

The Dark Night of the Veteran's Soul – Understanding the Impact of Spiritual Wounds for Australian Veterans

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Abstract

Background: Figures from the Department of Veterans' Affairs indicate there may be over 30,000 Australian veterans that have or may yet develop some form of service-related mental illness. There is a growing body of evidence that there is a spiritual dimension to soldiers' wounds.

Purpose: The purpose of this paper is to understand the causes, symptoms and healing pathways for spiritual wounds.

Method and materials: Firstly, exploration of the nature of veteran spirituality. Secondly, how a veteran's spirit can be wounded and what form these wounds take will need to be understood. Finally, approaches to healing these spiritual wounds.

Results: There is a strong and growing body of empirical evidence highlighting linkages between diminished spiritual functioning and mental health issues such as post-traumatic stress disorder (PTSD). Properly trained and accredited medical and psychological practitioners are required to deliver treatment in their space.

Conclusion: There is limited evidence of any spiritual institution or facility of any nature making a significant contribution in the support of veterans whose Defence service has led to mental health issues with a spiritual or faith basis. Determining what role spiritual institutions or facilities should take will need to be a major area for further study.

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Wounded Spirits – The Dark Night of the Veteran's Soul

'The spirit of a man will sustain his infirmity; but a wounded spirit who can bear?' Proverbs 18:14

A spiritual grey zone

Soldier: 'Padre? Do you think that God still loves me?'

Chaplain: 'Yes, but why do you ask that?'

Soldier: 'Because I had to kill two men yesterday...'

This exchange between an Australian soldier and an Army chaplain (known as padres) occurred at a

base in Iraq in 2003. The Australian Defence Force (ADF) has recently completed a period of intense engagement in Iraq and Afghanistan, and preliminary evidence indicates that of the 36,000 personnel who deployed to the operational area, somewhere between 8 and 15% will suffer from some form of service-related mental illness. Figures from the Department of Veterans' Affairs (DVA) cite that the net total of veterans from all conflicts is approximately 301,200. As such, this may mean that some 24,000–45,000 veterans living within the community may have or yet develop some form of service-related mental illness such as post-traumatic stress disorder (PTSD). In fact, the former commander of Australian forces in Afghanistan, Major General John Cantwell, has warned of a 'tidal wave' of psychological problems.

The causes and symptoms of mental illness are complex but the World Health Organization

considers religious belief and spirituality to be a factor in patient-centred health care and its incorporation helps to ensure that a 'truly holistic "bio-psycho-social-spiritual" model is utilised'. In this sense, serving the spiritual needs of personnel is well supported by a large and highly developed network of military chaplains and spiritual advisers. But what happens to this *wounded spirit* when they leave the ADF to enter an ever-growing community of Defence veterans where they no longer fall under the pastoral care of military chaplains? Agencies such as DVA are starting to look more deeply at psychological and cultural aspects of veterans' mental health, but what happens to their spiritual care and healing? The short answer is that in many cases they will effectively enter a *spiritual grey zone*. To date, church-based spiritual care of veterans has been largely ceremonial and relegated to commemorative events such as Anzac Day. Government and community organisations are silent on this issue and there seems to be a general lack of understanding of the nature of and approaches to healing the spiritual wounds carried by ADF veterans.

Understanding the healing pathways through the spiritual grey zone will require the exploration of two areas. The first concerns the nature of spirituality itself, albeit in the context of the veteran. From this basis, approaches to healing these spiritual wounds can then be reviewed.

Veterans' spirituality

There is an obvious and inherent contradiction between a spiritual life and war. During the Vietnam War, another young Australian soldier approached an Anglican priest and asked, 'Padre, where was God in all of this?' Can a spirit be wounded? If so, how are spiritual wounds inflicted, what are the symptoms and are there particular environmental issues that need to be understood before healing can commence? The search for understanding the human spirit is one of humankind's least conclusive pursuits. In contemporary society spirituality has, as Dreyer cautiously notes, 'a bewildering array of meanings' that encompass a variety of religions, cultures, philosophies and approaches. What appears to be common among these concepts is that the spirit refers to a non-material animating principle of life. Additionally, it encompasses daily lived aspects of one's faith in terms of values and commitments, and how a person appropriates beliefs about a 'God' or higher being of intelligence in the world in a journey for self-transcendence and meaning. A relevant definition from a veteran's perspective comes from the ADF itself. The ADF's Joint Health Command defines spirituality as 'that aspect of humanity

that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to God, to the moment, to self, to others, to nature, and to the significant or sacred'.

