Moral Injury and the Military Veteran: DePaul's Multi-Faith Veterans Support Project

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Moral Injury and the Military Veteran

DePaul's Multi-Faith Veterans Support Project helps morally injured veterans and faith communities connect

By Jamie Sokolik
Although it is not yet listed in the standard health reference Diagnostic and Statistical Manual of Mental Disorders, moral injury is gaining recognition as a serious psychological problem that affects some combat veterans. Moral injury, a feeling of inner conflict that arises when actions taken during deployment betray a veteran’s moral beliefs, is seen by many behavioral health professionals as both a spiritual and emotional health problem that presents unique symptoms and challenges. It is also at the center of a new program from DePaul’s Egan Office for Urban Education and Community Partnerships at the Steans Center—the Multi-Faith Veterans Support Project.

Funded by the Robert R. McCormick Foundation, the initiative aims to improve the quality of life for veterans and their families by making connections between faith communities and behavioral health resources. Additionally, the project will help provide community engagement training and spiritual care training to faith-based organizations on military-related moral injury, post-traumatic stress disorder (PTSD), suicide and other topics related to service member and family care, as well as identify, share and advance best practices among faith communities for proactively engaging veterans and military families and integrating their unique gifts as community assets.

“The veteran population is incredibly complex,” says John Zeigler, director of the Egan Office and child of a service member, “and there are veterans in need of help. They volunteer to keep us safe, and when they come back, some don’t always have an easy time.”

Birth of an idea

Moral injury is often compared with PTSD, and though they bear some resemblance, they have different causes. PTSD is rooted in fear, while moral injury arises from shame or guilt and can be much more complex to treat. Walidah Bennett, a professor of psychology at South Suburban College and wife of DePaul Sociology Associate Professor and former Egan Urban Center Executive Director Michael Bennett, knows this firsthand. She initially contacted the McCormick Foundation about a possible initiative to serve veterans suffering from moral injury after her son, an army veteran who served in Iraq, took his own life. Around the same time, DePaul independently contacted the McCormick Foundation about the possibility of funding a new project, also intended to support veterans. By combining the two approaches, the Multi-Faith Veterans Support Project had a foundation upon which to build.

“When my son took his life, I began to reflect on some of the conversations that he and I had around his moral conflict,” Bennett explains. “I learned more about moral injury as a separation of yourself from your morality, those very core values that you hold dear to help guide your life. At that point, I realized there’s a soul here that is damaged, and partially because of my own faith, partially because of the inherent moral conflict, I felt that there was a role for faith organizations in this equation.”

Troy Harden, research associate at the Egan Office, is among the leaders involved in rolling out the project. Communities are selected based on their concentration of veterans, their diversity and their capacity for and interest in veteran support. “We use an asset-based community development approach to identify all of the unique strengths within an institution, as well as the strengths in the community as a whole,” Harden explains. “This year is a pilot year where we are working with four regions in Chicago that span 77 community areas, with the goal of connecting different regions to strengthen their capacity to engage veterans.”

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-Walidah Bennett, professor of psychology at South Suburban College

Two curricula were developed: one for faith leaders and one for the community. The community engagement curriculum focuses on how to identify important and unique resources that already exist in the community to enhance veteran engagement and assistance. The spiritual care curriculum is designed for use by members of the clergy or leaders within the congregation. Ministry coordinator for the initiative, Oluwatoyin Hines, military chaplain of more than 20 years for the Illinois National Guard, has joined Harden in working to engage communities and further connections between faith-based institutions and health organizations. She is also one of the architects of the spiritual care curriculum. As a member of the military, Hines ensures that the perspectives of the military veterans and their families are always considered.

“That shared history of service members and veterans in the military is part of every conversation we have about the project,” Hines says. “The training and curriculum are rooted in that veteran narrative, as is the resulting consultation and guidance.”
Harden and Hines recently started teaching the curricula in participating West Side neighborhoods, including Austin and Garfield Park, as well as the Mid-South area, which includes Woodlawn, Hyde Park and other communities. Among the first participants is Chance Ministries in Austin, led by Pastor William Martin Sr. As a veteran himself, Martin understands the importance of bolstering medical intervention with spiritual support for those who struggle with moral injury.

“As long as there is hope—and there is always hope as long as they’re alive and walking on this earth—we can try to help,” Martin says. “This project is a positive thing for the veterans and the community as a whole.”

Zeigler agrees. “What we do at the Egan Office is centered around community engagement,” he says. “There’s a process to that—it’s not just cobbling people together. We’re currently in the process of building these intentional relationships so that this project will have sustainability. At the end of the day, it has to be community-driven.”

Community Connections

The faith leaders and community representatives serve as the first points of contact for veterans. Family members, community members and the congregations all help identify those in need of professional services. “The faith-based organizations can serve as a connector,” Bennett says. “They do not, and should not, engage in therapeutic intervention. But they’re in the community; they have a pulse of what’s going on. They can help the community as a whole place their arms around a population that might not feel connected, but needs to.”

The project currently has a variety of Christian groups on board, and leaders from many other religions have expressed interest in joining the project. The goal is to engage veterans of all faiths, backgrounds, ethnicities and veteran status. “Chicago is such a diverse city, and we want to make sure we are covering all of our bases,” Harden says. “That includes a diverse selection of Chicago neighborhoods.”

Hines also says that having a variety of resources from which to choose is critical from both veteran and spiritual perspectives. “The initiative expands the resource pool for veterans and their families,” Hines says. “As a military chaplain, I understand the importance of having a multitude of resources at your fingertips when dealing with these complex issues.”

Additionally, the Egan Office is taking steps to further involve the DePaul community. The office has sponsored informational meetings on campus with experts on moral injury, and they have begun collaborations with the department of women’s and gender studies and campus ministry.

“It’s actually not just the faith and behavioral health communities who are responsible for our veterans’ spiritual and physical well-being,” Harden says. “It’s our country’s responsibility to support people who have served our nation. We’re setting up a model for how universities can effect change for this population, and we’re honored to be able to provide the tools and support for the men and women in uniform who need it.”

Mental health professional Walidah Bennett works with Egan Office Director John Zeigler and Research Associate Troy Harden to connect faith leaders and health professionals to support veterans struggling with moral injury.

“As long as there is hope ... we can try to help.”

–Pastor William Martin Sr., Chance Ministries, Austin area

MORAL INJURY:
A Developing Concept

War is as old as civilization, creating those who embrace armed conflict as necessary and those for whom any kind of bloodshed is morally wrong. Legal conscientious objection to combat has existed since at least the Middle Ages, and high-profile prosecutions for war crimes and crimes against humanity have occurred in the 20th and 21st centuries in recognition of a universal interest in moral injury.

The idea of moral injury as a condition that can be empirically measured is in its infancy, but multidisciplinary approaches to the problem are being developed. Brett T. Litz, a leading researcher on moral injury, and his co-authors say in their paper “Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy” that “an individual with moral injury may begin to view him or herself as immoral, irredeemable” and that “social support before and after the morally injurious event is likely to influence the related psychosocial impact. However, compared to those suffering from PTSD, those who suffer from moral injury may be more reluctant to utilize social supports.” The Multi-Faith Veterans Support Project is a start at helping morally injured veterans reconnect in positive and healing relationships outside of therapy.

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