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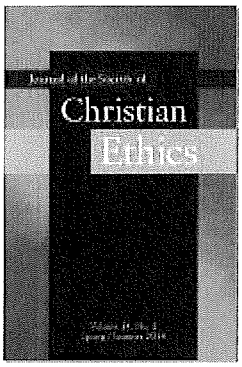

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Moral injury, the experience of having acted (or consented to others acting) incommensurably with one's most deeply held moral conceptions, is increasingly recognized by the mental health disciplines to be associated with postcombat traumatic stress. In this essay I argue that moral injury is an important and useful clinical construct but that the phenomenon of moral injury beckons beyond the structural constraints of contemporary psychology toward something like moral theology. This something, embodied in specific communal practices, can rescue moral injury from the medical model and the means–end logic of *techne* and can allow for truthful, contextualized narration of and healing from morally fragmenting combat experiences.

LET US CONSIDER THE HUMAN COST OF WAR BY ATTENDING to the following exchange in March 2006 between a US Marine investigative officer and a senior Marine noncommissioned officer:

> Q: So I guess what I'm kind of getting at is when you heard—when you finally got the number down, did that—what was your thought process? Did you just say that that happens when you have to clear a house, through experience—but it was awful high or did you think it was high?
>
> A: Didn't think it was that, sir, we had fights people were in and [directed fire at] homes inside of Fallujah and found females inside the homes, not a lot of children obviously, sir. I mean, throughout the time in five months in Al Qarma, I had Marines shoot children in cars and deal with the Marines individually one on one about it because they have a hard time dealing with that. The thing I would always ask them was, you know, they crossed the trigger line? Sergeant Major, I thought it was, this, this, this. Roger. Did you use EOF [escalation of force]. Good, and the deal with it was that child was still dead, Sergeant Major. Did you know the child was in the backseat? No,

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> Sergeant Major. Would you have shot in that direction? No Sergeant Major. I hate to see but there it is. But I don't see that as your fault at that time. Because he is going to have to live with that for the rest of his life and that is a hard thing to do. It is one thing to kill an insurgent in a head on fight. It is a whole different thing—and I hate to say it, the way we are raised in America—to injure a female or injure a child or in the worse case, kill a female or kill a child.[1]

This interview was one of several published by the *New York Times* in December 2011 after a *Times* reporter happened upon a set of transcripts of the US military's internal investigation of the deaths of twenty-four Iraqi civilians at the hands of marine troops in the north-central Iraqi town of Haditha on November 19, 2005. The incidents that the sergeant major describes, however, did not take place in Haditha, and when they occurred there were no high-level military investigations or hard-hitting headlines. He describes, rather, the all-too-common occurrence in which marines would set up highway checkpoints and roadblocks in an attempt to minimize trafficking of explosives and weapons, and in which some drivers would drive past multiple signs commanding drivers to stop and, eventually, past the "trigger line" beyond which marines were authorized by military rules of engagement to open fire on the approaching vehicle. The sergeant major describes the way that his men would have to make split-second decisions whether to shoot, understanding that to shoot could put innocent noncombatants at risk and that not to shoot would risk the destruction of the entire checkpoint, including all of one's comrades, by an explosive-laden vehicle. And so sometimes the marines would open fire and, when all was quiet and the charred vehicle stopped, would find neither explosives nor armed insurgents but rather the lifeless bodies of unarmed men, women, and children.

After ten years of the American wars in Iraq and Afghanistan, the devastating cost of these wars on US soldiers is increasingly clear. The army alone recorded 933 confirmed or suspected suicides among active duty, national guard, and reserve soldiers from January 2009 through July 2012.[2] This number can be compared to the approximately 1,700 US service members who died in Iraq or Afghanistan during that time.[3] Although not all of these suicides are entirely caused by or even linked to the experience of combat, many of them are; and the Department of Defense has been very concerned about the doubling of soldier suicide rates in the context of the long conflicts in Iraq and Afghanistan.[4] The Department of Veterans Affairs estimates that approximately 6,500 veterans, many of them combat veterans, kill themselves each year, a rate of approximately 18 per day, accounting for approximately one in five suicide deaths in the United States.[5] Approximately 20 percent of soldiers returning from combat in Iraq and Afghanistan meet criteria for posttraumatic stress dis-

order (PTSD), and many of these veterans, and others, experience profound difficulty readjusting to civilian life after combat deployment. Marital and relational stress, job turnover, problematic alcohol use, and excessive risk-taking behavior are all common among veterans suffering the effects of postcombat stress.[6]

The construct of PTSD, introduced as a psychiatric diagnosis in 1980, has been broadly influential both within medical/psychological and within Christian interpretations of combat trauma, shaping certain assumptions about how "trauma" operates. In the current nomenclature, persons with PTSD must have been "exposed to a traumatic event" in which (for adults) "the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, [and] the person's response involved intense fear, helplessness, or horror."[7] In the light of this, PTSD is often presumed to be driven primarily by the emotion of fear.

Clinicians who work with soldiers and combat veterans, however, are increasingly dissatisfied with a fear-based conceptualization of all forms of PTSD. We do not know if the marines described in the testimony above went on to suffer from posttraumatic stress, but if they did, what they might suffer most is not fear but rather the irreversible status of having killed Iraqi women and children. Such examples are by no means common to all combat veterans with PTSD, but it is very clear that the experience of killing other human beings—particularly, but not only, if the killed are civilian noncombatants or if the killing was done under morally uncertain or dubious conditions—can be associated with profound suffering well after return from combat. Some clinicians, noting this, have begun to refer to this suffering as moral injury.

