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Case Study of ‘moral injury’: Format Dutch Case Studies Project

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Abstract

The case study ‘Moral Injury’ traces care provided by a chaplain in a mental health institution to a former military marksman named Hans. Hans was in care at a specialized unit for military veterans with traumas. He sought contact with a chaplain “to set things right with God” and wanted the chaplain to perform a ritual to that end. The case study traces the care provided in conversations, in the reading of Psalms and in the construction and performance of a ritual.

Key words

Case study, chaplaincy care, moral injury, mental health, ritual, Psalms

Phase 1. Selection

1. Choice of a case

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The case describes chaplaincy care of a former soldier who, as a result of his active service in a military zone, suffers traumatization. The case is *unusual* for two reasons. Unlike what the chaplain is accustomed to, initially the client explicitly limits his question to the performance of a ritual. Unusual is also the fact that the client addresses an explicit religious problem in the context of the very secularized culture of a ward in a Dutch psychiatric hospital. The case is *paradigmatic* in the sense that the chaplain has to seek an approach that is not standard. Finally, it is also a *critical* case in that neglect of the moral and spiritual dimensions is presented as a deficiency in the standard treatment of trauma.

2. Material of the case

Directly following each contact the chaplain wrote up a report. The reports were brought together in a case description, using the format of the Dutch Case Studies Project (Walton & Körver 2017). Along with the information from conversations with the client, the chaplain received information from the client's psychiatrist, once by telephone, once in direct conversation. The case includes the performance of a ritual, a specification of which is included in the description of the care process (paragraph 6.h.)

3. Ethical aspects

The character of the case made it difficult to anonymize. Only the name of the client has been changed. The client provided full permission to describe the case. The completed case study was presented to the client. He was provided a week to consider permission for publication, after which he emphatically repeated his consent. His most important motive was the hope that the publication would be helpful to others in a similar situation. The completed case study was, again with permission from the client, presented to the psychiatrist. The psychiatrist had no points of criticism on the description and interpretation of the case by the chaplain. In addition, the case was discussed with chaplain colleagues in peer review.

Phase 2. Description

4. Background variables of the person in care

'Hans' is a man in his early forties. He is divorced. He spent some time in detention before being transferred to a mental health care unit that specializes in the treatment of war traumas. Recently, he obtained an apartment, where he lives alone. Hans is the father of two children of elementary school age, who once a month spend a weekend with him. His military training led him to become a marksman. Once his military service ended, he worked for a while in construction and still has contact with his former employer. There is a possibility that he will be able to return to the same company. Hans was raised Roman Catholic, but was until recently not practicing his faith.

5. Background and context

a. *Selection.* The case demonstrates that for a person in extreme need symbolic language can sometimes best serve to express his experiences. The case also shows that a religious ritual has the potential to access the deeper levels in a person and provide healing. For these reasons the case was selected.

b. *Context.* The setting of the case is a psychiatric hospital. The client receives treatment on a specialized ward for war veterans. The conversations with the chaplain take place in the single room where the client stays during admission. In the past, the chaplain has had sporadic contact with other clients and the staff on the ward.

c. *Occasion for contact.* The night nurse emailed the chaplain with a request to seek contact with the client. In the email the nurse offered no explanation why contact was desired. Direct referral by an individual nurse, without previous consultation with the staff, is not unusual.

d. *Person in care.* The chaplain has no previous knowledge of the client. Upon meeting him, the chaplain recognizes him from the worship service in the hospital chapel that the client had visited. At no point does the chaplain have access to the client's dossier.

e. *Chaplain.* The chaplain is a man, 61 years old. He has worked for 32 years in the psychiatric hospital. He has had academic theological training with a Roman Catholic background. Since his studies, he has been interested in the relationship between psychiatry and mysticism. Through the years, he has followed additional training in pastoral psychology, ethics, psychodynamic counselling, interculturalisation and supervision. He works in a team with two other chaplains.

