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The Moral Trauma of America's Warriors: Why we Must Treat Combat Posttraumatic Stress Disorder as a Bio-Psycho-Social-Spiritual Phenomenon

E. Ann Jeschke*

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THE MORAL TRAUMA OF AMERICA’S WARRIORS: WHY WE MUST TREAT COMBAT POSTTRAUMATIC STRESS DISORDER AS A BIO-PSYCHO-SOCIAL-SPIRITUAL PHENOMENON

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E. ANN JESCHKE*

I. INTRODUCTION

The United States military¹ has been in a state of sustained conflict for over a decade. More than 2.6 million American warriors² have been de-

* E. Ann Jeschke is currently a doctoral candidate at St. Louis University's Center for Health care Ethics. Before returning to school to further her studies, Ms. Jeschke spent 10 years working in academic institutions, non-profits, and finally as a contractor for the Department of Defense. Ms. Jeschke holds a Bachelor's degree in German and Theology from Georgetown University as well as a Masters of Theological Studies from Harvard Divinity School. Her current scholarly interests focus on the ethics military medicine and veteran's health care. At present, Ms. Jeschke is working on a interpretive phenomenological dissertation concerning the embodied experience of the battlefield in returning veterans. While a great deal of military medical inquiry focuses on the primacy of the military mission, Ms. Jeschke intends to shift her focus to the veteran's lived experience in order to better understand the embodied consequences of war as they relate to the ethics of post-deployment medicine and veteran's health care.

ployed to Afghanistan or Iraq at least once.³ Both military medicine, as a function of the Department of Defense (DoD), and the Department of Veteran's Affairs (VA) are charged with the complex duty of providing for the physical and psychological health of our warriors.⁴ Medical experts from both communities have begun to realize that, in addition to physical and psychological symptoms, combat injuries have a social and spiritual component.⁵ As such, practitioners and researchers have been encouraged to explore more holistic and interdisciplinary treatment methods to accommodate a new vision of health care for warriors returning from combat.⁶

One of the signature injuries of the Global War on Terror (GWOT) is posttraumatic stress disorder (PTSD).⁷ Nearly 20% of returning warriors have been diagnosed with combat-related PTSD,⁸ while approximately 40%

1. Hereafter, the term "military" will be used to refer specifically to the United States military.

2. Hereafter, the term "warrior" refers equally to men and women who have served or are currently serving in the Army, Navy, Marines, Air Force, or Coast Guard. I have specifically chosen the term warrior because it is common military parlance for anyone who has served in the United States Armed Forces and is not gender specific. Additionally, this paper will use the masculine form throughout to refer to either a male or female warrior.

3. COMM. ON THE ASSESSMENT OF ONGOING EFFORTS IN THE TREATMENT OF POSTTRAUMATIC STRESS DISORDER, INST. OF MED., TREATMENT FOR POSTTRAUMATIC STRESS DISORDER IN MILITARY AND VETERAN POPULATIONS: INITIAL ASSESSMENT, at xiii (2012) [hereinafter COMM. INITIAL ASSESSMENT], available at http://www.nap.edu/catalog.php?record_id=13364.

4. *Id.* The treatment for any injury determined to be combat related begins in the DoD system of military medical care and is eventually transferred, either in part or in full, to the VA. *See id.* at 111. Military medicine and the VA work together to provide a continuum of care. *See id.* For this reason, not only is there enormous overlap in the patient population, but also in research and treatment methodologies employed by the two systems of care. *See id.* Furthermore, both systems maintain a common appreciation of the military culture from which a warrior derives his identity. *See* COMM. INITIAL ASSESSMENT, *supra* note 3, at 111. In this paper, I will be exploring combat PTSD as a common challenge for both systems as a complete entity. Unless otherwise noted, when referencing to either DoD or VA research and treatment methodologies, the reader can assume that the information equally applies to both systems.

5. *See* Wayne B. Jonas et al., *Why Total Force Fitness?*, 175 MILITARY MED. 6, 6 (Aug. Supp. 2010); Nina A. Sayer et al., *Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care*, 61 PSYCHIATRIC SERVICES 589, 589, 591 (2010).

6. *See* Jonas et al., *supra* note 5, at 6; Terence M. Keane, Guest Editorial, *Posttraumatic Stress Disorder: Future Directions in Science and Practice*, 45 J. REHABILITATION RES. & DEV., at vii, vii (2008), available at http://www.research.va.gov/programs/JRRD/45_3/keane.pdf.

7. *See* Jonas et al., *supra* note 5, at 6.

8. While individuals in the military may be experiencing PTSD for other traumatic life events, the reader should assume that I am specifically addressing PTSD as a combat injury.

have reported stress-related symptoms that impede reintegration into daily life.⁹ The challenges of accurately assessing, diagnosing, and treating combat related PTSD amongst the warrior population are unquestionably immense.¹⁰

In this paper, I intend to explore issues relevant to the proper treatment of PTSD within the VA and DoD health care systems.¹¹ Since the warrior's medical community has asserted a need for holistic and interdisciplinary treatment methods in effectively treating combat injuries, I am going to argue that PTSD must be treated as a bio-psycho-social-spiritual¹² phenomenon in order to properly address the moral injuries brought about by combat trauma. My analysis will develop two main themes: 1) The spiritual aspects of combat dismantle a warrior's moral identity and must be addressed in order for holistic healing of the warrior to occur; and 2) treatment methods common to VA/DoD fail to address the spiritual component of combat trauma and, therefore, cannot fully heal a warrior's PTSD. Consequently, a two-fold response is required: 1) Clinicians must creatively explore alternative methods for sanctifying¹³ moral trauma when treating warriors with PTSD; and 2) research must explore the spiritual elements of a warrior's combat

9. *Id.*

10. *See id.* In *Why Total Force Fitness?*, the authors argue that the current military paradigm of fitness does not adequately address the returning warrior's full spectrum of needs. *Id.* Current military health care predominantly focuses on "prevention of disease through physical examinations, vaccinations, health risk screening, enhanced exercise, and the reduction of unhealthy habits." *Id.* While this model supports the health of the fighting force pre-deployment by enabling warriors to be fit and ready to fight, it does little to mitigate the overwhelming burdens of post-deployment health care. *See* Jonas et al., *supra* note 5, at 6. The authors contend that if a new model of military medicine does not equally focus on resilience enhancement the entire system will collapse due to the psychological strains placed on warriors and their families amidst the current military operations tempo. *See id.*

11. An important issue to treating PTSD in military communities is the stigma of seeking mental health care. Robert H. Pietrzak et al., *Perceived Stigma and Barriers to Mental Health Care Utilization Among OEF-OIF Veterans*, 60 *PSYCHIATRIC SERVICES* 1118, 1118, 1121 (2009); Nina A. Sayer et al., *A Qualitative Study of Determinants of PTSD Treatment Initiation in Veterans*, 72 *PSYCHIATRY* 238, 239, 245 (2009); *see also* Karen H. Seal et al., *Bringing the War Back Home*, 167 *ARCHIVES INTERNAL MED.* 476, 476 (2007). While this is a critical aspect of proper diagnosis and treatment, this paper will not address this as a part of my central thesis or inquiry.

12. By spiritual experience I do not mean religious experience. I have no wish to import a meaning particular to any religion or practice of faith tradition. This will be further described in the first section of my paper. *See infra* Part II. *See* note 24 for further clarification.

13. I have chosen the word sanctification because it is a more fulsome synonym for healing to include: Absolution, cleansing, and consecrated. All warriors take an oath of office and as such are consecrated to the mission of the United States Armed Forces. 10 U.S.C. § 502(a) (2006). I do not intend to use this word in an exclusively religious sense.

experience in order to promote effective evidence-based treatment methods that address the moral trauma of our returning warriors.

In developing the first theme I must answer the following three interconnected questions: 1) How is war a spiritual experience?; 2) Why does the spiritual quality of warfare make combat trauma unique?; and 3) What is needed to properly treat the spiritual dimension of combat trauma? A descriptive analysis using combat narratives¹⁴ will illustrate that the spirituality of war is defined by the legitimate participation in destruction, which initiates a disintegration of the warrior's moral identity.¹⁵ In turn, the warrior's moral identity requires sanctification.¹⁶ I will proceed to develop the second theme by answering the following three questions: 1) How is PTSD currently diagnosed and treated within the VA/DoD systems?; 2) Why is treating PTSD as a bio-psycho-social phenomenon insufficient?; and 3) What is required to address this challenge? A descriptive analysis of current treatment for PTSD will reveal that there is little, if any, emphasis on the moral consequences of actions performed during combat.¹⁷ As such, the bio-psycho-social model of treatment cannot properly address the moral guilt associated with combat trauma. My final section will briefly explore alternative methods that could potentially address the spiritual aspect of the moral trauma of war when attempting to develop a holistic model of care for PTSD.¹⁸

14. I do not intend to use narrative solely from GWOT, but from various different wars to show that combat trauma involves a moral dimension. Likewise, these narratives are not limited to those officially diagnosed with PTSD, as the diagnosis did not become a medical reality until 1980. COMM. INITIAL ASSESSMENT, *supra* note 3, at 25–26. Furthermore, the implications of combat trauma having a moral dimension are not limited to those with PTSD diagnosis. *See id.* at 44. However, for the purposes of this paper I am focusing solely on the implications for PTSD and its concomitant treatment.

15. *See* KARL MARLANTES, WHAT IT IS LIKE TO GO TO WAR, at xi (2011).

16. *See id.* at 8–9.

17. *See id.* at 7.

