



# To Understand and Support Contemporary Veterans Utilizing Biblical Combat Veteran Types

Jan Grimell 

Faculty of Religion and Theology, Vrije Universiteit Amsterdam, The Netherlands

## Abstract

This article continues to build on the biblical combat veteran types (BCVTs) which were recently presented as a tool to describe and understand biblical combat veterans through the lenses of post-traumatic stress disorder and moral injury. The purpose of this article is to connect the BCVTs with real-life cases so as to show the potential usefulness of the biblical types. This article further develops a model for pastoral care which integrates this tool.

## Keywords

Biblical combat veteran types, veterans, post-traumatic stress disorder, pastoral care model

## Introduction

The emergence of psychological approaches to the Bible has broadened biblical exegesis by inspiring alternate interpretations which may resonate to a variety of human experiences in lived life (Cohen, 1998; Hunt, 2018; Kille, 2001, 2002). Psychological exegesis may invoke relevance to unexpected biblical texts in regards to, for example, combat trauma and shed new light on biblical texts which may then resonate to real-life experiences of war zone deployment. From a contemporary point of view, it seems plausible to consider that some combat veterans during biblical times likely suffered from the psychological wounds of war while others were more resilient, and that the Bible testifies in its own language to the timeless implications of combat and warfare. Yet very few, if any, psychological approaches on biblical texts can be found which utilize current theories on moral injury (MI) and/or post-traumatic stress disorder (PTSD) as a psychological framework through which to consider both biblical characters and then ourselves in the context of war and combat and the struggles which may follow (cf. McDonald, 2017). This is a thought provoking finding because many of the stories and characters in the Bible include war, combatants and combat, especially in the Old Testament. However, the exegesis made about behaviors and actions performed by biblical combatants often lack psychological interpretations of how war, combat, and

killing influenced such combat veterans in their behaviors and psychological well-being.

A recently published article in *Pastoral Care & Counseling* aimed to adjust for this shortcoming by widening the understandings of how the reality of war may have affected the biblical figures of Saul, David, Joab, and Uriah in the Books of Samuel (Grimell, 2018a). A psychological exegesis was conducted through the lenses of MI (mainly by employing Shay, 2002, 2003) and PTSD described by The Diagnostic and Statistical Manual of Mental Disorders 5 (American Psychiatric Association, 2013) as a framework in order to demonstrate contemporary insights from biblical combat veterans. When reading the Books of Samuel through the lenses of MI and PTSD a story emerged which included four heavily experienced combat veterans with varying psychological developments evolved throughout the narratives. This psychological exegesis allowed for insights to be inferred into how the characters handled their darker war selves and deplored actions, their potential moral and/or spiritual injuries in relation to God and others, their commitment to military purpose, loyalty to units and battle buddies, and their post-combat struggles in readjustment. While the article shed new light on biblical combat figures in the Old Testament, it also included the proposal of four

## Corresponding author:

Jan Grimell, Faculty of Religion and Theology, Vrije Universiteit Amsterdam, De Boelelaan 1105, 1081 HV Amsterdam, The Netherlands.  
Email: j.m.grimell@vu.nl

categorical types of combat veterans which illustrated the development of PTSD, resilience, MI, and unfaltering abidance to the warrior ethics. The four types were illustrated by the Saul type, the David type, the Joab type, and the Uriah type as theoretical developments and categorizations of these characters (and not necessarily equivalent to Saul, David, Joab, and Uriah in the Books of Samuel). The claim was not that this exegesis was the correct psychological interpretation, but instead to suggest that Saul (and a Saul type combat veteran), for example, may have developed a complex form of PTSD over the course of his (or her) life as a heavily experienced combat veteran.

This article will build further on the four types presented through the aforementioned psychological exegesis on biblical combat veterans by linking each of these four types to case studies of real-life combat veterans and service members. These case study examples are derived from the comprehensive and longitudinal *Reconsidering the uniform* project (Grimell, 2018b) and related research (Grimell, 2016, 2017, 2018c). This longitudinal project followed nineteen Swedish service members amid transition from military to civilian life during the three-year period 2013–2016. The purpose of the project was to describe existential and religious dimensions in identity reconstruction among the participants during the process by utilizing an annual interview design. The purpose of this article is thus to tie the biblical types to real-life cases, to both strengthen the usefulness of these proposed types and develop a pastoral and spiritual care model which can be used in the service of supporting service members and combat veterans in the aftermath of military service.

This article will continue with a conceptualization of the biblical combat veteran types (BCVTs) followed by method, case study examples, and a discussion.

## Conceptualization of the Four Types

The BCVTs have been presented elsewhere (Grimell, in press). The types serve as tools which host the capacity to connect to real-life cases in pastoral care with the biblical tradition of combat veterans. These types are built as theoretical categorizations of the biblical characters which implicate that real-life cases may be more complex and/or connect in shifting degrees to the types.