In this essay I seek to introduce the concept of moral injury to a Christian theological audience and, at the same time, to offer an appreciative theological critique. First, I briefly trace its history within trauma studies and within larger conversations about the human cost of war. Second, I recount the specific way in which moral injury is described in its most recent form by Brett Litz and colleagues, and I commend their work as a marked advance in psychological and clinical conversations regarding combat trauma. Third, however, I argue that the concept of moral injury, designed especially by Litz and colleagues as a psychological concept, cannot ultimately remain there; it beckons beyond itself to a thicker contextual account of proper human ends than modern scientific psychology, bound to liberal presuppositions, can or will provide. The reality is that "moral injury" names call for something that the modern clinical disciplines structurally cannot provide, something like a moral theology, embodied in specific communities with specific contextually formed practices. And, because this is the case, Christian moral theology can offer depth of context to moral injury that clinical psychology cannot.

A Brief History of Moral Injury

Although the term "moral injury" has only recently become more visible within trauma studies, it names an experience that has long been recognized by combat veterans and those who work closely with them. In a 1973 work widely credited with raising American cultural awareness about the psychological suffering of returning Vietnam veterans, psychiatrist Robert Jay Lifton examined the ways in which the actions committed in war, and particularly the experience of killing in ambiguous wartime situations, produces long-lasting destructive effects on the character of soldiers.[8] Around the same time, social worker Sarah Haley published a paper titled "When the Veteran Reports Atrocities," which contrasted so-called neurotic guilt with the profound guilt experienced by a soldier who had participated in the killing of civilians and prisoners of war in Vietnam.[9] But this early work was gradually neglected and forgotten: After the introduction of PTSD in 1980, with a few notable but sporadic exceptions, the traumatic implications of morally ambiguous actions in war were largely neglected in the empirical literature.[10]

This neglect was partially rectified in the 1990s and early 2000s by the work of several writers, notably Jonathan Shay, David Grossman, and Rachel MacNair, who highlight in different ways the psychological effects of killing in war and the way in which combat deeply affects soldiers' character, sometimes for good and sometimes for ill.[11] Shay also began to refer to this traumatic suffering not as "disorder" but as "injury." "Combat PTSD," Shay writes, "is a war injury. Veterans with combat PTSD are war wounded, carrying the burdens of sacrifice for the rest of us as surely as the amputees, the burned, the blind, and the paralyzed carry them."[12] Shay emphasizes that like any injury, "psychological and moral injury" associated with combat is rooted in the body, may be irreversible, and can result in a wide spectrum of disability. Psychological injury associated with combat may not *seem* disabling, he writes, but "when the injury invades character, and the capacity for social trust is destroyed, all possibility of a flourishing human life is lost."[13] Such injury may be properly termed "moral injury" when "(1) there has been a betrayal of what's right (2) by someone who holds legitimate authority (3) in a high-stakes situation."[14] Moral injury, in Shay's sense, is closely tied not to the individual actions of a soldier but to a failure of military leadership.

The application of the term "injury" to the suffering of combat trauma continued to percolate in the trauma-studies literature, but in 2009 Brett Litz and colleagues reintroduced the concept of moral injury in a new, more empirically accessible form.[15] As is standard within psychological scholarship, Litz and colleagues start by stipulating several operational definitions. "Morals" are defined as "the personal and shared familial, cultural, societal, and legal rules for social behavior, either tacit or explicit, . . . fundamental assumptions about how

things should work and how one should behave in the world."[16] Moral emotions such as embarrassment and shame "serve to maintain a moral code" and "are driven by expectations of others' responses to perceived transgression."[17] Moral injury, following this line of thinking, is operationally defined as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."[18] Broadly conceived, this kind of injury may involve "participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others, . . . engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code, [or] bearing witness to the aftermath of violence and human carnage."[19] The dissonance between experience and moral beliefs leads to particular moral emotions, particularly guilt and shame, and can lead to persistent self-ascriptions of unforgiveability that can then drive the reexperiencing, numbing/avoidance, and hyperarousability symptoms characteristic of PTSD.

Litz and colleagues follow their working model of moral injury with a proposal for how it might be treated in the clinical setting. They argue that therapists must understand moral injury as a sign of "an intact conscience . . . still capable of reclaiming goodness and moral directedness,"[20] and should therefore work to aid the veteran in processing the memory and meaning of the injurious event and to provide countervailing experiences that disconfirm the veteran's persistent sense of shame and unforgiveability. They propose a modified version of cognitive behavioral therapy (CBT) specifically designed to treat persons with moral injury. Such therapy, they propose, should first feature active, supportive, and empathic connection with a therapist; preparation for dealing safely with psychologically painful content; controlled exposure to the memories of morally injurious experiences in order to elicit the painful feelings associated with them; and examination and modification of "maladaptive beliefs about the self and the world" (for instance, the belief that one is intrinsically a cruel and sadistic person because one has killed a civilian)—beliefs that stand in the way of self-forgiveness. Next, patients should be encouraged to "dialogue with a benevolent moral authority," someone who they can count on to be respectful and nonjudgmental, and to make amends for the morally injurious action either by righting the wrong or, more commonly, by "drawing a line between past and present and in some way changing one's approach to how he or she behaves and acts so that one moves towards the positive, towards better living."[21] Finally, patients should be encouraged to foster reconnection with others and to make plans for the future once therapy has ended. This reconnection may include spirituality, defined as "an individual's understanding of, experience with, and connection to that which transcends the self."[22] Spirituality may set in motion the possibility of "transcendence," itself defined as "not being defined by the [morally injurious] experience, and correcting the wounds by not succumbing or being that construction of the self (e.g., only possible of