18. PTSD was not officially recognized as a medical disorder until 1980 with the introduction of the DSM-III. CHRIS R. BREWIN, POSTTRAUMATIC STRESS DISORDER: MALADY OR MYTH? 44 (2003); KIRTLAND C. PETERSON ET AL., POST-TRAUMATIC STRESS DISORDER: A CLINICIAN'S GUIDE 3–4 (1991). Reasons for development of a diagnostic category were dependent on both cultural and political issues surrounding the Vietnam War, which I cannot fully address in this paper; however, the emotional-moral trauma of war has been recorded throughout history, and while one cannot say that historical modes of managing the emotional-moral trauma of warfare were dealing specifically with the diagnosis of PTSD, they proffer rich insight into some of the challenges to a warrior's reintegration into society after combat. *See* PETERSON ET AL., *supra* note 18, at 5; *see also* BREWIN, *supra* note 18, at 45–50. My claim will be that some of these experiences are being overlooked in our current medical standards of PTSD. I do not wish to put the two concepts in competition, but to show how forfeiting the spiritual aspect of trauma is deficient for treating PTSD and the need to augment current treatment modes with alternative methods. For further reading, *see* BREWIN, *supra*

II. THE SPIRITUAL CONSCIOUSNESS OF WAR¹⁹

A. *Question One: How Is War Spiritual?*

To readers unfamiliar with war, at first blush, it may seem odd to suggest that war takes place in a spiritual domain. However, war is not simply a participation in material destruction. The all-consuming power and violence of combat leaves many warriors with the sense that they have participated in something godlike; namely, that they have been given total authority to inflict death upon others—a role normally assigned to deities.²⁰ The art of warriors is the art of killing, which approaches “the sacred in its terror and contact with the infinite.”²¹ Dr. Edward Tick, a clinical psychologist specializing in warriors with PTSD, explains that “war is an archetypal force that creates a larger-than-life arena In war we embody and wrestle with god powers.”²² Karl Marlantes, writing about his experiences as a marine in Vietnam, refers to combat as a spiritual initiation that occurs in the “[T]emple of Mars.”²³

Marlantes argues that there are four components of spiritual²⁴ experiences, which are: “[T]otal focus on the present moment,” “constant aware-

note 18; ERIN P. FINLEY, *FIELDS OF COMBAT: UNDERSTANDING PTSD AMONG VETERANS OF IRAQ AND AFGHANISTAN* (2011); PETERSON ET AL., *supra* note 18.

19. Throughout this paper, I will use the terms war and combat interchangeably. While different levels of combat do exist amidst war, in order to receive a diagnosis of PTSD the warrior must have had a traumatic combat experience, whether it was in the rear or forward areas. See *Post Traumatic Stress Disorder Treatment and Research: Moving Ahead Toward Recovery: Hearing Before the Subcomm. on Health of the H. Comm. on Veterans' Affairs*, 110th Cong. 7 (2008) (statement of Colonel Charles W. Hoge, M.D., U.S.A., Dir., Div. of Psychiatry & Neuroscience, Walter Reed Army Inst. of Research, Dep't of the Army, U.S. Dep't of Def.). Without proof that an injury occurred in combat, the warrior is unable to receive the status of service related injury. See *id.* at 3–4 (statement of Hon. Phil Hare). So for the purposes of this paper, the distinction between war and combat is not critical to my argument as anyone, regardless of where he is stationed, can experience a traumatic event while deployed to a warzone.

20. See MARLANTES, *supra* note 15, at 1.

21. *Id.* at 7.

22. EDWARD TICK, *WAR AND THE SOUL: HEALING OUR NATION'S VETERANS FROM POST-TRAUMATIC STRESS DISORDER* 1–3, 41 (First Quest ed. 2005).

23. MARLANTES, *supra* note 15, at xi–xii, 3.

24. Marlantes uses the word spiritual and mystical interchangeably in his book *What It Is Like to Go to War*. See *id.* 7–8. However, he is not pointing to a particular experience embedded in a religious or cultural tradition, but a quality of experience. See *id.* at xi. In this paper, I will use the word *mystic* to describe the spiritual experience of a person engaging in a religious or faith-based quest for communion with the transcendent. I will use *spiritual* to refer to an overarching phenomenon of mystical experiences, which are not particular to any

ness of one's own . . . death," placing "other[s]' . . . lives above one's own," and participation in a larger community.²⁵ These same conditions hold true in combat; however, upon entering the Temple of Mars, transcendent brutality and sacrifice "assaults psyches, confuses ethics, and tests souls."²⁶ Although the spiritual mystic and the spiritual warrior enter their journey in different ways, they are both sacred—set apart for a particular mission.²⁷ In contrast to a mystic who embraces *nothingness* through the annihilation of the rational will in the practice of meditation, the warrior embraces *nothingness* through an attempt to annihilate physical life by killing the enemy.²⁸ Marlantes suggests that combat may, in fact, be the dark side of the mystical vision of heaven.²⁹

If combat only parallels the dark side of a spiritual experience, what is the attraction of entering the Temple of Mars? Is there something more to combat than soul-shattering death and darkness? Dr. Tick claims humanity is aroused by and in love with war because its godlike character allows the warrior to reach an altered level of consciousness.³⁰ Looking at Marlantes's conditions for a spiritual experience in the context of war narratives will illuminate how combat is not only the dark side of spiritual experience, but war also enables warriors to reach an addictive state of consciousness. Unfortunately, these encounters have an altogether different outcome for the warrior than for the mystic.³¹ First, let us turn to a number of warrior's nar-

specific religion. What I take as common to all spiritual experiences is the phenomenon of being united with a source of transcendental consciousness.

25. *Id.* at 7.

26. *Id.* at xi, 7–8.

27. See MARLANTES, *supra* note 15, at 7–9. As an all-volunteer force, we can say that warriors in the military have chosen to set themselves apart from the normal duties of an American civilian in order to serve their country. Therefore, the warrior is similar to the mystic in that he has chosen a specific path in life that will demand he serve something beyond the self.

28. Compare ELAINE SCARRY, *THE BODY IN PAIN: THE MAKING AND UNMAKING OF THE WORLD* 72–73 (1985), with EVELYN UNDERHILL, *MYSTICISM: A STUDY IN THE NATURE AND DEVELOPMENT OF MAN'S SPIRITUAL CONSCIOUSNESS* 23–24 (1974). Evelyn Underhill's general book on mysticism explains the process by which mystics evacuate the will to reach the truth of existence. UNDERHILL, *supra* note 28, at 23–24. In contrast, Elaine Scarry articulately argues that the goal in war is to empty the body of its very contents. SCARRY, *supra* note 28, at 72–73. Placing the arguments of these two texts together, I must concur with Marlantes's astute observation that the combat experience in many ways harkens to the dark side of mysticism. See MARLANTES, *supra* note 15, at 7–8.

29. *Id.*

30. See TICK, *supra* note 22, at 41.

31. MARLANTES, *supra* note 15, at 7–8. As Underhill explains, the mystic must undergo a purification experience that could be metaphorically described as hell; the final union with transcendence is described as supreme peace. See UNDERHILL, *supra* note 28, at 199–201. In

ratives to see if Marlantes's conditions for a spiritual experience hold true to combat.

We can examine the first condition for a spiritual experience—total focus on the present moment—by turning to Homer's character, Achilles.³² In Achilles's exultant campaign against the Trojans after the death of his friend Patroclus, he was singularly focused on the present moment of killing.³³ Achilles "fell in among the Trojans, his heart clothed with strength, crying his terrible cry . . . [Iphition,] fell with a crash, and goodly Achilles exulted over him . . . Achilles went on godlike" relentlessly slaying.³⁴ Even after destroying Hector and defiling the dead body, Achilles's implacable thirst for killing could be quashed only by the interference of the gods.³⁵ Although mythic in its origins, Achilles has been heralded as the prototypical example of a warrior consumed by his own boundless strength, ability, and fervor for battle.³⁶ He has been claimed as both the *sine qua non* of military competitive virtue and history's greatest warrior,³⁷ but Achilles also illustrates the additive quality of battle.³⁸ J. Glenn Gray, writing a philosophical reflection on his experiences from World War II, calls this obsession common to all men in battle "the tyranny of the present."³⁹ Everything in combat happens in the intensity of a split-second where the human senses become a vehicle for heightened awareness.⁴⁰

The second condition for a spiritual experience—constant awareness of one's own death—is well illustrated in Philip Caputo's personal Vietnam War narrative.⁴¹ Caputo offers his readers an earnest confession concerning the delights of combat.⁴² For Caputo, combat affords a singular type of

the next section, I will argue that engaging in the transcendent aspect of war creates the example opposite outcome; namely, emotional, physical, and moral dissonance.

32. See generally HOMER, *THE ILIAD* (George Chapman trans., Wordsworth Classics 2003).

33. *Id.* at 277, 301

34. *Id.* at 334.

35. See *id.* at 371, 393.

36. See T.S. Westhusing, *The Competitive and Cooperative Aretai Within the American Warfighting Ethos 124–26* (2003) (unpublished Ph.D. dissertation, Emory University) (on file with *Nova Law Review*).

37. See *id.* at 124. In the second section of Colonel Westhusing's dissertation, he claims Achilles as the apogee of the competitive virtues required for a warrior to thrive. *Id.* at 124–25. He, however, notes that the bloodlust of this character also runs contra to the cooperative virtues of the consummate honorable warrior. *Id.* at 126.

38. *Id.* at 124.