### *The Saul Type*

Veterans who are understood as fitting the Saul type have over the course of military service or post-service developed simple PTSD (the persistence into civilian life of adaptations required to survive battle) or complex PTSD (which include both simple PTSD and the destruction of the capacity for social trust). The Saul type struggles with readjusting to civilian life in the aftermath of war zone deployment. Saul type veterans may be continuing to live

civilian lives even while waging internal combat with their PTSD. They are, metaphorically speaking, wounded in combat and have an increased risk of ultimately deciding to end their lives as their psychological combat continues to rage inside. Suicide as an escape from war-related mental injuries has been presented by many researchers as a far too common route for wounded combat veterans (Castro & Kintzle, 2014; Kopacz & Connery, 2015; Maguen & Litz, 2012; Maguen et al., 2011). While the enemy of Saul in the Books of Samuel was another warrior, the enemy of this theoretical Saul type is also the psychological wound (PTSD) and the perception of suicide as a solution. While Saul became ever more-lonely over time throughout the Books of Samuel, this tendency is precisely what the Saul type needs to struggle against in an effort to once again learn to trust and to have faith in others. Other important issues for Saul in the Books of Samuel were that God abandoned Saul and that God did not forgive Saul for his wrongdoings in the eyes of God. This theoretical Saul type struggles and suffers from a similar perceived silence and/or unacceptance from God.

### *The David Type*

Those contemporary veterans who are understood as fitting the David type show resilience amid combat, war, and their aftermath. This is not the same as to say that they are not affected. Within the Books of Samuel, David is illustrated to be an emotional person who cried for himself, as well as publically, and who showed emotional pain when he lost friends, partners, and children in combat or by the hands of assassins. But David always recovered, and he did not show any PTSD symptoms over the course of his life according to the author of the books. There are many possible answers to this resilience (cf. Isaacs et al., 2017), and some distinct differences between Saul and David. David did not grow hardened in his self over the course of combat and war; instead he sustained his emotional self and expressed himself through dance, music, and by composing lyrics. David interpreted different episodes in life such as sadness and happiness with dance, music, and writing. David had the capacity to forgive others and re-evaluate a decision and even to change his mind. David also cultivated rare trust and deep friendships with battle buddies. David entertained his capacity for social trust, even with former enemies. David's relationship with God remained intact over time, and even when David wronged God he asked God to forgive him, which God did, whilst also punishing him. David was at the same time a brutal and experienced combat veteran. In addition to this David committed adultery, ordered an innocent and loyal warrior into a death trap on the battlefield in order to hide David's adultery and eventually formally claim his warrior's wife, and exercised leadership malpractice in regards to potential MI events.

### The Joab Type

Those contemporary veterans who are proposed as fitting the Joab type are understood as loyal and efficient combat veterans who at some point in their service perceive a betrayal in a high-stakes situation. This betrayal may develop internally into a MI which in turn may be externally expressed as rage, revenge, and disobedience (Shay, 2002, 2003). Joab had a complex relationship to David because Joab perceived David as having betrayed what was considered morally right on several occasions, and this suggests that the Joab type may experience a complexity in regards to loyalty to battle buddies and how this may conflict with loyalty to the chain of command. Joab was loyal to his troops, and in this theory the Joab type also serves with loyalty to battle buddies whereas the commander may be met with suspicion, disobedience, or even aggression. While the Joab type indicates varying degrees of MI, the criteria for PTSD are not fully met even though some criteria may be (i.e., negative thoughts or feelings and aggression). Although Joab's relationship with God is not broadly elaborated in the Books of Samuel, the fact that Joab, when he was about to face death, fled to the tent of the Lord and wished to die there suggests that he had a relationship with God.

### The Uriah Type

This is the fourth type found within the Books of Samuel, and this type illustrates the unflinchingly loyal type of a warrior. Like Uriah, the Uriah type is committed to battle buddies, commanders, and missions. The bond between battle buddies has been illustrated to have a psychological strength which may be best described in terms of a sacred commitment (Grimell, 2018b). The Uriah type would not do something which would break such a sacred commitment between battle buddies, even if it was something which under civilian circumstances or which from a civilian standpoint would seem very normal to do, even expected. This is also a reason why a betrayal from a commanding officer could inflict MI upon the Uriah type as the sacred commitment could be damaged or even destroyed. It could be proposed that Joab may have illustrated the Uriah type until he perceived betrayal when David allowed the slayer of his much less experienced younger brother to be an unpunished ally. The risk may be that the realities of war with time can eventually transition Uriah type individuals into Joab or Saul types.

## Method

The real-life cases presented in this article are drawn from research on military personnel amid transition from military to civilian life. Most of the cases belong to a longitudinal research project titled *Reconsidering the uniform*

(Grimell, 2018b). This was a long-term and qualitative study designed to follow 19 voluntarily released Swedish service members as they transitioned from military to civilian life over a three-year time period. The empirical phase of the study was launched during the summer of 2013 and continued for three years with annual interviews. The purpose of the project was to describe existential and/or religious dimensions in identity reconstruction among Swedish service members during the process of becoming civilians. Related qualitative research was conducted parallel with this project and designed to investigate religious meaning-making amid combat trauma and PTSD (Grimell, 2016).

