genuine with themselves. Greider notes, "If it is sincerely engaged, soul-suffering can sometimes assist in the development of genuineness, integrity, authenticity – qualities

⁴⁵ Cecilia Capuzzi Simon, "Warrior Voices," *The New York Times*, February 3, 2013.

⁴⁶ Greider, *Much Madness Is Divinest Sense*, 283.

understood by many religious traditions to be fruits of spiritual practice and maturity.”⁴⁷ Pastoral care which emphasizes the value of genuineness for healing will resonate immediately with Soldiers but may require the chaplain to gently challenge the ways they deceive themselves. This is especially important during the therapeutic dialogue when the morally injured Soldier’s judgment of her transgression errs toward either extreme of guilt or innocence. The truth is often somewhere in-between.

The value of service for healing is a modality Litz et al. also acknowledge in the reparation and forgiveness step of the moral injury treatment model. Service is also a concept *service* members appreciate in a very embodied way. Greider claims that “...survivors find ways to make a contribution to the common good; this service to others both enables and sustains their recovery.”⁴⁸ The challenge for Soldiers, however, is to adapt their idea of service to include both vocation and avocation. Service to a service member is usually something he does for a paycheck or because his participation in this or that service project is expected by the chain of command. Thus a major task of the chaplain engaged in soul repair is educating the morally injured Soldier that to lose his life through selfless service to another is to gain it.

These pastoral care themes: simplicity, paradox, creativity, nature, genuineness, and service, become the constitutive “bits” of hopeful language in which morally injured Soldiers can believe: “Throughout our discussion of what soul-sufferers have found to be the building blocks of healing amid chronic psychic turmoil, we have implicitly been building a case for hope.” It is a hope, however, not simply wishful thinking, that life can become again as it was before the transgression and moral injury. The chaplain is uniquely empowered to be a messenger of hope

⁴⁷ Ibid., 286.

⁴⁸ Ibid., 287.

for the morally injured Soldier because the chaplain wears the same uniform, speaks the same language, and makes the same sacrifice in service to the nation.

The Healing Power of Community

When the chaplain and morally injured Soldier engage in dialogue within the AD therapeutic frame it is pastoral care exploiting the healing power of the community's presence. As Litz et al. proposed in their moral injury treatment model, healing momentum will be quickly lost without fostering reconnection, or community. Edward Farley's systematic analysis of good and evil reveals how a Soldier comes to understand both the severity of his transgression and the hope of forgiveness in the reconnection occurring within the mutual recognition of the face:

It is the face that shows the other as one who can be murdered, violated, and manipulated, and as one to whom we are responsible. The face is the agent's own face discovered in the alterity of the other and the other's face experienced in the agent's own sphere.⁴⁹

The face impacts both the transgressor and the transgressed. The result is alienation by a moral injury only forgiveness can heal. A problem, however, is the prerequisite of mutual forgiveness between transgressor and transgressed *in relation*:

For the violated, forgiveness means a transcending of the accusing face, a breaking of the hold of the power of resentment. For the violator forgiveness means an acceptance of the impossibility of reparation and a transcending of its self-accusing face. Without forgiveness, the violator can never perceive nor accept the transcending of the violated toward the face.⁵⁰

How can the morally injured Soldier be in relation with victims he wrongly killed? At best he meets with relatives or friends of his victim to seek forgiveness, which some Vietnam War veterans have done with mixed results. As Brock and Lettini observe:

In attempting wistfully to reincarnate what they imagine they have destroyed but of which they still lack any deep knowledge, victors may also seek forgiveness, absolution,

⁴⁹ Edward Farley, *Good and Evil: Interpreting a Human Condition* (Minneapolis: Fortress Press, 1990), 288.

⁵⁰ *Ibid.*, 248.

and friendship with survivors or descendants among their former enemies. ... In drawing its emotional power from nostalgia, absolution denies economic, racial, linguistic, and national power differences and the devastations of war that continue in the present – in effect, using greater power to demand that those who have been harmed assuage the guilt of their conquerors.⁵¹

Farley's theory ultimately ends up making a case for the value of the church community as a facilitator of moral injury healing: "The communication of the universal face calls for a distinctive social and historical mediator [church], the community of the face."⁵² As defined by Farley, the church is distinct from communities that are social groups for the sake of social relationships, and communities of the face: "A *community of the face* is a community whose *raison d'être* as a community is the mediation and attestation of the universal face."⁵³ Although morally injured Soldiers can benefit from positive relationships anywhere, based upon my admittedly Christian bias I contend the church is the best venue for exploiting the healing power of community because, as mediators of the universal face, the church meets the transgressor in relation thus offering the hope of forgiveness in the reconnection occurring with the mutual recognition of the face. However, as previously noted, in the same way non-Christian Soldiers may not regard a Christian chaplain as a religious or moral authority, non-Christian Soldiers may not regard the Christian church as an accessible community of the face. Presumably these Soldiers are able to find comparable communities of the face in their own religious traditions. One could argue, in fact, that communities of the face should essentially and necessarily be non-sectarian.

⁵¹ Brock and Lettini, *Soul Repair*, 104.

⁵² Farley, *Good and Evil*, 290.

⁵³ *Ibid.*

Conclusion

Litz et al. and Gray et al. boldly propose a psychologically descriptive intervention, Adaptive Disclosure, of what is fundamentally a normative problem of human existence, moral injury. Additionally, chaplains cannot remain isolated on one side of the wall that divides “is” from “ought” while hoping to address the problem of moral injury without engaging descriptive views on human behavior. Moral injury results from the transgression of core moral beliefs; it is also the result of sin. A morally injured Soldier is a patient; he or she is also a penitent. Successive narrative exposures of the morally injured Soldier’s transgression are a modified Cognitive Behavioral Therapy (CBT) process of extinction; they are also confession. Dialogue between the morally injured Soldier and an imaginary, benevolent moral authority produces forgiveness-related content; it is also absolution. But a therapist is usually not also a priest, and a chaplain is usually not also a behavioral scientist. For the sake of healing morally injured Soldiers, science and faith need each other. Thus, I argue by modifying the AD therapeutic frame to include a chaplain equipped to exploit the healing power of ritual, pastoral care language, and the community of the face, sustained recovery from moral injury in combat veterans is more likely because therapist and chaplain collaborate more effectively for the purpose of healing than either can accomplish alone. Future research must address the particulars of how the military chaplain and therapist collaborate within the AD therapeutic frame and constructively overcome the obstacles to healing that a Christocentric perspective implies.

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