39. J. GLENN GRAY, *THE WARRIORS: REFLECTIONS ON MEN IN BATTLE*, at xv, 28 (1970).

40. PHILIP CAPUTO, *A RUMOR OF WAR*, at xvii (First Owl Books 1996) (1977).

41. See generally *id.* at xvi–xvii.

42. See *id.* at xvii.

pleasure that mixes utter euphoria with extreme pain brought about when one realizes that death is present at any moment.⁴³ As he explains:

Under fire, a man's powers of life heightened in proportion to the proximity of death, so that he felt an elation as extreme as his dread. His senses quickened, he attained an acuity of consciousness at once pleasurable and excruciating. It was something like the elevated state of awareness induced by drugs. And it could be just as addictive, for it made whatever else life offered in the way of delights or torments seem pedestrian.⁴⁴

The ability to be hyper-stimulated in combat is not only a survival skill, but also allows warriors to experience richness in life that is not present in daily civilian life.⁴⁵ Often warriors are shy to admit to this particular attribute of their combat experience because it courses against the common understanding of warfare as simply extreme brutality.⁴⁶ Nonetheless, Caputo claims that all warriors, if honest, must admit they not only enjoy combat, but are also compelled by its unique attractiveness.⁴⁷

The third condition for a spiritual experience—putting others' lives above one's own—is powerfully demonstrated by the bravery of combat medics.⁴⁸ Sebastian Junger describes the absolute commitment Juan Restrepo, a combat medic serving the second platoon in the Korengal Valley, had to his men.⁴⁹ Restrepo's dedication enabled him to run through a heavy firefight in order to treat his wounded men, while everyone else was taking cover.⁵⁰ The impetus to perform acts of sublime bravery without concern for self was Restrepo's unwavering need to save the lives of his injured comrades.⁵¹

The final condition for a spiritual experience—participation in a larger community—is eloquently depicted in Tim O'Brien's reminiscences on Vietnam.⁵² He details a wistful longing to return to the adventure of combat because the intensity of combat has a way of making life vivid⁵³ and forging

43. *Id.*

44. *Id.*

45. CAPUTO, *supra* note 40, at xvii.

46. *See id.* at xvi–xvii.

47. *Id.* at xvi–xvii.

48. SEBASTIAN JUNGER, WAR 58 (2010); *see, e.g.*, CAPUTO, *supra* note 40, at xvii.

49. JUNGER, *supra* note 48, at 58–59.

50. *Id.* at 58.

51. *See id.* at 58–59.

52. *See generally* TIM O'BRIEN, THE THINGS THEY CARRIED (Houghton Mifflin Harcourt Publ'g Co. 2011) (1987).

53. *See id.* at 77–78.

a community of love that is unlike any other.⁵⁴ As he says, “[y]ou make close friends. You become part of a tribe and you share the same blood—you give it together, you take it together.”⁵⁵ Such affection, tenderness, and intense bonds of loyalty, as O’Brien explains, are impossible to understand when someone has not felt the exhaustive and solidifying force of combat, which calls such love into being.⁵⁶

Clearly, Marlantes’s conditions for spiritual experience are undoubtedly present in the preceding combat narratives.⁵⁷ We can therefore say that combat is a spiritual experience that opens the warrior to a superhuman state of consciousness and physical ability. The common idiom that war is *hell* has different implications if warriors, who are asked to violate commonly held religious and moral norms for the good of the country, actually admit to taking any pleasure from the benefits of participating in the act of killing. When “euphoric expectancy” brought on by combat increases “to the point of omnipotence,” it can have seriously negative consequences for the warrior who is asked to participate in the power of hell instead of heaven.⁵⁸ Not only does the reality of combat lust⁵⁹ run contrary to commonly held impressions that war is infinitely abhorrent, but it also makes a claim on the identity of warriors.⁶⁰ Such spiritual awakenings run contrary to the idealized courageous warrior who engages the horror of war for a higher good.⁶¹ Next, I will address some of the implications of spiritual consciousness and combat trauma.

54. CAPUTO, *supra* note 40, at xvi.

55. O’BRIEN, *supra* note 52, at 178.

56. CAPUTO, *supra* note 40, at xvi–xvii.

57. I cannot argue that every warrior will have a spiritual encounter that traces the same pattern as the one outlined by Marlantes. However, these conditions are coursed through the narratives I read. In illustrating the point that war is a spiritual experience, these for examples should be sufficient.

58. See JUNGER, *supra* note 48, at 34–35.

59. By combat lust I am not intending to imply that everyone in war takes pleasure in killing for the sake of killing alone. I am trying to forward the point that combat ignites certain unspeakable experiences that do not have to do with destruction, but with a pleasure acquired from the experience of transcendent power with which warriors are allowed to participate when charged with the duty to kill the enemy. This spiritual experience is a taboo subject, but has profound implications for those warriors who must wrestle with its effects.

60. See CAPUTO, *supra* note 40, at xvi.

61. I am not attempting to make any claims about just war, the politics of war, or why a nation might go to war. I am merely concerned with how the phenomenon of war can potentially affect warriors.

B. *Question Two: Why Does the Spiritual Quality of War Make Combat Trauma Unique?*

If war is a spiritual experience that engages the moral identity of a warrior, as I have shown it is, how are we to understand combat trauma as a result of this unique experience?⁶² Samuel Hynes explains that the trauma illustrated in war narratives has two particular themes—namely, what warriors do in war and what war does to warriors.⁶³ My previous section was concerned with the former concept.⁶⁴ We will now move on to discuss the latter. Jonathan Shay, also a clinical psychiatrist, wrote a landmark book analyzing PTSD in Vietnam veterans seeking care in the Boston VA hospital.⁶⁵ In his book, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, Shay contends that combat trauma is unique—and in turn PTSD is difficult to treat—because at its core it is a moral trauma.⁶⁶ While I agree with Shay's general thesis that combat trauma is deeply embedded in moral trauma, contrary to Shay, I intend to argue that the moral trauma of combat is bound to experiencing the spiritual consciousness of war, not the betrayal of loyalties.⁶⁷ As such, a warrior's moral trauma needs to be sanctified in order for a restoration of his moral identity to occur.

62. Typical combat stresses are not common and rarely amalgamated in civilian life. See William P. Nash, *The Stressors of War*, in *COMBAT STRESS INJURY: THEORY, RESEARCH, AND MANAGEMENT* 11, 11–12, 15, 18 (Charles R. Figley & William P. Nash eds., 2007). These stresses make combat, by its very nature, a traumatic experience, but these stresses are not sufficient to qualify as a traumatic event that lead to a diagnosis of PTSD. See *id.* at 18. I will be narrowing in on a more specific quality of combat trauma that I believe is intimately related to the bio-psycho-social-spiritual nature of PTSD. However, these traumatic-qualifying events occur amidst modern military operations that include constant exposure to the following physical conditions: Extreme temperatures, lack of hygiene, sleep deprivation, constant exposure to malevolent noises and blasts from explosions nearby, fumes and noxious smells, blinding light or darkness, malnutrition, and the constant threat of injury, illness, or death. *Id.* at 19–21. Additionally, mental conditions include: Lack or abundance of information, ambiguous and changing rules of engagement, loyalty conflicts, experiences that do not make sense, isolation, loss of friends to injury or death, fear, shame and guilt, helplessness as well as the horror of carnage. *Id.* at 22–27. For further information, see *id.* at 19–27.

63. SAMUEL HYNES, *THE SOLDIERS' TALE: BEARING WITNESS TO MODERN WAR* 3 (1997).

64. See *supra* Part II.A.

65. David Berreby, *Exploring Combat and the Psyche, Beginning with Homer*, N.Y. TIMES, Mar. 11, 2003, at F4; see also JONATHAN SHAY, *ACHILLES IN VIETNAM: COMBAT TRAUMA AND THE UNDOING OF CHARACTER* 4 (1994).

66. SHAY, *supra* note 65, at 5–6, 184–86.

67. I disagree with where Shay locates the moral breakdown. Shay sees the moral damage occurring due to the breakdown of a warrior's concept of what is right in terms of his relationship to his peers and his superiors. *Id.* at 3, 6, 15, 17. In other words, it is a breakdown of loyalty, and thus the warrior can no longer cement a sense of trust in his circumstances. As a result, Shay suggests that the path to treating PTSD must include both a communaliz-

Again, warriors' narratives will explain the aftermath of experiencing the four conditions of a spiritual experience in combat.⁶⁸ My central claim is that actions, such as killing, may be licit in combat, but are incompatible with commonly held notions of morality. Being ensconced in the transcendent spirituality of combat has the potential not only to allow a warrior to touch brief moments of the glory, but also to leave his moral identity sullied by the horror of carnage in which he has participated. The schismatic experience of combat runs deeper than mere emotional thoughts and physical reactions. It destroys a warrior's ability to locate his place in the moral order of humanity after participating in mass destruction.

What does an assaulted psyche, confused ethics, and a tested soul look like after experiencing even moments of godlike bliss in combat? To further explore this question, let us turn to the first condition: Total focus on the present moment. Dr. Tick states that the raw brutal sensuality of war causes the warrior to be completely absorbed in combat's brutality, such that it overwhelms the imagination causing the survivor to see little other than destruction in all his thoughts.⁶⁹ After many exhilarating moments in combat, O'Brien describes the constant image of faceless dead bodies with which he was left after Vietnam:

I watched a man die on a trail near . . . My Khe. I did not kill him. But I was present, you see, and my presence was guilt enough. I remember his face . . . and I remember feeling the burden of responsibility and grief. I blamed myself . . . I was once a soldier. There were many bodies, real bodies with real faces, but I was young then and I was afraid to look. And now, twenty years later, I'm left with faceless responsibility and faceless grief.⁷⁰

ing and re-narrating of the warrior's story of what is possible in the present and the future. *Id.* at 187–88. I do not disagree with the importance of what Shay has proposed both in terms of the nature of combat trauma or integrating new means of treating PTSD. *See id.* However, Shay has failed to recognize the moral effects of experiencing war's spiritual consciousness. In fact, he at one point misunderstands Christian theology and maligns it as part of the moral trauma warriors incur, when they think that playing a savior role will redeem a comrade. The outcome is that he fails to address a deeper moral tension that I see present in warriors' combat narratives—namely, how the warrior should understand his moral identity when he has participated in legal forms of killing and has been consumed by that process. Although Shay is unique in calling combat trauma moral, he, like many others, fails to address the fact that killing in war may be licit, but is always a rupture with deeply-ingrained human morality. *See id.* at 3, 5–6.