All of these ideas point to a key concept about the human spirit. For many people, this 'non-material animating principle of life' encompasses a host of critical aspects of their values and commitments and is based, led or centred on the belief in a God. In this sense, for some people the spirit is a fundamental aspect of their lives. As such, this is a domain of life that can be wounded by act of will (by self or others) and such events may create doubt in the existence, centrality or leadership of God. Such doubt can be about the very existence of God, of God's motives or intent, or whether 'God still loves me'.

Despite the oft quoted aphorism that 'there are no atheists in foxholes' not every member of the ADF has a religious alignment. In fact, in a recent survey less than 50% of ADF personnel claimed to have a religion. How serious, committed and involved members are is unknown. Likewise, it is entirely likely that many personnel may not claim a 'religion' but hold spiritual beliefs. It is reasonable to assume that for those whose religious or spiritual belief offers a compelling way to find meaning and purpose in life, threats to those beliefs can be a significant influence on their overall state of wellness.

Spiritual wounds

One author notes that a spiritual injury or wound tears at spiritual tissue in the same way that a physical injury destroys bodily tissue. A spiritual wound can occur by being a *witness*, *participant* or *victim*. In the 'fog of war' it is also common for the nature of these wounds to overlap or collide. The first circumstance occurs when a person witnesses an event or action that creates a memory that shapes their understanding of the intent of God and unity of the preeminent values. Typically, this is the result of another's will and they will have no control over it. Often this may involve innocent or vulnerable people. An example of this might be where an enemy uses civilians as 'human shields' as the Islamic State group did to cover their withdrawal from the Syrian town of Manbij.

Spiritual wounds can also be self-inflicted where the individual is an active participant. Guilt stemming from their actions can destroy their understanding of faith, hope and charity and fundamentally change their view of their relationship with God. In May 2016, the Australian Broadcasting Commission's (ABC's) *Australian Story* related the events surrounding a

failed raid on a suspected terrorist compound in Afghanistan in 2009. The language used by one of the participants is important to note: 'From the moment I realised there were dead children, I was horrified, numb, just struggling to grasp... When you realise you've killed children, devastating doesn't even begin to describe it, and I feel like I can't fix it and I can't *atone* [emphasis added] for it. I can't do anything to undo the damage that was done'. 'Atonement' is one of Christianity's most fundamental principles.

Finally, a spiritual wound can occur when an enemy seeks to deliberately use spirituality as a tool of war. Virtually every war in history has had at least one side with a religious affiliation or spirituality. For example, in the First World War German soldiers wore 'Gott mit uns' (God is with us) on their belt buckles while Australians fought for 'God, King and country'. The most recent appearance of this can be seen in the Islamic State group's claim that they had executed 1,700 Shia Iraqi soldiers during their advance on Baghdad in 2014. This was a deliberate act of terror to demonstrate the superiority of their Sunni beliefs and its validation by God not just for Shia Muslims but the broader, predominately Christian nations opposing them.

Symptoms

Until recently the diagnosis of a spiritual wound has been a difficult process, as the prevailing diagnostic paradigm was that these issues were either medical or psychological. In recent years there has been a growing recognition that spiritual issues have a significant impact on mental health. Symptoms of a spiritual wound fall into several categories. There is a degree of overlap with typical PTSD symptoms and while there are some specific spiritual needs, these will not necessarily be separate from other clinical needs. The key symptoms can be grouped under three key headings: *moral*, *community* and *God centred*. 'Moral injury' is a term that has gained considerable currency in recent years. Litz and others' work in this area has established clear links between moral and spiritual health. Broadly, research indicates that unhealthy spirituality is often associated with higher levels of symptoms and clinical problems in some trauma populations. For example, anger, rage and a desire for revenge following trauma can be higher when not tempered by forgiveness, spiritual beliefs or spiritual practices. Additionally, there are increased behavioural risks from self-medication through excessive use of alcohol or drugs. Overall, evidence from the United States indicates that 'guilt and reduced comfort from religious faith were shown to be associated with increased use of VA [Veterans Affairs] (mental health) services'.