The selection and illustration of four real-life cases in this article was based on cases which in various ways connect to characteristics of each of the BCVTs. It is important to underscore the dynamic understanding and application of the biblical types in relation to real-life cases. Cases do not have to fit the biblical characters in regards to combat actions and kills (which is extreme) in order for psychological and emotional trauma to emerge. Additionally, in one case in this article the combat trauma does not explicitly involve God but instead the clinical support which a pastoral caregiver in some cases also must acknowledge as the best path forward. The BCVTs may work in the service of understanding that some emotions may be rooted in a perceived betrayal which may generate MI while others may involve the relationship with God, faith, silence, forgiveness, etc., and may therefore be titled as spiritual injury (Berg, 2011). Helpfulness, not a rigid structure, is the keyword when using the BCVTs.

The real names of the participants are not used in this article; they have been given fictitious names. Their ranks are correct. Some details within the stories have been left out or slightly altered, without changing the deeper meaning, in order to safeguard the anonymity of the participants.

### Interview Sample

The three cases which did not involve diagnosed PTSD resulted from information letters which were distributed via the postal service or email to service members who were to be voluntarily released from active duty or had recently begun to transition to civilian life. In regards to the *Reconsidering the uniform* project a snowball sampling method (Noy, 2008; Polkinghorne, 2005) was applied in collaboration with a Swedish military regiment to accumulate a purposive sample selection (Merriam, 2002) which included 19 participants (16 males and three females) who varied in terms of age, rank, branches, mission experiences, and total years of service. More than half of the sample had been deployed to Afghanistan or elsewhere, and no one had been diagnosed with PTSD. The participants were required to fill in and return a response letter and, among other things, suggest a time and place for the

interview. This also served as the informed consent agreement. The participants joined the study without any confessional requirements. In the case which involved diagnosed PTSD the sampling method was the same, but the participant had been a civilian for approximately a decade (Grimell, 2016).

### *Interview Methodology*

In order to cover topics relevant to the research purpose of the interviews, a semi-structured interview protocol was used throughout the interviews (Kvale, 2007). The questions were open and designed to allow the participants to construct answers in ways that they found meaningful (Clandinin, 2013; Clandinin & Connelly, 2000; McAdams, Josselson, & Lieblich, 2006; Riessman, 1993). The interview topics included: military story; transition; relationships; identity; and existential/religious concerns— each interview lasted about 60–90 minutes. Every interview was transcribed into a complete transcript.

In addition to the fact that I conducted the interviews as a researcher with a stated research purpose, the participants also knew that I am a former military officer, and hence we shared a common military background (Mishler, 1986, 2004). Such a shared cultural background was acknowledged by Brunger and colleagues as *researcher acceptance* in their research on British ex-military personnel, and this acceptance was “of principle importance when attempting to facilitate dialogue and insightful research” (Brunger, Serrato, & Ogden, 2013, p. 97).

### *Analysis*

The qualitative data have been processed through various narrative analyses focusing on characters, points of view and themes, and these have been published elsewhere (for a full review see Grimell, 2016, 2017, 2018b, 2018c). The subsequent case study illustrations are based on this research, but are presented below as summaries of the personal narratives from each participant.

## **Case Study Illustrations**

### *The Story of Lieutenant Commander Vincent: The Saul Type*

Vincent grew up in London in the early 1960s as a Catholic who developed a steadfast Christian ethic. Vincent’s faith in God had a personal, instead of institutional, character as Vincent seldom attended church during his childhood years. Vincent’s father was a military officer, and Vincent recollected that his father occasionally had his military peers at their home. When Vincent was 18-years old he volunteered for the British Royal Navy. After basic military training he began to specialize in military electronics. Early

on, Vincent volunteered for a special military assignment which changed his course via involvement in special operations. He became an officer cadet, but as a result of the involvement in special operations Vincent was assigned to an elite force. This led to far-flung deployments for missions within a variety of unit configurations. He became a lone wolf. Vincent was deployed on many missions and was engaged in combat in Ireland and elsewhere. Vincent survived combat and other combat tragedies while some of his battle buddies did not. He was then deployed in the Falklands War (1982), from beginning to end. This conflict also became the turning-point for Vincent. As he was engaged in combat and witnessed war and death, he suddenly found himself face-to-face with a dying comrade, and he was so numb by all the killing so that he considered shooting his dying friend to end the suffering (which he did not). He did not feel anything anymore. About ten years after joining the British Royal Navy Vincent had become a Lieutenant Commander. However, he felt dirty and could not look at himself in the mirror anymore. He left active duty and became a reserve officer. He grew a beard to change his appearance and avoid facing himself. Vincent thought that no one could love him anymore due to what he had done in the line of duty. The civilian life became ever more difficult for Vincent. He had lost direction in life and felt empty. Vincent also lost his contact with God, and he drifted around in Europe. While working at a Kibbutz Vincent met a woman from Sweden, and they later married in Sweden. Later she gave birth to their child. Vincent began a university career in Sweden and focused solely on the present by keeping himself busy under a heavy workload which became the central point in his life. One day he could not go on anymore as he had lost the energy and drive. Vincent took a vacation, but that did not help. He was diagnosed with fatigue syndrome, and sometime later he was additionally diagnosed with PTSD. As the condition, confusion, and frustration grew worse Vincent tried to take his own life several times. He survived two heart attacks. He was also violent and had a bad temper. Vincent could become violent when he was sleeping and dreaming or if anyone woke him up. A long period of psychiatric treatment began, and Vincent was heavily medicated. During the many years of treatment that followed, one overall theme throughout the sessions with psychologists and a therapist was the question of “Who am I?” During this period his relationship with God was slowly re-activated. Vincent could never return to work, and about fifteen years after the PTSD diagnosis Vincent was granted early retirement. But despite the struggles, burdens and darkness, the faith in God grew strong again. Vincent developed a new perception in the aftermath of the previous years of struggle that God had given him a second chance because Vincent had been carrying this “shit” for too long. Now Vincent could be the father he never was prior to the PTSD diagnosis. Vincent claims that he was rescued by God