68. MARLANTES, *supra* note 15, at 7–8.

69. TICK, *supra* note 22, at 21.

70. O'BRIEN, *supra* note 52, at 166.

When asked by his daughter if he had ever killed someone, O'Brien could not explain the *truth*.⁷¹ All that could be said was, "[i]t's a mystery, I guess. I don't know."⁷² Years after leaving Vietnam, O'Brien was still haunted by irremediable guilt with no means through which to integrate his paradoxical experience.⁷³

The second condition: Constant awareness of one's own death also menaces the minds and spirits of returning warriors.⁷⁴ Erin Finley, a medical anthropologist working for the VA, interviewed warriors who had been diagnosed with PTSD after returning home from Iraq and Afghanistan.⁷⁵ One warrior had the following to say about constantly realizing he could die:

"Afghanistan [was a] mind-fuck Being deployed is easy. You just have to stay alive.

. . . .

. . . '[T]he thing you have to realize is that you're already dead. Once you realize that, then you can function as a soldier.' . . . Once you grasp the fact that you're already dead . . . [i]t makes the job easier over there. It makes [life] a real bitch coming home. Because you're used to being dead and now you got to be alive again. . . . Whenever I look at people, I know what they're going to look like dead. I know what they look like with their brains blown out or jaws blown off or eyes pulled out. When I look at somebody I see that, to this day."⁷⁶

This warrior goes on to describe an interior rage that can be sparked at the slightest provocation.⁷⁷ Knowing what human beings can do to each other, left him with a malignant *private grief*.⁷⁸ Feelings of disappointment in himself and the world could not be shared without moral reproof or misunderstanding from friends.⁷⁹

The third condition—dedication to others' well-being above one's own—is unquestionably manifested in the story of Colonel Theodore Scott

71. *See id.* at 167.

72. *See id.* at 169.

73. *See id.* at 166–67.

74. *See* CAPUTO, *supra* note 40, at xvi.

75. FINLEY, *supra* note 18, at 22–23.

76. *Id.* at 51–52, 54.

77. *See id.* at 56.

78. *See id.* at 57.

79. *See id.*

Westhusing.⁸⁰ Colonel Westhusing graduated third in his class from West Point, trained as an elite Army Ranger, and wrote his doctoral dissertation at Emory on virtues necessary for excellence in the American war-fighting ethos.⁸¹ A man of total commitment to others, he was also known to be unwaveringly committed to excellence, virtue, and honor in war, especially during his deployment in Iraq.⁸² After receiving an anonymous letter alleging he had become too close to contractors who were involved in egregious corruption and human rights violations—to include the killing of two innocent Iraqi civilians—Colonel Westhusing proclaimed himself a failure.⁸³ His moral identity torn asunder caused Colonel Westhusing to take his life on June 4, 2005.⁸⁴ The suicide note read: “I cannot support a msn [mission] that leads to corruption, human rights abuse, and liars. I am sullied. . . . I came to serve honorably and [I] feel dishonored. . . . Death before being dishonored anymore.”⁸⁵ A man praised by his superiors, beloved by his family, and revered by students and friends alike was struggling with an internal war as set in motion by the collective evil that he felt polluted his attempts to be a man of duty, service, courage, loyalty, and mostly honor.⁸⁶

Finally, what happens to a warrior when he is no longer able to participate in the larger community that had constructed an entirely new family structure? A story told by a Navy chaplain about a gung-ho marine sergeant brings into stark relief the horror of being disowned by the warrior community when aspects of war cause a warrior to lose his sense of *fight*.⁸⁷ While on patrol, a marine spotted a suspicious woman.⁸⁸ Shouting for her to stop, the woman paid no attention.⁸⁹ The sergeant decided she was an enemy and took two shots causing his fellow marines to open fire.⁹⁰ When the shooting subsided the woman was “nearly cut in half.”⁹¹ When the marine approached the dead body he found a white flag and screamed, “What the fuck did I just do? I killed an innocent person.”⁹² A few days later, “the sergeant [said] . .

80. See NANCY SHERMAN, *THE UNTOLD WAR: INSIDE THE HEARTS, MINDS, AND SOULS OF OUR SOLDIERS* 39–41, 237 (2010).

81. *Id.* at 6, 67, 237.

82. *Id.* at 237.

83. See *id.* at 238–39.

84. *Id.* at 239.

85. SHERMAN, *supra* note 80, at 240 (alterations in original).

86. See *id.* at 237–40.

87. PETER A. FRENCH, *WAR AND MORAL DISSONANCE* 34–35 (2011).

88. *Id.* at 34.

89. *Id.*

90. *Id.*

91. *Id.*

92. FRENCH, *supra* note 87, at 34.

. he could [not] . . . fight and refused to go on another mission.”⁹³ The chaplain tried to assuage the marine’s conscience by stating that such events were part of war and that the marine had not violated any military rules of engagement.⁹⁴ Next, “[t]he chaplain reminded the [marine] that refusing to fight was . . . [an] offense” that could end in a court-martial.⁹⁵ The sergeant was recalcitrant in his stance that he could not fight.⁹⁶ The platoon ostracized this marine for being a coward.⁹⁷ After returning to the United States with a diagnosis of PTSD, he was denied reenlistment in the Marines on the grounds that he was weak and refused to prove he was fit for combat.⁹⁸ The death of an Iraqi woman was the first act in the moral disintegration of this marine’s identity, and at best, he was offered the consolation that what he had done was ethical according to the laws of war.⁹⁹

Let me briefly synthesize how the spirituality of war leads to a disintegration of the warrior’s moral identity.¹⁰⁰ First, total focus on the present moment not only enables a warrior to identify with, and at times relish, the immense destructive power of combat, but it can also cause disruptive hyper-vigilant memories.¹⁰¹ Moreover, as Marlantes honestly admits, “[k]nowing I loved it and hated it, I concluded I was mildly psychotic, just another little something to hide from everyone, sort of like shell shock.”¹⁰² The paradox of war’s spirituality caused a sense of shame that could not readily be shared.¹⁰³ Second, the constant awareness of one’s own death can quicken the senses to a state of euphoria, but it can also turn the warrior into a dead man walking.¹⁰⁴ As Hynes declares, “[s]trangest of all is the presence of death, and the ways it is present.”¹⁰⁵ Warriors “go to war, where death is the whole point, the truest truth, the realest reality.”¹⁰⁶ “[A]stonishing[ly], death [becomes a

93. *Id.* at 35.

94. *Id.* at 34–35.

95. *Id.* at 35.

96. *Id.*

97. FRENCH, *supra* note 87, at 35.

98. *Id.*

99. *See id.* at 34–35.

100. My purpose in this section is not to cast moral judgment on the warrior or the cultural dynamics that occur in times of war. My point is to understand, not to shame, because without understanding there can be no true healing.

101. *See, e.g.*, ROGER BENIMOFF WITH EVE CONANT, FAITH UNDER FIRE: AN ARMY CHAPLAIN’S MEMOIR 161 (2009); CAPUTO, *supra* note 40, at xvi.

102. MARLANTES, *supra* note 15, at 68 (emphasis omitted).

103. *See id.* at 68–69.

104. *See* CAPUTO, *supra* note 40, at xv–xviii.

105. HYNES, *supra* note 63, at 19.

106. *Id.*

warrior's recurrent] tale."¹⁰⁷ Left to identify more with the dead than the living, the warrior finds himself a complete stranger once he is home, having little in common with civilian life.¹⁰⁸ Third, placing others' lives above one's own inspires acts of superhuman bravery in combat, but when the bonds of sacrifice are betrayed the warrior is left with a sense that his valor is purposeless.¹⁰⁹ Roger Benimoff, an Army chaplain who endured everything for his troops, noted the following after coming home: "I am not motivated to work, I am not doing my readings and I don't care. . . . I[']ve] lost [my] sense of . . . perfectionism in the process. I've been ruined. . . . Nothing else seems to measure up to what we were able to accomplish in Iraq."¹¹⁰ Thus, a warrior is left believing both his moral quest and his life are failures because his ability to give of himself has ultimately been thwarted outside of combat.¹¹¹ Finally, participation in the larger community of a combat unit or platoon bonds men in unimaginable ways, but it also leaves a warrior emptied of self when he is no longer identified with his comrades in arms.¹¹² Caputo elegantly describes the intimacy of combat as more profound than the intimacy between any two lovers.¹¹³ It was "the sentiment of belonging to each other."¹¹⁴ Failing to show courage is a violation of the love that binds comrades in arms. If branded a coward by fellow warriors, banishment from the *community* is a *coup de grace* to a warrior's identity. As such, the warrior now belongs to no one, as even his warrior identity is stripped from him.¹¹⁵ Having discussed what combat does to warriors, we begin to see why combat trauma is unique.

C. *Question Three: What is Needed to Properly Treat the Spiritual Dimension of Combat Trauma?*

Understanding how combat opens the door to a particular spiritual experience allows us to understand what participation in that experience means for the warrior's moral identity. In turn, appreciation of the spiritual quality of war has serious implications for how we effectively heal the moral disintegration of a warrior's character. Any treatment method used for warriors struggling with the effects of combat trauma must appreciate that war de-

107. *Id.*

108. CAPUTO, *supra* note 40, at xvi.

109. *See* SHAY, *supra* note 65, at 6.

110. BENIMOFF WITH CONANT, *supra* note 101, at 161.

111. *See id.*

112. *See* CAPUTO, *supra* note 40, at xvi.