It is a professional conviction of the chaplain that mental health care needs to concern itself with questions of meaning. Not doing so does neglects an important aspect of the life of the clients. Chaplaincy should 'attest for the spirit' as the realm of meaning (Van Loenen 2005). That the case deals with a specifically religious question is for the chaplain not a central issue. Every question of a client on the meaning of life, whether religiously formulated or not, should be heard and cared for.

f. *Other involved parties.* Both at the beginning and at the end of the care process the chaplain has contact with the psychiatrist. Both times the contact is related to the ritual. The first time the chaplain asks the psychiatrist whether a ritual was compatible with the treatment plan and if the psychiatrist has advice

or concerns with which the chaplain can reckon in preparing the ritual. The second contact is on the occasion of the ritual itself. In addition, the chaplain later seeks contact with the psychiatrist to evaluate the case.

6. Care Process

a. *Initial contact.* Upon receiving the email from the nurse, the chaplain makes an appointment with Hans. The chaplain's intention is to initiate an open conversation but he is immediately overwhelmed by the interior of Hans' room. Pictures of weapons and military scenes fill the walls. The client himself is overwhelming. As soon as the chaplain sits down, Hans tells of his service in a UN mission. As a marksman, he killed 37 people during the mission. Those 37 people pursue him during nights in his dreams. Fortunately, he has recently received new medicine so that he no longer experiences the nightmares. He also tells the chaplain that in creative therapy he has made 37 figures that he then buried. That ritual has given him some relief. Yet there is still something gnawing at him. He wants to set things right with God. He asks if the chaplain has a ritual that can take care of that. He hopes that it can be done at short notice, because his planned date of discharge from the hospital is nearing.

b. *Exploration of the question.* The first thing that the chaplain notices is that Hans treats his own question in the manner of a marksman. He takes quick aim at his goal. Detours seem unwanted. But the chaplain wants to take some detours. He wants to know more about Hans' background: his (religious) development, his present situation, his family system, his plans for the future. The chaplain needs that information to respond to the request for help. In addition, the chaplain does not want to be pressured. He lets Hans know that explicitly.

But the chaplain is also somewhat at a loss. The confrontation with Hans disturbs him. He is uncertain whether he will be able to respond well to Hans' request. The chaplain wonders what value a religious ritual would add to the ritual that Hans has already performed in creative therapy. When he puts that question to Hans, Hans is not able to clearly formulate what the difference would be, but it is clear as daylight to him that there is a real difference. The chaplain then lets Hans know that he, the chaplain, needs to do some thinking about Hans' question and asks permission to consult the psychiatrist with whom Hans is in treatment. Hans is agreeable.

c. *Clarification of the question.* In the second contact Hans tells the chaplain about an article in which he has found a term that best fits his problem: 'moral injury'. His war experiences have not only psychologically traumatized him, but they have also injured him morally. That holds especially for his

actions as a marksman. He is now thoroughly convinced that killing is not good. He can no longer even kill a fly in his room. The psychiatrist has confirmed the moral dimension in the distress of the client and welcomes the attempt to relieve that distress by means of a ritual.

The term 'moral injury' is helpful for the chaplain (see Drescher *et al.* 2011; Litz *et al.* 2009; Molendijk *et al.* 2016). The term helps him to begin designing an appropriate ritual. He is also able to distinguish a religious ritual from the ritual that took place in creative therapy. His hypothesis is that the first ritual aided change in the realm of behaviour and abilities, so that Hans is now less governed by his trauma, can relax more and sleep better. The new medicine significantly strengthened the effect of that change. The request of a religious ritual is directed at healing of the wound that has been struck in the realm of identity and spirituality. Hans wants to be able to love himself again and be worthy of love from others. The ritual that Hans seeks with the help of the chaplain should be suited to that goal.

d. *Physical observations.* The interior of Hans' room has been described above. Noteworthy is that in the period since the chaplain began speaking with, Hans more and more posters of war have disappeared from the walls. At the end, they were all gone. When asked about this, Hans says that he had deliberately worked on removing them. He wants to part from everything that ties him to his military past. The last thing that he has to get rid of is a ring from that period. The ring sits so tight on his finger that it will have to be cut off. In the same period that the posters disappear, Hans has the ring removed.