and given another chance to father his child and engage in the church community.

### *The Story of Sergeant Helen: The David Type*

Helen was approaching her late twenties when she joined the *Reconsidering the uniform* project. She was also a Sergeant (Other Ranks 5) and combat veteran in the Swedish Armed Forces who had been deployed to Afghanistan. Helen recounted that she was repeatedly involved in combat situations amid her deployment and that these were very taxing for her and her unit. She also recounted that because of the combat and the hostile environment a type of warrior culture emerged within the company and units through which the enemies were dehumanized. Helen tried to fight back, but this cultural mentality got inside her mind too. When Helen and the company returned to Sweden after the deployment in Afghanistan, all went through psychology screening and were offered the possibility to get support if desired during the return to civilian life. But Helen was drawn into some kind of competition to be mentally healthy, just like her battle buddies, who all just wanted to be declared mentally healthy. Helen began to both study at a Swedish university and to assist refugees in Sweden in an attempt to amend for her military actions in Afghanistan, as well as strengthen her civilian mindset and mitigate the dehumanizing military mindset. This was important to Helen. However, about 20 months post-deployment Helen was supposed to talk about her deployment and combat experiences during a seminar, but in the middle of the seminar suddenly a number of repressed combat and post-combat memories fled over her, and she started to cry. As a result, she called the Veteran Health Services and was scheduled for psychological support to process the repressed memories. She received psychological support over a period of time and recovered. More than two years after Helen's return to Sweden from the first deployment she decided to deploy once more for another mission into a war zone elsewhere. Helen deployed and returned safely. During this deployment Helen and her company did not engage in active combat; nonetheless it was both a highly stressful and dangerous deployment in a hostile environment. Back in Sweden Helen returned to the university to complete her studies. Helen was aspiring to work with human rights, or related fields, once she had completed the studies. Resilience was manifested in spite of combat trauma and multiple deployments.

### *The Story of Sergeant Jonas: The Joab Type*

Jonas was in his early thirties when he joined the *Reconsidering the uniform* project. Jonas had a background in the Swedish Air Force. He had served on different positions, spanning from rifle platoon to staff section,

as a Sergeant (Other Ranks 5) on multiple deployments in Afghanistan and former Yugoslavia over an extended time period. Between deployments Jonas studied at university and earned an academic degree as an engineer. Upon graduation in a recession-racked country (and Western world) he experienced difficulty finding civilian employment, so he returned once again to military service and deployment. As Jonas returned from this deployment in Afghanistan, he experienced a very difficult summer and fall. Jonas stated that there were not any flashbacks or PTSD symptoms but instead a depression, a feeling that he had been misled by something which he could not really put a finger on. He experienced emptiness, but it never became so extreme so that he had suicidal thoughts, yet he experienced a profound emptiness. Jonas continued to describe the deployments as meaningless. He experienced that he had been promised something, although no one had really made a discrete literal promise, but nonetheless he had been promised something which one later did not receive. It was a feeling of having been tricked, fooled, and followed by emptiness, disappointment, indifference, and even hostility towards the military leadership and hierarchy. Over the time which followed Jonas had difficulties in finding civilian employment and overall experienced a stressful period of not fitting in as a civilian. In the third and final annual interview Jonas revealed that he had dreamed of and applied to officer training school for a very long time, but always had been rejected by the Swedish Armed Forces. This was new and crucial information because it had the potential to shed light upon Jonas' post-deployment perceptions of being betrayed by the Armed Forces. He always soldiered up for the Swedish Armed Forces and deployed multiple times on dangerous missions that risked his life, wellbeing, and health. But his loyalty was never fully returned. In the last interview, however, Jonas had finally been accepted to the Military Academy for officer training. The tone of the interview was very different, and Jonas was no longer haunted by struggles and stress. Jonas was very satisfied with life as it was about to evolve in a long-desired direction.