113. *Id.* at xvii.

114. *Id.*

115. *See* HYNES, *supra* note 63, at 21–22.

stroys character and strips human dignity. What was once understood as decent human goodness has been replaced with a sense of profound guilt and identification with evil. The following warrior well describes how combat annihilated his soul:

I was eighteen years old. . . . A virgin. I had strong religious beliefs. For the longest time I wanted to be a priest [E]vil didn't enter [my world] 'till Vietnam.

I mean real evil. . . .

Why I became like that? . . . All evil. Where before, I wasn't.
...

War . . . strips you of all your beliefs, your religion, takes your dignity away, you become an animal. . . .

....

I carried this home with me. I lost all my friends, beat up my sister, went after my father. . . . So it wasn't just over there.¹¹⁶

Not only was this warrior's moral identity radically altered by the experience of combat, but so too was his human identity.¹¹⁷ In helping warriors heal from the serious wounds of combat trauma, treatment methods must address more than sadness, psychological scars, and broken communities. They must also alleviate profound guilt, re-humanize the warrior, and help him reclaim his dignity as well as sanctify and reintegrate his moral character.

If Marlantes is correct in thinking that "combat is the dark side of the [mystic's] vision [of heaven and] equivalent in intensity,"¹¹⁸ then perhaps a good place to look for ways to heal wounds to the soul would be the mystical tradition. St. Ignatius of Loyola, affectionately known within Roman Catholic circles as the soldier saint, was both a soldier and a mystic.¹¹⁹ After being severely wounded in combat he began a process of profound conversion, such that he would eventually become the founder of the Jesuit religious

116. SHAY, *supra* note 65, at 32–33.

117. *See id.*

118. *See* MARLANTES, *supra* note 15, at 8.

119. *See* Avery Dulles, *Preface to the Vintage Spiritual Classics Edition of IGNATIUS OF LOYOLA, THE SPIRITUAL EXERCISES OF ST. IGNATIUS*, at xiii, xiii–xv (John F. Thornton & Susan B. Varenne eds., Louis J. Puhl trans., Random House, Inc. 2000) (1951).

order.¹²⁰ Having spent the first thirty years of his life as a warrior, the imagery, structure, and tenor of St. Ignatius's Spiritual Exercises reflect his military formation and identity.¹²¹ St. Ignatius serves as a good starting point for inquiry concerning ways to heal warriors' moral identity because he has experienced both combat and mystic visions of God.

In many ways St. Ignatius of Loyola is akin to Achilles.¹²² He had "[s]tubbornly resist[ed] the assault against Pamplona in the face of hopeless odds . . . was struck by enemy fire," and won honor for his valor.¹²³ Likewise, once home from combat he described his former actions as going from one evil to another.¹²⁴ My point is not to recommend that all warriors participate in the Spiritual Exercises. In fact, I want to attempt to avoid all doctrinaire impositions of religion. As we have already noted warriors' *god-concepts* can be profoundly distorted in the aftermath of combat. Many warriors express the idea that *God* is punishing them for their indecent behavior in combat or that they are not worthy of being identified with holiness, sanctity, or goodness.¹²⁵ Others warriors have been known to hate all things religious or faith based because combat has swallowed their entire appreciation of goodness in humanity.¹²⁶ In contrast, Daryl Paulson and Stanley Krippner, also clinical psychologists specializing in warriors with PTSD, encourage a wide range of treatment methods drawn from cross-cultural literature that pay close attention to a warrior's spiritual emergencies and dark night of the soul experiences.¹²⁷ As such, St. Ignatius provides an excellent resource and will reveal that there is a way to have the spiritual experience of war, sanctify a mortally wounded moral identity, and go on to have a spiritual experience opposite that of war.¹²⁸ Turning now to the Spiritual Exercises will reveal how St. Ignatius journeyed from a vision of hell to a vision of heaven.

120. *See id.* at xiv–xvi.

121. *See Chronology of the Life of St. Ignatius of Loyola*, in *THE SPIRITUAL EXERCISES OF ST. IGNATIUS*, at xxv, xxx (John F. Thornton & Susan B. Varenne eds., Louis J. Puhl trans., Random House, Inc. 2000) (1951); *see generally* *IGNATIUS OF LOYOLA, THE SPIRITUAL EXERCISES OF ST. IGNATIUS* (John F. Thornton & Susan B. Varenne eds., Louis J. Puhl trans., Random House, Inc. 2000) (1951).

122. *See* Dulles, *supra* note 119, at xiv; HOMER, *supra* note 32, at xi; SHAY, *supra* note 65, at 6.

123. Dulles, *supra* note 119, at xiv.

124. *See id.* at xiv–xv.

125. *See* DARYL S. PAULSON & STANLEY KRIPPNER, *HAUNTED BY COMBAT: UNDERSTANDING PTSD IN WAR VETERANS INCLUDING WOMEN, RESERVISTS, AND THOSE COMING BACK FROM IRAQ 81* (2007).

126. *See id.*

127. *See generally id.*

128. *See* *IGNATIUS OF LOYOLA*, *supra* note 121, at 5.

The first phase of the Spiritual Exercises requires the participant to spend a week in silence purifying the soul through the purgation of sins in order to turn away from evil and advance towards holiness.¹²⁹ During this week an individual must spend time in meditation examining his conscience by asking the following questions: “What have I done . . . ? What am I doing . . . ? What ought I . . . do . . . ?”¹³⁰ Before entering into meditation the participant asks God for what he needs and desires, then commences a set of meditations that allows the participant to recollect all his thoughts, words, and deeds that were contrary to holiness, no matter how small.¹³¹ After these meditations have been completed, the participant makes a general confession of all his sins and is given a set of penitential acts that will atone for the violations against God’s goodness.¹³² During the first week, the participant meditates on all the good God has done for the world and expresses gratitude for the benefits bestowed upon him.¹³³ The second phase allows the participant to decide what type of man he would like to be in the service of holiness.¹³⁴ There are three forms of service: To serve oneself, to serve the Lord, or to serve the enemy of human nature.¹³⁵ Once a participant has dedicated himself to the service of the Lord, the third phase allows him to meditate on the community of the Lord he serves and ways to eliminate inordinate desires.¹³⁶ The final phase is a week of meditations requesting for the grace to experience the love of God, which allows the participant to embody the way God cares for him in his personal life.¹³⁷

In evaluating the Spiritual Exercises, we notice four important elements that allow a warrior to acknowledge, accept, repair, and let go of self-blame fomenting in his moral consciousness.¹³⁸ Those elements are: Purification through purgation¹³⁹—which allows the warrior to focus on the death of his soul, admit his participation in evil, confess his actions to another human being, and experience the gift of forgiveness; gratitude for blessings bestowed¹⁴⁰—which allows the warrior to focus his thoughts on the abundance of goodness in the world and the benefits he presently possesses; atonement

129. *Id.* at 5–6, 17.

130. *Id.* at 23.

131. *Id.* at 15, 17–20.

132. *Id.* at 20–21.

133. See IGNATIUS OF LOYOLA, *supra* note 121, at 41–42.

134. See *id.* at 50–51.

135. See *id.* at 17, 47–51.

136. See *id.* at 68–70.

137. See *id.* at 80.

138. IGNATIUS OF LOYOLA, *supra* note 121, at 17, 20–21, 24–26, 80.

139. See *id.* at 17.

140. See *id.* at 80.

for malevolent conduct¹⁴¹—which allows the warrior to put others before himself by making up for malignant actions through beneficent actions; and choosing to be a person of holiness in a community of love¹⁴²—which allows the warrior to personally redefine his identity and be accepted for who he is without denying his past or forfeiting his future. Noticeably, these four elements well correspond to Marlantes's conditions for a spiritual experience.¹⁴³

Since the mystic and the warrior are both sacred vocations, following the mystic's journey should allow the warrior to experience the *heavenly* side of the spiritual vision and receive the concomitant benefits of sanctification; namely, acceptance of past sins, redemption from the false self, a transformed moral identity, and acceptance in a community.¹⁴⁴ In the next section of my paper, I am going to argue effective treatment methods for PTSD must include the four elements of purgation, gratitude, atonement, and communalization that have been drawn from the Ignatian Spiritual Exercises. Any treatment method that forfeits these four elements will be unable to fully restore a warrior's broken humanity, dignity, moral identity, and community because it does not fully appreciate the spiritual aspect of combat trauma.

III. VA/DoD BIO-PSYCHO-SOCIAL APPROACH TO PTSD: LIMITATIONS AND WAYS FORWARD

A. *Question One: How Is PTSD Diagnosed and Treated?*

Now that we understand the unique effects that combat trauma has on the warrior's moral identity and have established a framework for understanding what is needed to heal this particular wound, let us look at how PTSD is diagnosed and treated within the VA/DoD. The diagnostic criteria for PTSD given in the Diagnostic and Statistical Manual of Mental Disorders IV Text Revision (DSM-IV-TR) as appropriate by the VA/DoD guidelines¹⁴⁵ requires the following:

141. *See id.* at 20–21, 24–26.

142. *See id.* at 55.

143. MARLANTES, *supra* note 15, at 7.

144. *Id.* at 7–9.