It is also noteworthy that Hans consistently addresses the chaplain as 'pastor'. All other care professionals he addresses with their first names. The chaplain understands this as a signal that the symbolic aspect of his role fulfils an important function in the situation.

e. *Interactions and interventions.* During the care process the chaplain has four extensive conversations with Hans over a six-week period. Some things have already been said above about the *first conversation*. What has not yet been mentioned is that Hans spoke about his religious background in response to the chaplain's inquiry. He tells him that he was brought up as a traditional Catholic, but that faith did not play any major role for him during his youth. That has changed through his war experiences. In addition, later in the time that he was in detention, his contacts with a (Protestant) prison chaplain deepened his religious interest. He tells the chaplain that he now walks into the village church every day, preferably at a moment that no one else is present. He sits there quietly. It helps him to feel better. He has recently started reading the Bible daily. He asks the chaplain if he can suggest a text to him. The chaplain mentions Psalm 51 and explains that it is written from the perspective of a person in a similar situation, someone who wants to

come to terms with the death that is weighing upon his conscience. Even before the chaplain has departed, Hans looks up the text.

In the *second conversation*, the term ‘moral injury’ comes up, as has been indicated. The chaplain asks Hans to tell about the moral wound from his time of service in the military. Hans begins with the story of the first time that he shot someone. He remembers it like it was yesterday, how upset he was when he returned to the base, and how his colleagues had laughed away his difficulties. He tells about the peer pressure he felt and how he gradually became more indifferent to shooting people down. In addition, there was the loneliness during the decision to shoot or not shoot. Even though there were clear instructions, at the moment itself it was he and he alone who had to make a judgement on the situation. In retrospect, he has doubts about whether he always acted correctly, whether he was not sometimes wrong in shooting. He says that he is now bewildered that he did all those things, that he lost himself so completely.

Then he turns to Psalm 51. He is not sure what he should think of it. The text seems so heavy. The chaplain takes a piece of paper and sketches the various layers that are present in the psalm: the longing for purification (51:3,4); the significance of one’s misconduct (51:5,6); the realization that evil is unfathomably woven into existence (51:7,8); but also the realization that there is a path that leads to healing (51:9-11); that from that process a magnanimous spirit can come forth that enables others to learn from this experience (51:12-15); on the condition that the speechless silence is lifted (51:16,17); and that recovery begins with the recognition of what has been destroyed (51:18,19). Immediately Hans asks if he can keep the paper. The interpretation seems to help him recognize himself in the text. But he asks for another text that could give him a positive feeling. The chaplain suggests Psalm 139.

In the *third conversation*, the chaplain asks about the period after military service. Hans tells how his war experiences have been a burden to him and the detrimental effect that that has had on his life. The problems start immediately upon return to the circle of his family and friends. He is hardly able to relate to the issues that play a role there. Conversely, he does not succeed in telling his family and friends about his experiences, of entrusting to them the horror of the memories that are too powerful for him. In an attempt to escape this, he starts drinking. The burden on his marriage becomes even greater. The powerlessness on both sides gets to be too much. His wife encourages him to leave his past behind him. He does not want to cause her sorrow by letting her know how much his past burdens him. The quarrels about his drinking become more severe. Finally, they divorce. A fight for the children follows. For Hans, the different worlds get mixed up. He threatens with violence if he is not allowed to see his children. Because of his expertise with weapons, the threat is taken very seriously. At one point, there is an

escalation and he is arrested. Besides losing his children, he also loses his job. When Hans speaks about all of this, he notices that in contact with the pastor he experiences a lot of trust and connectedness and is able to get closer to his feelings.