The work by Litz and others on moral injury is profound and brings the spiritual aspects of the veteran's experience into a broader and complementary treatment context along with a range of important moral, psychological, medical and cultural issues. While there is no suggestion that the treatment of spiritual injury should take any primacy or be conducted in isolation, spirituality is a uniquely different proposition. Questions such as 'Does God still love me?' are purely faith and belief based. As such, one approach might be to consider the syllogism that *moral injury is to reason as spiritual injury is to faith*. As properly trained and accredited medical and psychological practitioners are required to deliver such treatment in their space, so too will there be a requirement for the involvement of properly trained and accredited religious practitioners.

Military organisations are by their very nature strongly community focused. Indeed, a considerable amount of time is focused on establishing, building and maintaining the cohesiveness of units as well as the uniqueness of the military environment. For many young men and women this may well be the first time they encounter such an environment. When personnel leave this environment they often lose this expanded social support network. Veterans will often isolate themselves and this social distance and lack of community is thought to increase dissonance in how they perceive, engage with and experience the external world. According to the US Department of Health and Human Services Office of the Surgeon General and the National Action Alliance for Suicide Prevention, there is evidence that veterans who score higher on a spiritual distress scale were found to have increased suicide risk factors. Sadly, this evidence has been confirmed as more than 1,892 US veterans are thought to have died by suicide since 1 January 2014. Disappointingly, given the relative size of the Australian contribution to the Afghanistan and Iraq wars, in the period 2001–2014 there were 292 certified ADF suicides.

How *God-centered* symptoms present in a person will depend on where they are in their spiritual arc or journey. For those with a strong concept of faith or spiritual comfort these may be a form of protection against the severity of the wound. In the same way body armour does not stop every fragment of a blast but provides protection and reduces the severity of the wound, spiritual fitness or armour prior to battle may perform the same function. For example, a 2007 study of 500 US Marines found that many believed their faith provided them with meaning and purpose and that combat increased their spirituality. Conversely, the severity of the spiritual wound may create the first cracks in the faith. Those on a faith

journey towards God may be influenced by the cracks, or those moving away from God may find some 'confirmation' of their decision in the event.

Healing spiritual wounds

There is a strong and growing body of empirical evidence highlighting linkages between diminished spiritual functioning and mental health issues such as PTSD. Stronger links between psychology and spirituality also mean that healing veterans requires a much closer relationship between medical and spiritual practitioners. While psychologists approach their patient interactions without values or personal agenda, authors such as Johnson note that 'therapists who strip away the language of sin from Christian clients may unwittingly take away a source of peace and hope by foreclosing the possibility of grace and forgiveness'. McMinn has also noted, 'It behooves psychologists to learn the language of faith'. Of course, it could equally be argued that it behooves spiritual practitioners to learn the language of psychology. This would be a strong step in achieving the 'bio-psycho-social-spiritual model' of patient-centred care.

There are some specific Australian issues regarding spiritual wounds. Unlike returning veterans from the First and Second World Wars who took long sea voyages to return to Australia during which there was time for recovery and contemplation, today's veterans leaving a conflict zone can be home the next day. This leaves little time for a period of debrief or decompression. Many ADF personnel also deploy to these conflicts as individuals rather than as a part of a formed unit. This means that the ongoing value of the military community is lost when they return. Simply put, under which banner do these veterans march on Anzac Day? Unlike the predecessors who marched under a specific battalion or ship's banner, today's veterans will often march under a generic 'Afghanistan' banner. Given that the main Australian deployment to Afghanistan lasted 14 years and involved over 36,000 ADF personnel, it will be very hard for many veterans to pin their service to a community.