145. Hereafter, I will refer to VA/DoD guidelines simply as “guidelines.” The guidelines are “[r]ecommendations for the performance or exclusion of specific procedures or services derived through a rigorous methodological approach that includes: Determination of appropriate criteria, such as effectiveness, efficacy, population benefit, or patient satisfaction and a literature review to determine the strength of the evidence in relation to these criteria.” THE MGMT. OF POST-TRAUMATIC STRESS WORKING GRP., DEP’T OF VETERANS AFFAIRS & DEP’T OF DEF., VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF POST-TRAUMATIC STRESS 3 (2010) [hereinafter VA/DoD CLINICAL PRACTICE GUIDELINES], *available at*

- A. [That] [a] person has been exposed to a traumatic event in which both of the following were present.¹⁴⁶
 - 1. 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
 - 2. The person's response involved intense fear, helplessness, or horror. . . .
- B. The traumatic event [be] persistently re-experienced in one (or more) of the following ways:
 - 1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. . . .
 - 2. Recurrent distressing dreams of the event. . . .
 - 3. Acting or feeling as if the traumatic event were recurring . . .
 - 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness . . . as indicated by three (or more) of the following:
 - 1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
 - 2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
 - 3. Inability to recall an important aspect of the trauma
 - 4. Markedly diminished interest or participation in significant activities
 - 5. Feeling of detachment or estrangement from others
 - 6. Restricted range of affect. . . .
 - 7. Sense of a foreshortened future. . . .
- D. Persistent symptoms of increased arousal (not present before . . . trauma), as indicated by two (or more) of the following:
 - 1. Difficulty falling or staying asleep

<http://www.healthquality.va.gov/PTSD-FULL-2010c.pdf> (emphasis omitted). As such they cull evidence-based information so that a care provider can draw concrete conclusions about therapeutic methods when making specific recommendations concerning the treatment of PTSD. *Id.* The strength of an intervention is rated from A through I, with A being the strongest rating and I the weakest. *Id.* at 7 tbl.Evidence Rating System.

146. The traumatic experience that undergirds a diagnosis of PTSD might not be a morally traumatic event. The indications of moral trauma are more likely to occur in criteria 2, 3, or 4.

2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.¹⁴⁷

The most crucial aspect of diagnosing PTSD is establishing that a severe traumatic stressor has occurred.¹⁴⁸ In order to qualify as a triggering traumatic event, the stressor must be: Psychologically distressing to the individual who experienced the event, something that would distress almost anyone, and “outside the range of ‘usual human experience.’”¹⁴⁹

The guidelines state that when a warrior presents with qualifying symptoms of PTSD he should be given a screening to include: A medical and psychiatric history, physical examination, mental health status check, and a psychosocial, functional assessment.¹⁵⁰ If it is determined that the warrior has experienced a qualifying traumatic event and meets the DSM-IV-TR criteria for PTSD, then the severity of his PTSD is subsequently determined.¹⁵¹ Upon completion of the screening and diagnostic assessment, the warrior is educated about: The diagnosis of PTSD, treatment options, and resources for care.¹⁵² Working collaboratively with a treatment team, the

147. *Id.* at 79 tbl.B.

148. PETERSON ET AL., *supra* note 18, at 15; *see also* N. Breslau et al., *The Uniqueness of the DSM Definition of Post-Traumatic Stress Disorder: Implications for Research*, 32 PSYCHOL. MED. 573, 573–75 (2002). One of the challenges of treating PTSD is that the clinical diagnosis must be in reference to a specific event. *See id.* at 573. Researchers have criticized this model since many people possess symptoms related to the other criteria without reference to a specific determining stress event. *Id.* at 574. This is a particularly large struggle for the VA/DoD system of determining PTSD in warriors because often combat stressors that induce trauma are left undocumented because of the nature of tracking information in a warzone. If there is no written evidence corroborating a traumatic event, it becomes difficult to receive a diagnosis and care for PTSD. Although the topic of my paper does not pertain to this specific difficulty in treating PTSD, it is of particular importance to returning warriors. For further information see the following: *Post Traumatic Stress Disorder Treatment and Research*, *supra* note 19.

149. PETERSON ET AL., *supra* note 18, at 15.

150. VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 65–68.

151. *Id.* at 56 fig.B-1.

152. *Id.*

warrior develops goals and expectations concerning a treatment plan and determines an optimal setting for care.¹⁵³

Realizing that PTSD often requires complex and intensive intervention, the guidelines stress the benefits of using an interdisciplinary biopsychosocial mode of treating the warrior's symptoms.¹⁵⁴ Trauma-focused psychotherapy combined with pharmacological interventions are considered most effective.¹⁵⁵ Therapeutic techniques receiving the highest evidence rating are strongly recommended by the guidelines.¹⁵⁶ Those three treatment options are: Cognitive processing (CPT), prolonged exposure (ET), and eye movement desensitization and reprocessing (EMDR).¹⁵⁷ Consequently, it is these three modes of therapy that I will evaluate for their ability to effectively address a warrior's moral trauma.¹⁵⁸ Before moving on, we must first understand how the VA/DoD defines these three therapeutic techniques. Thus, my description of each therapy will be drawn from the most recent research commission by the VA/DoD and contained in the Institute for Medicine's (IOM) report on PTSD in the warrior population.

CPT protocols help a warrior "to identify and modify . . . negative thoughts and beliefs . . . considered" to be the emotional and behavioral triggers of the traumatic event underlying his PTSD.¹⁵⁹ The goal is for the warrior to recognize negative thinking and learn to exchange destructive thoughts with constructive thoughts in order to reduce PTSD.¹⁶⁰ CPT consists of: Education about specific symptoms and how treatment can help reduce these symptoms; increasing the warrior's awareness of his own thoughts and feelings; teaching new skills that enable the warrior question

153. *Id.*

154. *See id.* at 51–52; Elaine S. LeVine & Elaine Orabona Mantell, *The Integration of Psychopharmacology and Psychotherapy in PTSD Treatment: A Biopsychosocial Model of Care*, in 1 TRAUMA PSYCHOLOGY: ISSUES IN VIOLENCE, DISASTER, HEALTH, AND ILLNESS 283, 283 (Elizabeth K. Carll ed., 2007).

155. LeVine & Mantell, *supra* note 154, at 283–84.

156. VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 7.

157. *See id.* at 116–17.

158. Much research is being done concerning the neurobiological aspects of PTSD and concomitant ways of treating the symptoms with various pharmacological treatment methods. COMM. INITIAL ASSESSMENT, *supra* note 3, at 59–60. In a similar way, the guidelines based their recommendations on randomly controlled clinical trials that produce evidence of their effectiveness in helping to reduce a warrior's symptoms. VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 116. For the purposes of this paper, I will assume that pharmacological treatments relate to the biological aspect in the bio-psycho-social method of treatment. As such, I will set aside further discussion on this topic so as to focus on the effectiveness of psychological treatment methods in connection with moral trauma.

159. COMM. INITIAL ASSESSMENT, *supra* note 3, at 237.

160. *Id.*

his maladaptive thoughts; and instilling the notion that it is normal for trauma to change the way a person understands the world and other people.¹⁶¹ Modification of negative thoughts surrounding the trauma event and its consequences reduces dysfunctional behaviors sparked by re-experiencing the event.¹⁶² Ultimately, CPT is aimed at helping warriors integrate “the beliefs they had before and after their trauma.”¹⁶³ The therapeutic process occurs in twelve hour-long sessions over a six-week period.¹⁶⁴

ET protocols are aimed at helping the warrior confront his “trauma-related [event], memories, and feelings” through repeatedly revisiting the traumatic memory.¹⁶⁵ ET uses in vivo exposure and imaginal exposure, which allows the warrior to embody his traumatic memory in a controlled and objectively safe environment.¹⁶⁶ “In vivo exposure consists of having the [warrior] gradually and systematically approach situations, places, and people that” trigger a dysfunctional response.¹⁶⁷ After repeated exposure to triggering stimuli proves to be harmless, the warrior’s unrealistic expectations are disconfirmed.¹⁶⁸ In contrast to in vivo, imaginal exposure uses the imagination to set up an environment in which a warrior revisits his trauma setting.¹⁶⁹ Thereafter, psychoeducation teaches a warrior to understand what causes PTSD and attempts to normalize his previous response by imparting awareness that certain reactions are common after a traumatic event.¹⁷⁰ In attempting to reduce anxiety brought on by disruptive memories, ET also teaches controlled-breathing techniques.¹⁷¹ Such processing allows the warrior to experience his trauma from a new perspective, reorganize his thoughts concerning traumatic memories, and learn to redirect his physical responses to anxiety triggering events.¹⁷² The therapeutic process for ET typically “consists of [eight] to [twelve] sessions of [sixty to ninety] minutes each.”¹⁷³

EMDR protocols ask a warrior to take account of disturbing images connected with his traumatic event.¹⁷⁴ A record of these images is taken.¹⁷⁵

161. *Id.*

162. *Id.*

163. *Id.*

164. COMM. INITIAL ASSESSMENT, *supra* note 3, at 237.

165. *Id.* at 233.

166. *Id.*

167. *Id.* at 233–34.

168. *Id.* at 234.

169. COMM. INITIAL ASSESSMENT, *supra* note 3, at 233–34.

170. *Id.* at 234.

171. *Id.*

172. *Id.*

173. *Id.*

174. COMM. INITIAL ASSESSMENT, *supra* note 3, at 238.

175. *Id.*

Thereafter, in a safe place, the warrior is asked to bring to mind one of the disturbing images while allowing physical sensations associated with the image to enter his body.¹⁷⁶ At this point, the warrior attempts to identify “a negative self-referring belief” connecting him to the image and sensations.¹⁷⁷ Once the negative belief is located, the warrior attempts to replace it with a positive thought while tracking a clinician’s finger movement for twenty seconds.¹⁷⁸ The process is repeated for each negative association related to a particular image until all beliefs associated with the image have been removed.¹⁷⁹ The same process occurs for each item in the catalogued list of images.¹⁸⁰ The goal of EMDR is to isolate dysfunctional memories and create a new memory route in the brain in order to reduce the influence of noxious memories and develop better coping mechanisms to intrusive stimuli related to the traumatic event.¹⁸¹ Now that we understand how the VA/DoD diagnoses PTSD as well as its preferred treatment methods, we can progress to an evaluation of the VA/DoD’s ability to effectively acknowledge the warrior’s spiritual experience in combat and address his corresponding moral trauma.