In the *fourth conversation* Hans immediately expresses his dissatisfaction with the present situation. In the weekends he is at home, which he has furnished just like he wants it. During weekdays, he is on the ward. More accurately, he is required to be on the ward. That requirement weighs heavily on him. More and more he has difficulty dealing with all the rules on the ward and with the demands that the caregivers put on him. Yesterday it got to be too much for him and he had an outburst towards his personal mentor. All charged up, he says that his treatment is done and that there is nothing more for him on the ward. He wants to leave. He is angry about all the restrictions that are continually placed upon him. His anger also has to do with the requirement to maintain contact with the probation officer after dismissal.

The chaplain suggests taking a closer look at Hans' anger. Hans answers that his apartment is Psalm 139 and that the ward is Psalm 51. When the chaplain asks what Hans means by that, Hans replies that he has always thought that he deserved punishment for what he has done. He identifies the ward and the conditions on the ward with punishment. Psalm 139 enables him to see himself differently. It gives him the conviction that he deserves understanding and comfort for what he has gone through. The symbol of that is his new apartment. The chaplain suggests the possibility of connecting the two. He points to the growth that Hans has gone through, the fruits of which he is now plucking. But he also points to the difficulties that Hans has had to overcome and that can still hinder him. He asks if Hans might be able to see the mentoring from the ward and later from the probation officer as a form of support, as an indication that people are looking after him and not abandoning him to his fate. The set requirements can also be seen as the offer of a safety net upon which he can rely in difficult moments.

To the surprise of the chaplain, Hans immediately goes along with this approach. His face loses the dogged expression. He smiles. He says that he is going to go and set things right with his personal mentor the same day. At the end of the conversation a date is set for the ritual. Hans wants to invite his psychiatrist to be present. Before the chaplain leaves the room, Hans sends a text message to the psychiatrist.

f. *Plan and agreements.* Hans' request for help is clear. He wants a ritual to set things right with God. The chaplain agrees with Hans on three things. He wants to consult the psychiatrist. He will take time to get to know Hans better so that he can offer Hans a ritual that fits his situation. And he makes clear to

Hans that he is also available for performing a ritual even if it needs to happen after Hans' discharge. However, on the date of the ritual Hans is still in clinical treatment. Hans agrees to write down on paper the experiences that burden him and for which he seeks forgiveness. For the rest, Hans does not want to know too much about what is going to happen. He expresses his trust and the wish to surrender himself to the ritual. He looks forward to the set date. He also tells the chaplain that his date of discharge has been decided upon. It will be the day after the date that has been set for the ritual. It couldn't be better, as far as he is concerned.

g. Results. During the chaplaincy care process, various changes in Hans become visible. He experiences more connectedness and trust, comes closer to his feelings, literally loosens himself from the images that connected him to his traumatic history, finds in the texts of the Psalms words to clarify and reinterpret his own situation, and is able in moments of anger to open himself to other interpretations. During a visit at Hans' home two months later, Hans explains to the chaplain that the most important change for him was effected by the ritual at the end of the chaplaincy care. Since then he no longer feels burdened by his conscience. He says, "I could go to the church on my own however many times, but I would just sit there and cry. That did help me feel better, but I wasn't getting anywhere. It was only through the ritual that I got out of it and found rest." When the chaplain asks him to say some more about the rest, he says, "Through you I have gotten the idea that God understands what was going on in me as a soldier. I have done things which I should not have done and that I will never do again, but I believe that God understands why I did it. And the blessing with water took away the persistent hammering memory of it."

There is some uncertainty for the chaplain about which of the changes that Hans names came about through his care. Possibly, most of them were already developing before the chaplain became involved. In retrospect, he realizes that he omitted asking more about the context of Hans' asking for help. What was the reason that Hans' request came up at the moment and at the place that it did? It was probably the intensity of Hans' question, along with the pressure to provide a quick answer, that made the chaplain forget to ask. Lack of knowledge of that context makes it difficult to judge how the changes that became visible during the chaplaincy care process are related to the total results of Hans' treatment in psychiatric care.