doing bad things), through subsequent mindful and purposeful existence moving forward."[23] Such exploration of spirituality might involve participation in "spiritual communities" since "forgiveness within religious and spiritual frameworks is potentially instrumental in alleviating guilt, shame, and demoralization."[24] They conclude the paper with the call for a research program which, though in its infancy, has already borne some fruit.[25]

The Power and Limitations of Moral Injury

What might Christian ethics have to learn from moral injury, and vice versa? Moral injury as it has evolved in the clinical literature, and particularly as described by Litz and colleagues, is at its root a psychological, not a theological, concept; yet it is a psychological concept that in its subject matter looks a great deal like moral or penitential theology. It is appropriate, then, given the rise of the "moral injury" concept in clinical and popular consciousness, and particularly given its increasing appropriation by Christian interpreters of combat trauma, to evaluate it from the perspective of Christian moral theology. And here we see the promise and pitfalls of treating complex issues of human moral agency from a contemporary psychological perspective. In the context of the contemporary psychology of trauma, moral injury is a welcome and potentially very influential way forward; but from a Christian moral-theological perspective, this very identity as a psychological construct proves to be unhelpfully limiting.

Moral injury is a very welcome development within the literature of combat trauma because it forces critical analysis of the relationship between combat trauma and the moral agency of the acting soldier. Moral injury may result from a soldier's exposure to circumstances that are out of his or her control, in which the soldier may or may not have been able to alter the course of events, but precisely that aspect of the trauma that characterizes it as moral injury also has to do with the agency of the morally injured soldier. This focus on agency allows moral injury to speak helpfully both to psychology and to Christian ethics in three ways.

First, moral injury is an irreducibly social and contextual phenomenon and is therefore a useful antidote to psychological reductionisms of various sorts. The conflicts, dissonances, and moral emotions characteristic of moral injury are those of a moral agent, an acting person; the phenomena of moral injury cannot be reduced either to neurobiology or to stimulus–response psychology, if such reductions would discount the complex sociocultural matrix in which moral judgments and moral emotions are formed and sustained. The recognition of moral injury therefore forces trauma psychology to regard the human person in all of his or her complexity as a moral agent, fully situated within and

constituted by a sociocultural matrix of language and meaning and valuation in which "trauma" cannot be understood apart from understanding of that matrix. Trauma of this sort is not an individual reality but a social reality; the social is not the context in which individual trauma is inflicted, but just as plausibly, the individual is the context in which social trauma is inflicted. Such an account, in turn, resonates with Christian affirmations of the embodied, relational, responsible self.

Second, the phenomenon of moral agency forces both mental health clinicians and Christian interpreters to a more complex account of human agency than is often displayed in cultural conversations about combat trauma. The veteran who is morally injured in the sense that Litz and colleagues articulate, who has executed or witnessed an action that is deeply contrary to his or her internalized moral norms, cannot be reduced to simplistic (and possibly Pelagian) all-or-nothing accounts of agency in which the veteran is either a radically self-determining agent or the helpless victim of circumstance. The agency of the modern combat soldier, which differs in context but not in kind from human agency more generally, is always constrained yet not in a way that abrogates the soldier's accountability for his or her acts. Soldiers who kill an unarmed civilian in war, whether or not they do so under a description that would fall under the military's rules of engagement (such as self-defense, or the belief that the person was an enemy combatant) still live with the memory of pulling a trigger and seeing a person drop lifeless. And yet the act was done in wartime, perhaps reflexively, perhaps under command, under conditions of tremendous stress, with limited information. Soldiers who kill in ambiguous circumstances are often to themselves neither guilty nor innocent, neither victims nor perpetrators, neither heroes nor villains, but some complex amalgam of them all that is not well captured in the sound-bite conversation with which the American public has to date discussed our current wars.

Third, moral injury provides an important reminder that attention to the traumatic effects of war on soldiers and civilians cannot be separated from more theoretical considerations of war's moral justifiability, and vice versa. This concept is not new; Lifton's *Home from the War* cast Vietnam veterans as truthful signs of the moral incoherence of the American engagement in Vietnam, and Jonathan Shay famously proclaimed in *Achilles in Vietnam* that "an army is a moral construction," and made "betrayal of 'what's right'" central to his account of the damage inflicted by war on those who wage it.[26] But, for Christian ethics, moral injury can play an opposite but equally important role. Whereas moral injury can call the psychology of trauma beyond individualism and reductionism toward the social and the moral context in which trauma is experienced, moral injury can likewise call Christian ethics out of abstract arguments about just war and pacifism toward closer consideration of the concrete psychological and individual costs of war. *Jus in bello* is

important not only within abstract considerations of just war but also because civilians and noncombatants die, and veterans suffer permanently and irreparably, even when such constraints are observed and particularly when they are not.