B. Question Two: Why Is Treating PTSD as a Bio-psycho-social Phenomenon Insufficient?

As previously determined, to properly heal a warrior’s moral trauma, effective treatment methods must include the four elements of purgation, gratitude, atonement, and communalization.¹⁸² Purgation should provide an avenue for the warrior to embrace the consequences of his actions in combat, have them acknowledged by a fellow human being as immoral, but replace moral condemnation with forgiveness. Gratitude should provide an avenue for the warrior to replace old negative thoughts with new positive thoughts about the goodness that still exists, the safety in which he now resides, and hope for the future. Atonement should provide an avenue for the warrior to replace actions, for which he feels most grievous guilt or fault, with acts of charity that can redress past offenses.¹⁸³ Communalization should provide a

176. *Id.*

177. *Id.*

178. *Id.*

179. COMM. INITIAL ASSESSMENT, *supra* note 3, at 238.

180. *Id.*

181. *Id.*

182. *See* discussion *supra* Part II.C.

183. Many of the experiences of moral guilt and trauma are related to people who have been killed. I am not proposing an exact correlate action. The goal is to behaviorally make

safe space in which the warrior can honestly discuss and grieve the trauma of war, both from the perspective of what war has done to him and what he had done in war.¹⁸⁴

Now I will explore how each method encouraged by the VA/DoD compares to the task at hand starting with CPT. The primary thrust of this treatment modality is rearranging the warrior's thought process—the main goal being to replace destructive thoughts with constructive thoughts.¹⁸⁵ As such, it succeeds at achieving the second element of gratitude. In some respects it might also be possible to achieve a portion of the first element of purgation in that it attempts to provide skills that would allow the warrior to rid himself of maladaptive thinking. However, this ultimately falls short because suggesting that a warrior's recurring thoughts of guilt surrounding combat trauma are maladaptive inherently negates the moral valence of the thought. The purgative element should allow a warrior to first acknowledge his responsibility, embrace it, and then let it go. CPT also fails to provide an avenue through which the warrior can experience an act of forgiveness once his culpability has been accepted and confessed. Finally, CPT fails to achieve any aspect of the elements of atonement or communalizing.

Next let us turn to ET. The central defining feature of ET is the attempt to recreate the trauma situation underpinning a warrior's PTSD so that he can approach his feelings, memories, fear, anxiety, and distrust in a safe situation.¹⁸⁶ The goal is that after multiple exposures the warrior will learn that he is no longer exposed to harm and that the anxiety, harmful elaboration on

amends so that the warrior can experience the reality that kindness, compassion, and generosity are still a part of his human identity.

184. Shay provides an excellent description of the importance of communalizing grief in the warrior community and the necessity to include this function as part of treating PTSD. Shay argues that a warrior's grief often goes unattended. SHAY, *supra* note 65, at 55. I am also proposing that guilt be addressed and acknowledged to the fullest extent. The idea is not to shame the warrior, but instead to provide a space where the truth can emerge and the warrior is allowed to integrate the dark side of war into his identity without it completely defining his self-concept. Warrior narratives describe the exploits of combat with a sense of fear and urgency—fear of being socially shamed as an untenable human being, and urgency that betrays a need not to ignore the brutal truth of war. *See id.* at 188–89, 192–93. In order for the warrior to be truly accepted into society, he has to be provided a place where his whole identity can be revealed and be understood without moral judgments. *See id.* at 188–189. Silencing or ignoring the extent to which guilt can pervade a warrior's identity is only to the detriment of his holistic health. *See id.* at 194. Marlantes confirms this by sharing that he was dogged by a feeling of being “unclean, insecure, strange, and awkward. I didn't feel right—with anyone. . . . [W]e came home alone [and] I needed desperately to be accepted back in.” MARLANTES, *supra* note 15, at 182, 184.

185. *See* COMM. INITIAL ASSESSMENT, *supra* note 3, at 237; *see also* VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 117.

186. *See* VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 116.

memories, and concomitant responses will subside.¹⁸⁷ ET accomplishes some of the purgative element in that it brings the warrior back to the state of his combat trauma and allows him to address the surrounding issues. A warrior can accept and confront the experiences giving rise to his malevolent feelings of guilt and responsibility. Clinicians can readily provide an appropriate forum for the warrior to confess his true feelings, have the feelings be acknowledged by an authority figure who can, in turn, express an understanding that though these actions are reprehensible, they are also an element of war and that the warrior has the right to be forgiven. Though in a less explicit way, ET also upholds the element of gratitude by creating a safe space and teaching controlled breathing techniques that allow a warrior to slowly replace old negative thoughts with new positive ones about life and his future. By allowing the warrior to recreate and reenter the traumatizing events of combat, ET could potentially also achieve the element of communalizing if performed in a safe group therapy setting.¹⁸⁸ However, ET fails to provide any means to fulfill the element of atonement.

Finally, let us turn to EMDR. Similar to CPT, EMDR has the potential to fulfill the purgative element. Unfortunately, the therapy brings the warrior to disturbing images in order to rid him of dysfunctional thoughts and memories.¹⁸⁹ As such, it cannot pass the test on the purgative element because it does not properly address the warrior's guilt and free him of the negative sense of being responsible for committing grave atrocities. EMDR does successfully achieve the element of gratitude by attempting to use focus techniques to replace old negative thoughts with new positive ones.¹⁹⁰ However, it also fails on the elements of atonement and communalizing.

Having now compared all three VA/DoD recommended treatment methods against the four necessary elements to heal a warrior's moral trauma, we clearly see that all three methods fail to properly address a warrior's moral trauma. ET has the most potential to holistically heal the warrior of his PTSD since it has the ability to achieve three out of the four elements required to heal moral trauma. However, CPT and EMDR fare poorly in achieving only one of the four required elements. The primary focus of all three of these methods is changing the warrior's thoughts, not accepting deeds, and integrating them into his identity.¹⁹¹ While redirecting a warrior's thoughts is essential to treating PTSD and can help a warrior more meaning-

187. *See id.* at 124.

188. Unfortunately, the guidelines rank group therapy as having a fair-poor strength rating. *Id.* at 139. As such, it is not recommended for treating PTSD. *See id.* at 139 tbl.Evidence.

189. COMM. INITIAL ASSESSMENT, *supra* note 3, at 238.

190. *See id.*

191. *See id.* at 233, 237–38.

fully respond to harmful stimuli, it is not sufficient to holistically heal the wounds of combat trauma that course deeper than thoughts. All three VA/DoD methods ignore the profound emotions and memories related to the guilt a warrior incurs when he is initiated into the Temple of Mars and how that guilt rips his moral identity asunder. Ironically, these three methods also do little to explicitly help with the social aspect of the bio-psycho-social model. While the goal of all three methods is to make the warrior more comfortable in responding to normal social settings and relationships, we must note that all three methods are highly individualized therapeutic models.¹⁹² The sole focus is on the warrior, not his community, family, or friends.¹⁹³

Since the current guidelines fail to properly address the spiritual aspect of a warrior's trauma, clinicians must willingly engage in non-traditional methods of treating a warrior's PTSD and research must explore potential strategies to effectively integrate the "spiritual" into current modes of treatment.

C. *Question Three: What Is Required to Address this Challenge?*

In order for VA/DoD to adequately address the challenge of sanctifying the moral wounds of combat trauma a twofold approach is needed. This twofold approach is crucial because the guidelines promote the use of evidence-based medicine.¹⁹⁴ While they do not exclude alternative therapies, they *strongly* encourage those modalities that have been proven successful through random control trials.¹⁹⁵ Consequently, clinicians in the VA/DoD systems are in a good position to explore new concepts and ideas because they are not bound to standard treatment methods.¹⁹⁶ However, other methods are only briefly mentioned and receive low, fair, or poor strength ratings.¹⁹⁷ Thus, the guidelines leave an impression that treatments beyond

192. *See id.* at 233–34, 237–38.

193. *See id.* at 233–34, 237–39.

194. *See* VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 4.

195. *See id.* at 3.

196. *See id.*

197. *See, e.g., id.* at 7 tbl.Evidence Rating System, 113 tbl.I–3. Ironically, the guidelines make a passing reference to spiritual support as an option for aiding acute stress disorder. *Id.* at 51–52, 172–73. It is suggested that religious warriors might benefit from seeking advice from a spiritual leader. VA/DoD CLINICAL PRACTICE GUIDELINES, *supra* note 145, at 172. However, during the first month after exposure, spiritual support is given the lowest strength of recommendation, has unknown benefit, and is rated lower than pharmacological interventions. *See id.* at 46 tbl.A-4. Furthermore, there is no reference to spiritual support in the guideline goals for PTSD, and the notion of spiritual support is directly linked to a warrior's potential religion of faith. *Id.* at 6, 172. It is not in reference to the spirituality of war that I have tried to develop in this paper.

CPT, ET, and EMDR are ineffective at treating PTSD, when in fact, the listed options may simply have not been widely tested forms of treatment.¹⁹⁸ Even though the front page of the guidelines says, “[t]hey are not intended to define a standard of care and should not be construed as one,” the implication of their ranking system and structure predisposes clinicians to be biased toward the strongly recommended methods of treatment.¹⁹⁹

More importantly, nowhere in the guidelines is there an appreciation for the concept of a warrior’s moral trauma. The challenge then is not that the VA/DoD is totally dismissive of using non-traditional treatments for PTSD, but that they have not yet fully appreciated the importance of treating moral trauma as ancillary to the psychological trauma of PTSD. For those clinicians who have discovered effective alternative modes for addressing moral trauma, such methods will not be captured and successfully implemented if they remain untested in random control trials. Therefore, clinicians need to be strongly encouraged to look to alternative methods for treating PTSD and researchers need to take seriously the importance of investigating new avenues for treating a warrior’s moral trauma that work in conjunction with CPT, ET, and EMDR.