The Australian veteran community is also intergenerational. Although many veterans are from the Second World War, that figure is falling with a corresponding growth in those who served in more recent conflicts such as East Timor, Iraq and Afghanistan. Veterans of the recent conflicts will also live much longer. For example, 25-year-old male veterans at the end of the First World War had a life expectancy of approximately 60 years whereas a 25-year-old male veteran in 2009 can expect a life

expectancy of 80. This is very important because for some veterans their spiritual concerns become greater as they get older and aspects of their life such as work, spouse and family start to be stripped away.

The intergenerational nature of the community means that there will be different approaches and levels of acceptance of mental health issues. Very broadly, older generations tend to be less aware and accepting of mental health as an issue than the younger generation. Importantly, the spiritual profile of veterans is also different. The veteran of the First World War lived in a society where approximately 96.5% of the population claimed some form of religious affiliation. Today that figure is approximately 68%, although it is unclear how formal or regular this religious affiliation is. This may mean that the younger generation of veterans are less well prepared to encounter spiritual issues that may arise from their Defence service.

Surrender

Certainly, there is no suggestion that the treatment of spiritual injury should take any primacy, although some cases highlight a need for spiritual healing. As properly trained and accredited medical and psychological practitioners are required to deliver treatment, there is an equal requirement for spiritual practitioners. The role of spiritual practitioners (trained and accredited professionals who act as a part of or on behalf of a religious organisation) is pivotal in an integrated treatment team. This is partially because of their specialised academic training and experience in the history and practice of spirituality within a faith. This training allows practitioners to be able to place the expressed or assessed spiritual concerns of veterans into a deeper context.

Most spiritual practitioners also live within the same community as the veteran and, as such, can contextualise the issues of the veteran in a real world setting while still focusing on more esoteric issues of belief. It is worth noting that spiritual (as well as medical and psychological) practitioners will be greatly assisted in the execution of their role if they receive cross-disciplinary training and experience as well as obtain cultural awareness of the specific needs of Defence veterans.

Finally, and perhaps most importantly, spiritual practitioners are often empowered to support the essential act of forgiveness. Many veterans' spiritual wounds often relate to issues of forgiveness: 'Do you think that God still loves me? I had to kill two men yesterday...' In such cases the veteran feels

that they have committed an act that is counter to a faith or belief or what they may consider to be 'right' in the eyes of their concept of a Creator or God. The absolution of this act requires some form of reparation or expiation of their *sin*. Facilitation of this act of atonement lies within the remit of spiritual practitioners who have been authorised or accredited by their faith or religion to offer absolution or forgiveness.

Many spiritual traditions suggest that this process of atonement can only come from complete surrender to the will of God. Surrender is not a comfortable word or an easy concept for many military people. Surrender implies 'giving up' to a more powerful force. Some people may see this as a sign of weakness, cowardice or failure, although realistically and strategically it could just as easily be recognition of an obvious situation and a desire to live. Another approach may be that although a person may no longer be in uniform, they remain 'under orders' from God, their ultimate superior in the chain of command.

The work of the 16th century Spanish mystic poet St John of the Cross is a good pathway towards this regrouping. The essence of St John's approach can be summed up in three steps, although it is important to understand that the process that a veteran takes will be different for everyone and is not automatic but is led. As St John notes in *The Flame*, 'God leads each soul by a different way, so that scarcely one single spirit will be found to conform by half to the pattern of another in the way that it goes'. The first step is summarised in exuberant statements such as from David in Psalm 27: 'The Lord is my light and my salvation; Whom shall I fear? The Lord is the strength of my life; Of whom shall I be afraid?' St John calls those passing through this stage *principiantes* or beginners. The danger of this first step is that it can be a little superficial as many beginners in the journey become too focused on the 'spiritual payoff' of prayer and ritual which in turn can lead to a form of 'spiritual gluttony'. St John cautions in *Dark Night of the Soul* that this will inevitably result in the soul growing 'cold in the love of God'.

The key aspect to this first step relates to the 'unrelenting emptying of memory, which must be purged as must the intellect and will'. This will be difficult for veterans as their memories are their deepest and greatest enemies. St Paul's exhortation at Philippians 3:13 is important here: 'Forgetting what is behind and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus'. This is not a demand that veterans simply try to forget what has happened, as in many cases this is not possible and

will often require the close and integrated care and guidance of spiritual and psychological practitioners. Rather, it is a call to place the focus on moving forward rather than staying in the past. Throughout St John's writing there is a constant movement towards a goal of being closer to God.