Moral injury therefore yields some important lessons for both psychology and Christian ethics. But Christian ethics likewise yields some lessons for moral injury, not least in calling out the limitations of the medical and psychological context within which it is embedded.

Moral injury is situated within the medical model partly for practical and pragmatic reasons (to aid in the design of helpful "treatments") and partly to reduce the stigma that permeates killing (particularly controversial or questionable killing) in war. Jonathan Shay invokes injury, for example, specifically to align psychological suffering more closely with physical wounds of war.[27] This use of medical language is morally driven and well-intended: Just as American civilian culture does not demonize or stigmatize veterans who return from Iraq or Afghanistan with amputations and burns, neither should the culture demonize or stigmatize veterans who return with psychological and moral suffering. This desire for the humane treatment of suffering veterans is precisely what drives well-intentioned description of combat-related PTSD as the "invisible wounds of war" and of soldiers with PTSD as "wounded warriors."[28] But there are limitations to this identification: Psychological and moral injuries resemble flesh-and-blood injuries not univocally but, at best, by family resemblance. In each case there is indeed traumatic disruption followed by attempts at self-repair and, if all goes well, healing. In each case, the care of others may be necessary to facilitate this healing. But visible wounds to the body, however they might affect the experiencing self, can be formally identified without specific consideration of the soldier's response to them. A soldier may be relatively unfazed by a bodily wound, or may be psychologically devastated; but the wound can be considered apart from, and in some sense prior to, its effect on the experiencing self.[29] In the case of psychological and moral injury, on the other hand, the wound is known only through the soldier's psychological and moral response to the experience of combat; epistemologically, it *is* that response. Practically, then, while it is understandable and appropriate for veterans to speak of a physical injury as somehow external to themselves, as "my wound," it is problematic and at best a figure of speech for a person to speak of "my PTSD" or, worse, "my moral injury" as an external wound demanding treatment and modification. But in the case of PTSD, that is exactly how many combat veterans have learned to speak. Because PTSD is defined not by its cause but by the experiences that constitute it, one can "have" PTSD no more and no less than one can "have" any other pattern of experience. Such experience often names profound disability, but it is qualitatively different than "having" an infectious disease or a tumor or a burn.

The political use of medical language to describe personal and agency-reflective suffering may seem to be of small concern; after all, the language of "wound" and "sickness" is deeply rooted in Christian speech about sin, particularly in the Eastern tradition. Also, within our culture and language there are no clear boundaries for the medical model; some argue not ironically that matters are medical if it is useful to treat them as such.[30] The deeper problem, though, is that the medical model, once invoked, inducts postcombat suffering into the means–ends logic of technical rationality. This technicist tendency is amply displayed in the research-oriented and evidence-based approach of Litz and colleagues. As a review and proposal of a research program, the paper of Litz and colleagues is masterful; its weakness is that it is a review and a proposal of a research program. It specifies that moral injury occurs within an individual, it stipulates an operational definition of moral injury, and it proposes some hypotheses about how moral injury is originated and sustained. With these hypotheses in mind, it proposes a structured and generalizable form of therapy—a variant of established trauma-focused cognitive behavioral therapies—for treatment of this operationally defined entity. It calls for the development of reliable and valid measurement tools for moral injury, the purpose of which is to define the incidence, prevalence, and natural history of moral injury within a population and to measure the efficacy of any interventions. It ends with a call for randomized controlled trials for the treatment of moral injury. By this structure, like almost all therapeutic research within modern medicine, it closely adheres to the Aristotelian logic of *techne* described in nonmedical context by Joseph Dunne. Using Dunne's description, *techne* applies within modern medicine when the end or goal of a particular clinical encounter is specified in advance of the application of a particular "method" or "technology," when the focus is instead on the selection of the method or technology that best attains this specified end, and when the successful application of the method or technology does not depend on the moral character of the agent.[31] It might seem a stretch to think of a complex human phenomenon such as moral injury as a technical problem in need of a technical solution, but that is precisely the point of developing valid measurement scales and conducting randomized controlled trials: to develop a standardized, exportable, evidence-based treatment of moral injury that can join the literature of similarly evidence-based treatments for other forms of PTSD.

But even then a theologically sympathetic proponent of moral injury might ask why this deference to the medical model is a problem. Should Christians not want to harness the social power of medicine and the technical power of modern clinical research in order to improve social functioning, and to relieve the suffering, of those who have been to war?

This turns out not to be a rhetorical question. Christians can clearly affirm that it is good to ameliorate suffering—but is it always appropriate to do so by

means of medical technique? And if so, what are the limits of this? At this point the clinical disciplines, so eager to relieve suffering, are left with little to say; the use of technique to relieve suffering seems to require no justification and seems to have no clear boundaries. Gerald McKenny, naming this potent combination of moral zeal and teleological silence within medicine, has argued that modern medicine and bioethics have inherited Francis Bacon's construction of nature as manipulable for human ends together with a protestant commitment to neighbor-love that focuses on the relief of human suffering.[32] McKenny argues, however, that both have left behind the teleological frame within which these commitments were traditionally embedded. Because of this, medicine and bioethics are unable to distinguish between suffering that aids in the realization of the good life and suffering that thwarts the achievement of these ends, such that all suffering, any suffering, becomes the appropriate object of technical modification: suffering becomes not a sign but a surd.