I will now briefly investigate potential avenues for thinking about how to develop treatments that address a warrior’s moral trauma without resorting to a particular faith tradition. In contrast to other employers, the military encourages religious practice and spiritual belief.²⁰⁰ In fact, it has recently been suggested that maintaining military readiness includes commanders developing “policies that will promote a coherent and effective approach to the spiritual needs of service members.”²⁰¹ The difficulty in stressing the importance of spirituality is finding a way to avoid the reduction of all spirituality to one particular faith based system.²⁰² As an equal opportunity employer, “[m]ilitary commanders are responsible to provide for the free exercise of religion of those under their authority.”²⁰³ Consequently, addressing the moral trauma of war must always bear in mind that the VA/DoD promote and espouse religious diversity.

198. *See id.* at 109, 116–17.

199. *Id.* at Qualifying Statements.

200. Compare David J. Hufford et al., *Spiritual Fitness*, 175 *MILITARY MED.* 73, 73 (Aug. Supp. 2010), with Louise Fenner, *Religion in the Workplace Is Diversity Issue for U.S. Companies*, AMERICA.GOV ARCHIVE (Nov. 28, 2007), <http://www.america.gov/st/diversity-english/2007/November/20071128173019xlrennef0.1781427.html?cp.rss=true>.

201. Hufford et al., *supra* note 200, at 73.

202. *See id.* at 75.

203. JOINT CHIEFS OF STAFF, JOINT PUB. 1-05, RELIGIOUS AFFAIRS IN JOINT OPERATIONS, at viii (2009).

It is not the goal of this paper to fully develop proper treatment options; however, it is important to point out potential avenues for further research. Since much research is needed to provide consistent evidence of proper methods, my remarks will remain preliminary. In discussing treatment alternatives to the guidelines, it will be helpful to keep in mind the definition of spiritual given in Total Force Fitness: “Of, pertaining to or affecting the spirit or soul, esp[ecially] from a religious aspect.”²⁰⁴ In turn, psycho-spiritual aspects of the warrior’s health relate to the realm of spirituality that intersects with other domains and increase his mindfulness and mental resilience.²⁰⁵ The religiously neutral aspects of a warrior’s psycho-spiritual health are: Purpose and meaning; reflection and introspection; relationships beyond the self; and exceptional spiritual experiences.²⁰⁶

The IOM committee’s initial assessment provides an excellent resource in a section concerning emerging therapies.²⁰⁷ The report encourages VA/DoD clinicians and researchers to take their lead from integrative-collaborative approaches to treating PTSD that have been shown successful in civilian trauma care.²⁰⁸ Such approaches dismantle elements of established evidence based medicine—CPT, ET, and EMDR—and combine them with other options such as: Yoga, couples therapy, family therapy, transcendental meditation, acupuncture, t’ai chi, animal assisted therapy, and art therapy.²⁰⁹ Combining different elements from various traditions, both medical and non-medical, allows a treatment modality to remain religion neutral, yet address all four aspects of a warrior’s psycho-spiritual health. In order to integrate various treatment methods, a clinician would need to either become interdisciplinary in approach—use other experts from each corresponding tradition to care for various portions of the warrior’s treatment plan—or, research in each separate area would need to prove the effectiveness at treating the moral trauma of PTSD.

An interdisciplinary orientation allows clinicians and various healers to tailor their treatment method to specific needs of a warrior.²¹⁰ Moreover, it

204. Hufford et al., *supra* note 200, at 74 tbl.I.

205. *Id.* at 75.

206. *Id.* at 76–77. These four aspects correspond nicely to those aforementioned categories presented both by Marlantes and St. Ignatius. *See supra* Parts II.A, II.C. Without re-explicating the previous section, I take this parallel to further affirm what has already been proven about the spiritual nature of war and what is needed to heal moral trauma. At this juncture it is important to maintain religiously neutral appreciation for spirituality in discussing VA/DoD options for future research and implementation.

207. *See* COMM. INITIAL ASSESSMENT, *supra* note 3, at 255–64.

208. *Id.* at 254.

209. *Id.* at 254–61.

210. *See id.* at 233–34, 254.

extends the therapy beyond the individual warrior to his community.²¹¹ Marlantes suggests that one of the grievous mistakes in attempting to sanctify a warrior's soul is eliminating his extended family and community.²¹² As such, Marlantes and Tick both encourage elaborate processes of ritual healing akin to the Native American sweat lodges.²¹³ While these methods are likely to be effective modes of purification and sanctification, the remaining challenge is to effectively standardize such processes in random control trial so that they can be made available for general use and appropriation into the guidelines.

In order to present one potential for random control trial, I will return to the medieval warrior.²¹⁴ Verkamp provides a historical analysis of medieval penitential rites of warriors returning from battle.²¹⁵ The elements of these penitential rites could be more easily isolated for future random control trials and could easily be used in combination with current methods of treating PTSD. The central aspect of medieval penitential rites is that they allowed a returning warrior to accept that his “‘sacred moral norms’ and ‘deeply held convictions’” had been violated through his participation in the violence of combat and perform a heartfelt contrition.²¹⁶

Verkamp argues that modern therapeutic approaches attempting to simply eliminate “self-criticism” deny the returning warrior's personal self-accusation.²¹⁷ Moreover, these methods tend to curb a warrior's remorse leaving him enslaved to the feeling that his moral identity was lost on the battlefield as a result of his own wartime behavior.²¹⁸ Similar to the Spiritual Exercises,²¹⁹ Verkamp suggests that medieval penitential rites provide the

211. *See id.* at 233–34.

212. *See* MARLANTES, *supra* note 15, at 179.

213. *See id.* at 8; TICK, *supra* note 22, at 211, 214.

214. In attempting to look beyond a Judeo-Christian model for moral healing, I explored the Code of the Samurai. However, I found little information concerning the warrior returning from battle. The focus was more on how to prepare for death. Corresponding avenues for meditation were located in the monk-warrior, which is a separate class of citizen that practices Zen meditation so the spiritual-combat connection was not readily apparent. For that reason, I will limit my focus to Western rituals that provide a framework for warriors returning from combat to address their moral identity. For further information concerning the samurai code see YŪZAN DAIDŌJI, CODE OF SAMURAI: A MODERN TRANSLATION OF THE BUSHIDO SHOSHINSU OF THE TAIRA SHIGESUKE (Thomas Cleary trans., 1999).

215. *See* BERNARD J. VERKAMP, THE MORAL TREATMENT OF RETURNING WARRIORS IN EARLY MEDIEVAL AND MODERN TIMES 17–23 (1993).

216. *Id.* at 104–05.

217. *Id.* at 105.

218. *See id.*

219. The use of the Spiritual Exercises, as discussed previously, was to point out the common links between the mystic and the warrior's spirituality. *See supra* Part II.C.

crucial elements of: “[E]xamination of conscience,” a confession of sin, and contrite reparation, all of which restore the breach with community and God.²²⁰ The importance of these penitential rites need not be understood in their religious context. However, they acknowledge a warrior’s deeper alienation from his own moral identity, correspond to the aspects of psycho-spiritual health previously mentioned, and could easily be researched.

While these ideas are inchoate, they provide general ways of thinking more broadly about PTSD treatment methods and a warrior’s psycho-spiritual health. If clinicians and researchers can move forward in proving and implementing any of these methods, we will be one step closer to addressing the moral trauma of war and holistically healing our returning warriors.

IV. CONCLUSION

In this paper, I have argued that combat often, if not always, includes traumatic experiences that have serious consequences for a warrior’s moral identity if left untreated. In order to treat the entire person, treatment methods must address the moral injuries of war as a spiritual phenomenon. Current VA/DoD guidelines that omit the spiritual aspect of combat trauma cannot fully heal a warrior’s PTSD because they cannot sanctify his moral identity. In contrast to a bio-psycho-social model of treating PTSD, I suggested that a twofold response is needed to integrate the spiritual into treatment methods within the VA/DoD health care systems.²²¹ First, clinicians need to creatively explore non-traditional forms of sanctifying moral trauma that are tailored to a warrior’s spiritual needs when treating PTSD. Second, research must explore the spiritual aspects of a warrior’s combat experience in order to promote effective evidence-based treatment methods that understand moral trauma as an inherent element of PTSD. Finally, I suggested potential avenues for integrating alternative therapies into the current bio-psycho-social model of treating PTSD so that the guidelines can develop into a more holistic, interdisciplinary, bio-psycho-social-*spiritual* model.²²²

Verkamp’s book is helpful because it develops a common pattern of wounds between medieval warriors and modern warriors. His suggestion that prior modes of dealing with war moral trauma should be brought forward into our modern treatment methods not only underscores the point that combat trauma is of deeper moral nature, but also provides a more streamlined means of integrating penitential rites into modern therapy for returning warriors.

220. VERKAMP, *supra* note 215, at 104–05.

221. *See supra* Part III.C.

222. *See id.*

All pain reveals deep anxieties about life, but war has the ability to ravish the mind, body, and soul. Sometimes such pain leaves no visible sign on the body. If silence stifles the spiritual pain of our warriors it will, at best, turn into terrible despair. Our warriors deserve more than despair. They deserve to be sanctified in order to restore a sense of personal dignity, but more importantly, to be cherished as a blessing and national treasure in the hearts of the American people. We ought not appreciate and laud our warriors in ignorance of their combat mission, or in spite of it, but because of their physical, mental, and spiritual display of: Loyalty, duty, courage, respect, selfless honor, integrity, and personal courage.