The second step is both an illuminative step and a curious contradiction that is at the heart of the *Dark Night*. St John asks, 'Why, if it is a divine light... does the soul call it a dark night?' His answer is, 'The brighter the light the more the owl is blinded... Hence when the divine light of contemplation strikes a soul not yet entirely illuminated, it causes spiritual darkness'. Sometimes the sheer intensity of the light of grace and understanding is almost too much to bear. The conversion of St Paul is a particularly good example of someone whose spiritual wounds came from his *participation* in events: 'I persecuted this Way to the death, binding and delivering into prisons both men and women' (Acts 22:4). Struck by 'a light shone around him from heaven' about him (Acts 22:6) and he is made blind. That blindness remains until he has heard and accepted the voice of God. The key point about the dark night in this context is that it is not a tonal distinction. The 'dark' of the *Dark Night* is a blinding light and it teaches the veteran to trust in the word of God rather than their own perceptions.

The third step is unitive, where the traveller becomes a '*perfecto*'. Perfect is a dangerous word as it can be misinterpreted that the traveller has achieved some 'god-like' state. Rather, St John is suggesting that these *perfectos* enjoy great peace as they are not agitated by desires and passions as their minds are squarely focused on God. The union with God is the actual experience and exercise of that love. This is the 'unitive' way because it is by love that the soul is united to God, and thus the closer and more intimate is the union. Union with God is the principal study and endeavour of this state and it is as close to God as one can be this side of the grave.

It is important to note that Marshall has sounded caution about St John's writings as they are 'associated with an almost inhumanly negative and comfortless view of spiritual life: and it is true that he sets out the human costs of faith with more pitiless candour than almost any comparable writer (even Luther)'. For St John every movement of hand, heart and mind must be directed towards God. Anything that does not lead to that goal 'must be detached'. It is easy to misinterpret St John as being too stark and making no allowance for human weakness, but Marshall does add a qualification to her caution by noting that he writes about a 'movement towards

fulfilment, not emptiness, towards beauty, and life, not annihilation'. St John recognises that suffering arises from everyday life, suggesting that God does not want us to suffer but rather that he suffers with us. Certainly, spiritual growth will require great pain, but this is not a process that is only available to the spiritual elite.

Conclusion

St John's model of the purgative, illuminative and unitive journey has real value for those involved in the care of veterans' spiritual wounds. The initial challenge, however, will be to get the veteran to take the first step. As St John notes, this is a God centred and led journey so we can assume that the groundwork and support is already in place. There are two final considerations here. The first is the veteran themselves. Some may have a Damascene moment when the need, purpose and direction of the journey is made obvious to them. For others, it may be a longer, slower and more painful process. Such is the very personal nature of the ways, means and timings of mental illness resulting from military service. One of the first steps a veteran can take towards starting their healing journey is to accept that they remain under orders to a chain of command that has God at its head. Submission to this chain is not surrender, but rather remaining under orders.

The second factor comes into play when that young soldier leaves Defence and is still asking the question 'Does God still love me?' The silence of DVA, community groups, churches and spiritual

institutions across Australia on this issue is a major concern as many veterans find themselves in a *spiritual grey zone*. To date, the spiritual care of veterans has been largely ceremonial and relegated to commemorative events such as Anzac Day. There is limited evidence of any spiritual institution or facility of any nature making a significant contribution in the support of veterans whose Defence service has led to mental health issues with a spiritual or faith basis. Determining what role spiritual institutions or facilities should take is an important area for further study.

What is clear is that the convergence of psychological, medical and spiritual issues within mental health places spiritual wounds within a treatment framework. There is no suggestion that the treatment of spiritual wounds should take any primacy or be conducted in isolation. Treatment approaches will need to be carefully constructed so that immediate and first-order issues are met. Just as properly trained and accredited medical and psychological practitioners are required to deliver treatment in their space, so too will there be a requirement for the involvement of properly trained and accredited spiritual practitioners to help lead wounded spirits through the *Dark Night*.

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