Although certain modern psychotherapeutic schools have resisted this loss of teleology precisely because they find it important to distinguish meaningful from nonmeaningful suffering, they can do so only by articulating, in greater or lesser degree, the shape of a well-lived human life.[33] The more specific a psychotherapeutic tradition is about the shape of human flourishing, the less it begins to look like scientific biomedicine and the more it begins to look like a moral-philosophical or moral-theological tradition, a school for the therapy of desire.[34] And so modern psychotherapists who speak of moral injury are faced with a structural dilemma: They can presume or even articulate a structure of shared moral assumptions that would allow for judgments between redemptive and nonredemptive postcombat suffering (and look like moral/philosophical traditions) or they can aspire to value-neutrality in an effort to maximize social and scientific acceptability (and look like scientific biomedicine), but they cannot do both.

Litz and colleagues do not wish to deny the sociocultural frameworks that give rise to guilt and shame in particular soldiers, but their disciplinary context does not allow them to speak about these phenomena in anything other than psychological and cognitive terms; unlike moral theologians, they cannot engage in thick description about the appropriate ends of human life. As described earlier, they define "morals" as "personal and shared . . . rules for social behavior" and as "fundamental assumptions about how things should work and how one should behave in the world."[35] Violation of these rules and assumptions, given certain disposing and sustaining factors, results in moral injury, the healing of which consists in the ability of the veteran to face the memories of morally injurious experience and to develop a strategy to go on in a psychologically integrated way. This healing may well be facilitated by the presence of a supportive moral community, perhaps even a religious community. But Litz and colleagues cannot go any deeper than that. They cannot pass

judgment on the validity of the moral rules and assumptions that individual soldiers carry, since to do so would be to venture into the ethics of war. They also cannot name any deeper reality that moral assumptions and the rules that engender them might reflect. Moral suffering must therefore be considered formally as psychological phenomenon only. As such, then, *all* moral suffering becomes the object of their proposed therapy; and the ultimate goal of their proposed therapy is the reduction of moral suffering as it is experienced by the soldier or veteran. If participation in "group activities and spiritual communities" and "forgiveness within religious and spiritual frameworks" can be "instrumental in alleviating guilt, shame, and demoralization," then so much the better; but the language here treats religious belief and practice as a potentially useful instrument toward pragmatic ends, not as meaning-defining contexts in their own right.[36]

We are now in a position to see the essential limitations of empirical, evidence-based constructions of moral injury from the perspective of Christian ethics. Psychological theories of moral injury such as that of Litz and colleagues can be insightful and clinically useful, but on their own terms they cannot treat moral injury as anything other than an immanent, psychological phenomenon involving not a fragmentation of a teleological whole but transgression of a soldier's own internalized rules and assumptions. Because their empirical suppositions do not allow them to pass moral judgment on these rules and assumptions or to speak directly about teleology, they are unable to distinguish between meaningful and nonmeaningful moral suffering, so reduction of self-described suffering, measured empirically, becomes the primary goal of the clinical encounter. The problem of moral suffering then becomes a technical one: an appropriate therapy for moral injury will be one that best allows for exportable and generalizable reductions in standard indices of suffering among morally injured veterans. Any technology that would allow for this relief—psychotherapeutic technology or, perhaps, pharmaceutical technology—would under this logic be a welcome addition to the clinical treatment of trauma-related suffering. Communities and meaning-structures can be instrumental, but only instrumental, to this healing. Through the lens of a discipline that admits only of psychological phenomena and only of technical solutions, postcombat suffering, unsurprisingly, is described as a psychological problem in search of better technical solutions—and that is about as far as psychology qua psychology can go.

Christian Communities and the Care of Morally Injured Soldiers

Christian communities can learn much from the psychology of moral injury, but Christian faith and practice can place the healing of combat trauma within a richly contextual context that clinical psychology cannot. Although relief

from moral suffering and the restoration of basic social functioning are goods for Christians, they are not ultimate goods. Christians should additionally desire reconciliation and restoration of the soldier or veteran to God and to full participation in the Christian community such that the veteran is able to witness to the peace that is not simply the attenuation of distress but, rather, the right and ordered alignment of desire to God and to God's good creation. Such reconciliation calls for the interlocking practices of patience, of confession, and of forgiveness.

First, Christian communities that seek to support the healing of combat veterans are called to practice patience. Shelly Rambo, drawing from the fourth gospel and from the liturgical space of Holy Saturday, laments the inability of Christians to linger in the "middle" in which there is "the persistent intrusion of death into life."[37] Too often, she laments, this difficult middle of Holy Saturday is elided in favor of the proclamation of resurrection—but this deprives trauma-scarred persons and communities of vital liturgical and biblical interpretive resources. Rambo is not writing specifically about combat veterans, but it is clear that moral injury is one such "middle" context in which death persistently and unpredictably intrudes into life. The proper Christian response is not to deny this or to hurry past it but, rather, to lament and, as John's Jesus adjures, to remain.