### *The Story of Sergeant David: The Uriah Type*

David was approaching his mid-twenties when he joined the *Reconsidering the uniform* project. He was an Army Sergeant (Other Ranks 5) who had decided to leave active service as a result of an injury in his back; David served on a unit with high standards and demands in regards to the physical and mental performance of the individual soldiers and the troops as a whole. Once David felt that he no longer could meet this standard he decided to voluntarily conclude his employment. He pushed himself for a very long time and used alcohol to reduce his anxiety. This was a long and toilsome process for David because he was leaving his dream of service behind. David had never

ever experienced such a powerful bond as the military one; he would give his life for his battle buddies. This had been proven during a training exercise when a battle buddy had dropped a live hand grenade too close to the squad. David pushed the squad backwards while positioning himself in the front so as to shelter them from the explosion. The grenade detonated, but no one was injured. David's loyalty to the Armed Forces and battle buddies was ultimate. In civilian life David experienced difficulties adjusting as well as finding a job and longed to be back with his battle buddies and to be part of a military organization. He sustained contact with military peers. After two years his injury finally healed, and David reenlisted. He experienced profound joy to be back in the uniform and stated that this is his life and who he is, his first priority. David was deeply dedicated to his military profession and battle buddies, but he also articulated a patriotic responsibility for Sweden: he yearned to contribute to something larger than himself.

## Discussion

The BCVTs can be used to connect real-life cases with Judeo-Christian traditions of combat veterans with various psychological and emotional struggles in the aftermath of deployment and combat trauma. The biblical types are intended to be dynamically used, so a contemporary veteran who appears to fit one of the types may not necessarily have engaged in heavy combat. Experiences of bearing witness to the results of atrocities or not being able to hinder them, or learning about acts that transgress deeply held moral beliefs and expectations may develop into MI (Litz et al., 2009). The mental dispositions among humans vary, and the implications of war zone deployment may differ between service members who experience what appears to be the same type of situations. For some it may lead to emotional struggle or even mental illness, for others it may not. A pastoral caregiver must carefully listen to the content and fragments of the story, explicit and implicit storied symptoms and emotions which affect the care receiver's life, and then reflect upon a potential linkage between the BCVTs. Usefulness must be the keyword when utilizing the types, not rigidity. Based upon such careful listening there is even a possibility that the storied content of a veteran may fit two types, for example, the Saul type (PTSD by combat trauma) and the Joab type (MI by betrayal). In addition to this there may also be fragments of the Uriah type incorporated within the story such as emotions of deepest loyalty and trust to a small yet specific group of veterans (Shay, 2002, 2003). This potential mosaic of types may widen the understanding of the complexity of the hidden wounds of war (Brock & Lettini, 2012; Rambo, 2010; Tick, 2005).

Veterans who seek pastoral and spiritual care may do so for other reasons than personal connections to that spiritual/religious tradition. Veterans might seek contact with

a pastoral or spiritual caregiver because: (a) of the absolute confidentiality offered by a minister; (b) going to a church or minister is perceived as less embarrassing than going to a therapist/psychiatrist; or (c) secular therapists/counselors might be less familiar with talking about existential, spiritual or religious experiences (Grimell, in press). A veteran who suffers from a combat trauma might initially be better served by pastoral or spiritual care, yet if PTSD symptoms continue to surface clinical treatment might be needed. When a veteran has symptoms of PTSD, secular psychology might be needed in addition to, or instead of, spiritual counseling. But there is also the possibility of a collaborative and/or integrative approach of both clinical and pastoral and spiritual support, depending on the hidden wounds of the veteran, which may be further explored before deciding upon either or both (Bobrow, Cook, Knowles, & Vieten, 2013). There is a growing interest and awareness among researchers and clinicians within the contemporary field of clinical treatment of veterans with PTSD and/or MI that spiritual/religious traditions and faith communities may be crucial to the recovery from combat trauma (Vargas, Hanson, Kraus, Drescher, & Foy, 2013; Wortmann et al., 2017). Such traditions often have a long history and a strong capacity to forward and offer divine forgiveness and/or appropriate ritual forgiveness for transgressions made in the line of duty (Kinghorn, 2012; Weaver, Flannelly, & Preston, 2003). This has been recognized in counseling and therapies, even to the point that this recognition has tailored ongoing research (Currier, Drescher, Holland, Lisman, & Foy, 2016; Harris, Park, Currier, Usset, & Voecks, 2015; Koenig et al., 2017; Vieten et al., 2016). This is a promising development for pastoral care and counseling as well as secular clinical treatment. Collaboration or even integrative treatment and support make room for a more holistic approach to recovery which in the end may improve the wellbeing and health of veterans in the aftermath of military service.

The pastoral and spiritual care model which has been developed in this article to integrate the BCVTs in counseling is built upon the three general stages of recovery which were presented and illustrated by Judith Herman (2015) in *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* (originally published in 1992). Herman's phases are: (1) safety; (2) remembrance and mourning; and (3) reconnection with ordinary life. These stages are, as Herman puts it, a "convenient fiction, not to be taken too literally" (Herman, 2015, p.155). But Herman suggests that these stages have emerged repeatedly during a very long time over many research paradigms and clinical experiences, from classic conceptualizations of hysteria to recent descriptions on combat trauma. The pastoral and spiritual care model utilizing the BCVTs follows like this:

Phase I: The experience of a safe place and a sanctuary is important for the process to begin. In this early stage it is

important to establish a safe environment and promote the growth of trust. Alongside this process it can also be of assistance to invite the care receiver to participate within a wider or smaller part of the spiritual/religious community if that would be perceived as helpful for the care receiver. The caregiver must listen, rather than talk, and assist and help the care receiver to name the problem (Herman, 2015; Stallings, 2013). It may also facilitate the process if the caregiver has cultural knowledge and/or some kind of military background which may assist the understanding and trust. Together they need to identify what spiritual injuries trouble the soul of this particular veteran (Berg, 2011). As the contours of the situation become visible through this process, it can be helpful to introduce (some of) the BCVTs so as to connect the veteran and his or her struggles into a Judeo-Christian tradition. This knowledge does not heal the wound(s), but the veteran will be provided with a wider picture wherein s/he is not the first or the last troubled or even traumatized soul in the aftermath of military service. This process is dynamic, and it is difficult to say how much time is required to build safety and trust (ask the veteran). The types may be introduced after two or three sessions. The veteran can also be encouraged to read the biblical stories between the sessions and reflect upon the personal trauma and bring these reflections to the next session.

Phase 2: Remembrance and mourning is the stage wherein the veteran tells the whole story in depth and with all details. The first phase serves as the prelude to this stage. Hopefully the interaction with the BCVTs has assisted the process of telling the complete story. The caregiver serves as the witness and ally in the process (Herman, 2015; Rambo, 2010). The telling of the story also includes a systematic review of the meaning of the event(s) and potential of constructing a new interpretation(s) that affirm dignity and value, and forgiveness if necessary, in the aftermath of service. By telling the story in its full detail the care receiver can finally fully realize what has been lost. Phase 2 is therefore also about mourning for what has been lost, and the grief can be profound. The potentiality of Christian sacred rituals of confession, forgiveness, and blessing within this process of pastoral care can be well integrated into the second phase. Such rituals have for a very long time served in Christian traditions as sacred actions which assist healing (Malmin, 2013; Ramshaw, 1987). The veteran may, as did their BCVT fore-runners, draw from and benefit by various sacred rituals. These sacred rituals may be combined in a variety of ways in order to best fit person, situation, and purpose. For the David type who still feels a connection with God, forgiveness and atonement may come easier and in turn nurture and promote resilience amid struggles. On the other hand, the Saul type may suffer from a perceived silent God and thus may better benefit from a more profound design of sacred rituals during a longer time frame so as to assist and

ameliorate the reconnection with God. The composition of sacred rituals needs to be thoughtfully discussed with the care receiver, both in regards to content and timing, so as to have relevance for the process. Since it is a process, such rituals may need to be repeated and may potentially be accompanied with backlashes. Some rituals may also be carried out within a spiritual/religious community depending on the support for a veteran to be a part of such a community in the interest of facilitating the process.

Phase 3: reconnection with ordinary life. This stage is entered when the veteran has mourned the old self that the trauma forever changed and faces the task of creating a future with a new self. This process involves reconciling with oneself, cultivated through Phase 2, and the discovery of new meaning, purpose, and direction in life. As in the story of Lieutenant Commander Vincent, he created a new identity with others which included sacred meaning through forgiveness by God, intimacy and purpose (or survivor mission) in life by being the father he never was prior to the diagnosis. While Vincent had simple PTSD (Shay, 2002, 2003), for a veteran who has suffered from complex PTSD (Shay, 2002, 2003) this serves as the phase of the recovery process wherein the veteran has regained some capacity to rebuild trust. S/he "can once again feel trust in others when that trust is warranted" (Herman, 2015, p. 205). The resolution of the trauma is however never final, and the recovery is never complete, as illustrated in the case of Vincent who never fully healed from his PTSD and combat wounds and as a result received early retirement instead of returning to work. But through deliberate religious meaning-making Vincent ultimately accepted and embraced the forgiveness by God, a new identity, and a survivor mission by which he found a life worth living. Vincent's life had become precious, both intimacy and love coexisted alongside the hidden wounds of war.

Finally, some words about the Uriah type, because many if not all veterans have likely at some point been the Uriah type. This loyal type is the raw model which the military culture does its best to shape and form by the extreme focus on group cohesion and loyalty through extremely demanding exercises throughout boot camp, via the formation of regular units, and eventually deployment to war zones. Military organizations, however, do not care overly much for the individual in the ranks, and this implicates that veterans may experience leadership and/or administrative malpractice on different levels across service. The risk with the loyal Uriah type is that s/he may perceive, somewhere along military service, that s/he has been betrayed by the organization, and this may invoke a type of MI which is not easy to detect, much as was found in the case of Sergeant Jonas. Yet even such a relatively hidden perceived betrayal may burden a veteran and impoverish wellbeing and health. Pastoral care and counseling can assist veterans in putting words on experiences

which exist behind such emotions so as to explore pathways that can ameliorate this type of MI.