Second, Christian communities that include combat veterans must make space for confession and forgiveness. Much reconciliation in Christian tradition has historically been facilitated by various confessional and penitential practices, and it is well-known—and acknowledged by Shay and others writing about modern PTSD[38]—that the imposition of penance on soldiers returning from war has deep roots within Western Christian practice. Bernard Verkamp, in the most extended treatment of the subject, describes how various penitential manuals and episcopal mandates, beginning with the Penitential of Theodore of Tarsus in the late seventh century and extending at least to the twelfth century, prescribed varying degrees of fasting and other penitential practices after the shedding of blood in war.[39] The specific practices varied by time and region, but many penitentials followed Theodore's precedent in recommending that soldiers returning from war, even if the war was thought to be just and the killing was done under lawful command, should abstain from the church and from the Eucharist for forty days after return. The specific reasons for the imposition of these practices as well as the reasons for their gradual demise in the late medieval period are not settled, but Verkamp argues that, at least in part, they reflect an Augustinian caution about the moral danger of war because war-making, even in just circumstances, can provide the opportunity for the display of sinful concupiscence. Thus, even in a just war paradigm, the moral legitimacy of a campaign does not provide a blanket of absolution for all acts occurring in the campaign context. Wars are things to lament, not

to celebrate, as even acts justified under particular descriptions such as "shooting in self-defense" can be deeply complex and troublesome in the details.

The fragmentary historical records make it difficult to know how widely these penitential practices were enforced or how they were received by returning warriors, but what is notable about them is that they provided a formal, liturgical space and time for veterans to reflect upon, lament, and possibly even to mourn their war-making practices without repudiating their necessity or the necessity of the campaigns of which they were a part. We can imagine that such practice was to some degree communal, where war comrades would experience penitential requirements upon their return home and would be able to transition together, within the context of the larger community, into full liturgical and social participation in church and community. We can also imagine that such practices allowed families and neighbors of returning soldiers to celebrate their return and to honor their service but to do so in a way that honored as well the tragic cost of this service and allowed expression of tragic and even shameful experience. Perhaps the community was able even to reflect on its collective ownership of the wartime violence conducted in its name.

Whatever happened in prior centuries, it is clear that American Christianity provides very little space for veterans of the sort that communally embraced penitential practices might have provided. Haunted by cultural ghosts of Vietnam veterans returning to US soil and being screamed at and spat upon, Americans as a whole, if they attend at all to the hundreds of thousands of returning combat veterans, have largely decided to greet returning Iraq and Afghanistan veterans with a projected valorization, a thank-you-for-your-service, no-questions-asked approach that is deeply appreciated by many combat veterans and deeply isolating for others.[40] To some veterans—haunted nightly by memories of civilians who died at their hands, oppressed by guilt and shame only intensified by the repeated assurances of others that they have "nothing to be ashamed of," uncertain of or deeply afraid of who or what they became in Iraq—the socially enforced joviality of return can lead to deeper and more soul-deadening depths of despair. These veterans need the support of a community that can listen, reflect, bear, and grieve with them. Beyond support, though, they need a community that is able to hear confession and to meet that confession not with cheery reassurance or avoidant condemnation but with the willingness to walk with the veteran on the path of reconciliation.[41] They need a community that can help them be forgiven when appropriate as well as to forgive the wrongs inflicted upon them in war.[42] And they need a community that is able to own and to acknowledge its own violence, as embodied in the lives and actions of its soldiers, yet that is capable, with the veteran, of imagining a world in which violence is not ultimate and does not rule.

What this community looks like will vary by congregation and by tradition, and protestant traditions that have largely abandoned penitential practices are

perhaps somewhat at a disadvantage since the loss of penance often means the loss of interpersonal confession as well. But even among more liturgical traditions, there are few liturgical spaces that have been created for morally injured veterans. William Mahedy appends his memoir about Vietnam veterans with a liturgy of reconciliation after war, but no major American church tradition has followed his example in any sustained way for veterans of the current wars.[43] Both Shay (directly) and Litz (indirectly) remark in their writing on moral injury how helpful the Catholic sacrament of reconciliation can be for morally injured Catholic veterans, but so far there have been only sporadic efforts among Catholics to encourage these practices.

Nevertheless, there are some encouraging movements within American Christian practice. The Center for Justice and Peacebuilding at Eastern Mennonite University sponsors a program, "Transforming the Wounds of War," that brings insights from Mennonite peacemaking work to the experience of returning combat veterans.[44] A group called the Truth Commission for Conscience in War, sponsored by a broad array of faith groups and including many Christian participants, convened a public hearing in March 2010 at which veterans testified of morally injurious experiences in Iraq and Afghanistan.[45] Brite Divinity School of Texas Christian University has recently followed this effort by convening a Soul Repair Project "to study 'moral injury' in combat veterans and to train communities in supporting recovery."[46] But more is clearly needed. American church bodies and congregations must become familiar with the clinical discussions about moral injury and then must go beyond the cognitive-psychological constraints of the moral injury construct to create imaginative morphological spaces within which veterans can experience reconciliation.[47] In doing so, Christians can capture the strengths of the moral injury construct without being subject to its limitations. Unlike the clinical disciplines, Christians can name the moral trauma of war not simply as psychological dissonance but as a tragic and perhaps even sinful reminder that the peace of God is still not yet a fully present reality. Christian pastoral care of morally injured veterans can be about more than the relief of psychological suffering. Christians should of course work and hope for the healing of guilt and shame among morally injured veterans, but this healing is not real apart from close attention to the moral significance of the veteran's experience. The ultimate goal of Christian pastoral and congregational care is not that the veteran should feel better but that the veteran is reconciled to God and to the Christian community, from which the psychological correlates of this reconciliation will hopefully flow. Because reduction of guilt, shame, or other distressing experience is not the primary goal of Christian pastoral care, Christians can be free from the therapeutic instrumentalism, the means–end technical logic that pervades contemporary mental health practice. Finally, Christian care of morally injured veterans, already embedded in the context of Christian community, can noninstru-

mentally extend to the veteran the healing resources of the community. Faith communities, unlike the clinical disciplines, are able to embrace thick and particular conceptions of human flourishing and human failing and are, thereby, equipped much more robustly than the clinical disciplines to facilitate the healing of morally injured veterans. But churches will only do so to the extent that they renounce the privilege of ignorance about the present-day American wars and to the extent that they renounce generalizations—promilitary, antimilitary, pro-US-foreign-policy, anti-US-foreign-policy—in favor of close and sometimes painful attention to the war-torn bodies among them.

Notes

1. Interview of Sergeant Major E. T. Sax, USMC Sergeant Major, 3d Battalion, 1st Marines, in "Selected Testimony from the Haditha Investigation," *New York Times*, December 15, 2011, pp. 7–8; www.nytimes.com/interactive/2011/12/15/world/middleeast/haditha-selected-documents.html?ref=middleeast.
2. "US Department of Defense, Office of the Assistant Secretary of Defense (Public Affairs), "Army Releases July Suicide Data," *Press Release*, August 16, 2012; http://www.defense.gov/releases/release.aspx?releaseid=15517.
3. Figure obtained from US Department of Defense Personnel and Procurement Statistics; https://www.dmdc.osd.mil/dcas/pages/main.xhtml.
4. Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces, *The Challenge and the Promise: Strengthening the Force, Preventing Suicide, and Saving Lives* (August 2010); www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20final%20report%208-23-10.pdf.
5. US Department of Veterans Affairs, VA Suicide Prevention Program, "Facts about Veteran Suicides," April 2011; www.erie.va.gov/ERIE/pressreleases/assets/SuicidePrevention FactSheet.doc.
6. Throughout this essay I write of combat trauma from the perspective of American soldiers who are, or have been, deployed to Iraq or Afghanistan. I do not write of the horrific trauma experienced by the Iraqi and Afghan civilian populations during this time, which is largely ignored in the American press but which is, by any account, enormous, with death tolls numbering in the hundreds of thousands.
7. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. with text revision (Washington, DC: American Psychiatric Association, 2000).
8. Robert Jay Lifton, *Home from the War: Vietnam Veterans: Neither Victims nor Executioners* (New York: Simon and Schuster, 1973).
9. Sarah A. Haley, "When the Patient Reports Atrocities: Specific Treatment Considerations of the Vietnam Veteran," *Archives of General Psychiatry* 30 (1974): 191–96.
10. See, for example, Tim O'Brien, *The Things They Carried* (New York: Broadway Books, 1990); Peter Marin, "Living in Moral Pain," *Psychology Today* 6 (11): 68–74; William P. Mahedy, *Out of the Night: The Spiritual Journey of Vietnam Vets* (Knoxville, TN: Radix Press, 2004); and William P. Mahedy, "'It Don't Mean Nothin': The Vietnam Experience," *Christian Century*, January 26, 1983, 65–68. For empirical work suggesting that participation in "atrocities" or other forms of extreme violence could be associated with more

severe and long-lasting symptoms of PTSD among Vietnam veterans, see Daniel W. King, Lynda A. King, David M. Gudanowski, and Dawn L. Vreven, "Alternative Representations of War Zone Stressors: Relationships to Posttraumatic Stress Disorder in Male and Female Vietnam Veterans," *Journal of Abnormal Psychology* 104 (1995): 184–96; Alan Fontana and Robert Rosenheck, "A Model of War Zone Stressors and Posttraumatic Stress Disorder," *Journal of Traumatic Stress* 12 (1999): 111–25; Jean C. Beckham, Michelle E. Feldman, and Angela C. Kirby, "Atrocities Exposure in Vietnam Combat Veterans with Chronic Posttraumatic Stress Disorder: Relationship to Combat Exposure, Symptom Severity, Guilt, and Interpersonal Violence," *Journal of Traumatic Stress* 11 (1998): 777–85; and Mel Singer, "Shame, Guilt, Self-Hatred, and Remorse in the Psychotherapy of Vietnam Combat Veterans Who Committed Atrocities," *American Journal of Psychotherapy* 58 (2004): 377–85.

11. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994); Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribner, 2002); David Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (Boston: Little, Brown, 1995); and Rachel M. MacNair, *Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing* (Westport, CT: Praeger, 2002).
12. Shay, *Achilles in Vietnam*, 4.
13. Ibid., 151.
14. Jonathan Shay, "Casualties," *Daedalus* 140 (2011): 179–88.
15. William P. Nash, "The Stressors of War," in *Combat Stress Injury: Theory, Research, and Management*, eds. Charles R. Figley and William P. Nash (New York: Routledge, 2007); and Brett T. Litz, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, and Shira Maguen, "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29 (2009): 695–706.
16. Ibid., 699.
17. Ibid.
18. Ibid., 700.
19. Ibid.
20. Ibid., 701.
21. Ibid., 704.
22. Ibid.
23. Ibid.
24. Ibid.
25. Ibid., 705. For examples of more recent empirical work on the moral injury construct, see Shira Maguen, Barbara A. Lucenko, Mark A. Reger, Gregory A. Gahm, Brett T. Litz, Karen H. Seal, S. J. Knight, and C. R. Marmar, "The Impact of Reported Direct and Indirect Killing on Mental Health Symptoms in Iraq War Veterans," *Journal of Traumatic Stress* 23 (2010): 86–90; Shira Maguen, David D. Luxton, Nancy A. Skopp, Gregory A. Gahm, M. A. Reger, T. J. Metzler, and C. R. Marmar, "Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq War Veterans," *Journal of Anxiety Disorders* 25 (2011): 563–67; and Kent D. Drescher, David W. 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 (2011): 8–13.
26. Lifton, *Home from the War*; and Shay, *Achilles in Vietnam*, 3–22.
27. Shay, *Odysseus in America*, 208–30.