## Concluding Remarks

Pastoral and spiritual care and counseling may have an even more important role to play in assisting veterans to explore, identify and potentially ameliorate the hidden wounds of war and facilitate soul repair (Graham, 2017; Lindsay et al., 2016; Sippola, Blumenshine, Tubesing, & Yancey, 2009; Stallinga, 2013). This may be a toilsome process which requires a supportive and patient listener who can endure listening to the realities of war (Capps, 2001). The process may take a long time, and the wounds may not completely heal, but pastoral care may assist in finding and reformulating a life worth living by the support of sacred traditions and rituals. The model within this article wishes to contribute to this development by integrating the BCVTs into an established model for recovery (Herman, 2015) and additionally by identifying the potential usage of sacred rituals within this model so as to assist the process from a spiritual/religious perspective (Currier et al., 2016). A shortcoming of this model is that the BCVTs lack a female combat veteran example. Caregivers and researchers are implored to explore and hopefully expand the capacity of this model.

## Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## ORCID iD

Jan Grimell  <http://orcid.org/0000-0002-7327-8519>

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Berg, G. (2011). The relationship between spiritual distress, PTSD and depression in Vietnam combat veterans. *Journal of Pastoral Care & Counseling*, 65, 1–11.
- Bobrow, J., Cook, E., Knowles, C., & Vieten, C. (2013). Coming all the way home: Integrative community care for those who serve. *Psychological Services*, 10, 137–144.
- Brock, R. N., & Lettini, G. (2012). *Soul repair: Recovering from moral injury after war*. Boston, MA: Beacon Press.
- Brunger, H., Serrato, J., & Ogden, J. (2013). “No man’s land:” The transition to civilian life. *Journal of Aggression, Conflict and Peace Research*, 5, 86–100.
- Capps, D. (2001). *Giving counsel: A minister’s guidebook*. St. Louis, MO: Chalice Press.
- Castro, C. A., & Kintzle, S. (2014). Suicides in the military: The post-modern combat veteran and the Hemingway effect. *Current Psychiatry Reports*, 16(460). Retrieved from <http://cir.usc.edu/wp-content/uploads/2015/06/Suicide-in-the-Military.pdf>
- Clandinin, J. D. (2013). *Engaging in narrative inquiry*. Walnut Creek, CA: Left Coast Press, Inc.
- Clandinin, J. D., & Connelly, M. F. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Cohen, N. J. (1998). *Voices from genesis: Guiding us through the stages of life*. Woodstock, VT: Jewish Lights Publishing.
- Currier, J., Drescher, K. D., Holland, J., Lisman, R., & Foy, D. (2016). Spirituality, forgiveness, and quality of life: Testing a mediational model with military veterans with PTSD. *The International Journal for the Psychology of Religion*, 26, 167–179.
- Graham, L. K. (2017). *Moral injury: Restoring wounded souls*. Nashville, TN: Abingdon Press.
- Grimell, J. (2016). The story of the self in the aftermath of crisis: A case study. *Journal of Constructivist Psychology*, 29, 66–79.
- Grimell, J. (2017). Making dialogue with an existential voice in transition from military to civilian life. *Theory & Psychology*, 27, 832–850.
- Grimell, J. (2018a). Contemporary insights from biblical combat veterans through the lenses of moral injury and PTSD. *Journal of Pastoral Care & Counseling. E-Publication before print*, October 8, 2018. DOI.org/10.1177/1542305018790218.
- Grimell, J. (2018b). Reconsidering the uniform: Existential and religious identity reconstruction among Swedes in the aftermath of military service (Doctoral dissertation, Faculty of Theology, Vrije Universiteit Amsterdam, the Netherlands). Zürich: LIT Verlag.
- Grimell, J. (2018c). Advancing an understanding of selves in transition: I-positions as an analytical tool. *Culture & Psychology*, 24, 190–211.
- Grimell, J. (2018). Veterans, the hidden wounds of war, and soul repair. *Spiritual Care*, 7, 353–363.
- Harris, J. I., Park, C. L., Currier, J. M., Usset, T. J., & Voecks, C. D. (2015). Moral injury and psycho-spiritual development: Considering the developmental context. *Spirituality in Clinical Practice*, 2, 256–266.
- Herman, J. (2015). *Trauma and recovery: The aftermath of violence – From domestic abuse to political terror*. New York, NY: Basic Books.
- Hunt, J. (2018). Psychological perspectives on the Garden of Eden and the fall in light of the work of Melanie Klein and Eric Fromm. *Pastoral Psychology*, 67, 33–41.
- Isaacs, K., Mota, N. P., Tsai, J., Harpaz-Rotem, I., Cook, J. M., Kirwin, P. D., . . . Pietrzak, R. H. (2017). Psychological resilience in U.S. military veterans: A 2-year, nationally representative prospective cohort study. *Journal of Psychiatric Research*, 84, 301–309.
- Kille, D. A. (2001). *Psychological biblical criticism*. Minneapolis, MN: Fortress Press.
- Kille, D. A. (2002). Psychology and the Bible: Three worlds of the text. *Pastoral Psychology*, 51, 125–134.
- Kinghorn, W. (2012). Combat trauma and moral fragmentation: A theological account of moral injury. *Journal of the Society of Christian Ethics*, 32, 57–74.
- Koenig, H. G., Boucher, N. A., Oliver, J. P., Youssef, N., Mooney, S. R., Currier, J. M., & Pearce, M. (2017). Rationale for spirituality oriented cognitive processing therapy for moral injury in active duty military and veterans with posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*, 205, 147–153.
- Kopacz, M. S., & Connery, A. L. (2015). The veteran spiritual struggle. *Spirituality in Clinical Practice*, 2, 61–67.
- Kvale, S. (2007). *Doing interviews*. London, UK: SAGE.