28. See, for example, Terri Tanielian, Lisa Jaycox, Terry L. Schell, Grant N. Marshall, M. Audrey Burnam, Christine Eibner, Benjamin R. Karney, Lisa S. Meredith, Jeanne S. Ringel, Mary E. Vaiana, and the Invisible Wounds Study Team, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica, CA: Rand, 2008); www.rand.org/pubs/monographs/2008/RAND_MG720.1.pdf.
29. There are, of course, physical wounds, particularly traumatic brain injury (TBI), that challenge this distinction because the physical injury affects the bodily matter associated with the forms of cognition. Such cases, however, do not obviate the logical distinction provided here; in fact, much of the contentious political debate about the relationship of mild TBI to PTSD is premised on the supposition that TBI, unlike PTSD, is *not* a psychological injury but rather a "physical one." See, e.g., Richard Bryant, "Post-Traumatic Stress Disorder vs. Traumatic Brain Injury," *Dialogues in Clinical Neuroscience* 13 (2011): 251–62.
30. Derek Bolton, *What Is Mental Disorder? An Essay in Philosophy, Science, and Values* (Oxford: Oxford University Press, 2008), 194.
31. Joseph Dunne, *Back to the Rough Ground: Practical Judgment and the Lure of 'Technique'* (Notre Dame, IN: University of Notre Dame Press, 1997).
32. Gerald McKenny, *To Relieve the Human Condition: Bioethics, Technology, and the Body* (Albany, NY: SUNY Press, 1997), 17.
33. See, for example, a psychoanalytic alternative to the *DSM:* PDM Task Force, *Psychodynamic Diagnostic Manual* (Silver Spring, MD: Alliance of Psychoanalytic Organizations, 2006).
34. Martha Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, 3rd ed. (Princeton, NJ: Princeton University Press, 2009).
35. Litz et al., "Moral Injury and Moral Repair," 699.
36. Ibid., 704.
37. Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville, KY: Westminster John Knox Press, 2010).
38. Shay, *Odysseus in America*, 153–54. Among others, see Mahedy, *Out of the Night;* Mahedy, "It Don't Mean Nothin'"; and Singer, "Shame, Guilt, Self-Hatred, and Remorse."
39. Bernard J. Verkamp, *The Moral Treatment of Returning Warriors in Early Medieval and Modern Times* (Scranton, PA: University of Scranton Press, 1993). For a detailed account of bloodguilt in the Old Testament, see David A. Bosworth, "'You Have Shed Much Blood, and Waged Great Wars:' Killing, Bloodguilt, and Combat Stress," *Journal of Religion, Disability, and Health* 12 (2008): 236–50.
40. For accounts of how such reception can be isolating, see the testimony of a number of antiwar veterans in the 2006 documentary *The Ground Truth*, directed by Patricia Foulkrod.
41. This insight was expressed beautifully by 1st Lt. Elyse Gustafson in a plenary presentation, "Exploring the Moral Landscape: Military, Theological, and Academic Intersections," at a conference titled *After the Yellow Ribbon*, Duke Divinity School, November 12, 2011.
42. See Bernardo J. Cantens, "Forgiveness and Its Importance in Post-War Ethics," *Journal of Religion, Disability, and Health* 12 (2008): 251–86.
43. Mahedy, *Out of the Night*, 241–45.
44. Eastern Mennonite University Center for Justice and Peacebuilding, "Transforming the Wounds of War: How Can Faith Communities Respond to the Impact of Trauma on Returning Veterans and Their Families?" Originally posted at www.emu.edu/cjp/pti/twow/. See also Stephen Kaufman, "University Offers New Approach to Trauma Healing:

Program Works to Free Individuals and Communities from Destructive Cycles," *America.gov Archive*, March 19, 2009, www.america.gov/st/democracy-english/2009/March/20090319115407esnamfuak0.2055933.html&distid=ucs.

45. Truth Commission on Conscience in War, *The Truth Commission Report*, November 11, 2010; http://conscienceinwar.org/wp-content/uploads/2010/11/TCCW_REPORT_FINAL_110710.pdf. See also the Christian Peace Witness homepages and highlights on the "Conscience in War Project," http://christianpeacewitness.org/.
46. Christian Church (Disciples of Christ), "Disciples Seminary Receives Grant to Start Soul Repair Project for Veterans," *Disciples News Service*, May 9, 2012; www.disciples.org/DisciplesNewsService/tabid/58/itemId/1215/Disciples-seminary-receives-grant-to-start-Soul-Re.aspx. See also The Soul Repair Center at Brite Divinity School, which describes its mission as "research and public education about recovery from moral injury"; http://www.brite.edu/programs.asp?BriteProgram=soulrepair.
47. Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville, KY: WJK Press, 2009), 149.