- Lindsay, C. B., Hodgson, T. J., Krikheli, L., Soh, R. Y., Armour, A. R., Singh, T. K., & Impiombato, C. G. (2016). Moral injury, spiritual care and the role of chaplains: An exploratory scoping review of literature and resources. *Journal of Religion and Health, 55*, 1218–1245.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695–706.
- Maguen, S., & Litz, B. (2012). Moral injury in veterans of war. *PTSD Research Quarterly, 23*(1), 1–6.
- Maguen, S., Luxton, D. D., Skopp, N. A., Grahm, G. A., Reger, M. A., Metzler, T. J., & Marmar, C. J. (2011). Killing in combat, mental health symptoms, and suicidal ideation in Iraq Veterans. *Journal of Anxiety Disorders, 25*, 563–567.
- Malmin, M. (2013). Warrior culture, spirituality, and prayer. *Journal of Religion and Health, 52*, 740–758.
- McAdams, D. P., Josselson, R., & Lieblich, A. (Eds.). (2006). *Identity and story: Creating self in narrative*. Washington, DC: APA Books.
- McDonald, J. (Ed.). (2017). *Exploring moral injury in sacred texts: Studies in religion and theology*. London, UK: Jessica Kingsley Publishers.
- Merriam, S. B. (Ed.). (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.
- Mishler, E. G. (1986). The analysis of interview-narratives. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 233–255). Westport, CT: Praeger.
- Mishler, E. G. (2004). *Storylines: Craftartists' narratives of identity*. Cambridge, MA: Harvard University Press.
- Noy, C. (2008). Sample knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of Social Research Methodology, 11*, 327–344.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*, 137–145.
- Rambo, S. (2010). *Spirit and trauma: A theology of remaining*. Louisville, KY: Westminster John Knox Press.
- Ramshaw, E. (1987). *Ritual and pastoral care*. Philadelphia, PA: Fortress Press.
- Riessman, C. K. (1993). *Narrative analysis*. Newbury Park, CA: SAGE Publications, Inc.
- Sippola, J. W., Blumenshine, A., Tubesing, D. A., & Yancey, V. (2009). *Welcome them home – help them heal: Pastoral care and ministry with service members returning from war*. Duluth, MN: Whole Person Associates, Inc.
- Shay, J. (2002). *Odysseus in America: Combat trauma and the trails of homecoming*. New York, NY: Scribner.
- Shay, J. (2003). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York, NY: Scribner.
- Stallinga, B. A. (2013). What spills blood wounds spirit: Chaplains, spiritual care, and operational stress injury. *Reflective Practice: Formation and Supervision in Ministry, 33*, 13–31.
- Tick, E. (2005). *War and the soul*. Wheaton, IL: Theosophical Publishing House.
- Vargas, A. F., Hanson, T., Kraus, D., Drescher, K. D., & Foy, D. W. (2013). Moral injury themes in combat veterans' narrative responses from the National Vietnam Veterans' Readjustment Study. *Traumatology, 19*, 243–25.
- Vieten, C., Scammell, S., Pierce, A., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2016). Competencies for psychologists in the domains of religion and spirituality. *Spirituality in Clinical Practice, 3*, 92–114.
- Weaver, A. J., Flannelly, L. T., & Preston, J. D. (2003). *Counseling survivors of traumatic events: A handbook for pastors and other helping professionals*. Nashville, TN: Abingdon Press.
- Wortmann, J. H., Eisen, E., Hundert, C., Jordan, A. H., Smith, M. W., Nash, W. P., & Litz, B. T. (2017). Spiritual features of war-related moral injury: A primer for clinicians. *Spirituality in Clinical Practice, 4*, 249–261.

**Jan Grimell**, PhD, is a Research Fellow at the Faculty of Religion and Theology, Vrije Universiteit (Amsterdam Centre for the Study of Lived Religion). He has conducted a longitudinal interview study on nineteen Swedish service members amid their transition from military to civilian life, with the purpose to describe the role of existential and/or religious dimensions in identity reconstruction during the process. Several articles from the project have been published. Jan is also an ordained minister in the Church of Sweden and a former military officer in the Swedish Armed Forces; he served actively for ten years on several locations inside and outside of Sweden and is currently a reserve officer.



**CASC / ACSS**

Canadian Association for Spiritual Care  
Association canadienne de soins spirituels

SPIRITUAL CARE  
PASTORAL COUNSELLING  
TRAINING  
RESEARCH

**CASC/ACSS** is concerned with a holistic approach to health, well-being, and personal development with a special focus on spiritual and religious care.

**CASC/ACSS** is committed to education, certification and research in support of spiritual care professionals in their practice of spiritual care, counselling and education.

**Mission:** To promote excellence in spiritual care and counselling practice, education and research

[www.spiritualcare.ca](http://www.spiritualcare.ca)