Interactions (continued from 6e) The chaplaincy care is concluded with a ritual. The ritual takes place in the chapel of the psychiatric hospital. Hans, the psychiatrist and the chaplain are present. Upon entering the chapel Hans walks directly to the altar. He asks if the ritual can take place there. Three chairs are

placed in a circle. The chaplain welcomes each person present and says something about the space. The size of it is no longer efficient but it is effective. From the point of view of maintenance, the vastness of the chapel is not practical, but it can still have a powerful, inward influence on us. It can help us to experience an inner space when we feel oppressed. The chaplain also mentions the visits of Hans to the village church.

Then the chaplain explains some things about different layers in a person. There is a practical layer, a relational, an emotional and a spiritual layer. In what Hans has gone through all those layers have suffered harm. He then speaks directly to Hans. “You have worked hard on recovery in the period up to now. And you have been successful in that. The day of your discharge has come. But you also really want to recover on a spiritual level. You want to set things right with God, as you said in our first conversation. And you explained to me that the problem was about moral injury. You see yourself as morally wounded. You can consider this ritual to be a treatment of your moral wound. Just as in the treatment of a physical wound, three steps will be taken: cleaning the wound, binding the wound, and letting the wound heal.”

The chaplain invites Hans to take the *first step*: letting the wound be seen so that it can be cleansed. He asks Hans to read the letter he has prepared in which he expresses in words what burdens him morally. When Hans has done that, the chaplain asks him to set the letter away from him by laying it on the ground. Then the chaplain reads Psalm 51. He emphasizes the desire expressed in the text to be cleansed. ‘Wash me and I shall be whiter than snow’ (Psalm 51:7). Then he explains that he is going to bless Hans with water. As the chaplain turns to get the holy water, Hans kneels on the ground of his own accord. Spontaneously he speaks a prayer, in which he repeats what he has said in the letter, but there is a lot more emotion in his voice. The chaplain blesses him and formulates a wish in which he takes up what Hans has just said.

The chaplain introduces the *second step* by speaking about the binding of wounds. If the wound is clean, it is bandaged to prevent something from getting into it that can cause an infection. That also prevents one from scratching it open. As a treatment of a moral wound the ritual includes this. The chaplain gives Hans a white cloth and asks him to lay it down on the ground on top of the letter. Then the chaplain reads a portion of Psalm 32 (verses 1-5) and briefly says something about the interaction in the text between exposing and covering. If a person no longer hides his moral shortcoming, the Eternal will cover that shortcoming. Covering is not the same as neglecting, nor is it doing as if nothing has happened. Covering is letting the pain rest when all has been said. The aim of forgiveness is to put things to rest. Referring

again to the imagery of treatment of a wound, the chaplain says that ultimately a phase commences in which we can do nothing more. The wound needs time to heal.

The chaplain explains that that is what the *third step* is about. It is about trusting the inner, healing power and about creating space so that that power can do its work of healing. He reads the first part of Psalm 139. Hans utters, "I read that every day". The chaplain emphasizes the passage on light (139:11,12) and says, "There is light that penetrates even the deepest darkness. For that light, the divine light, there is no night. A spark of that light lives in every human being. Let your wound be healed by that light from inside. Let that light expel all that is dark for you". He then lights a candle and gives it to Hans. There is a period of silence. Then the chaplain asks Hans to set the candle on the cloth that lies over the letter. He offers Hans a choice. After the ritual he can take either the letter with him or the candle. Resolutely Hans chooses the latter. The chaplain offers the suggestion of lighting the candle at home at moments when life is not light for him. Finally, Hans, the psychiatrist and the chaplain form a circle and give each other a hand. The chaplain proposes to Hans that he see this circle as a symbol of his return to the human community. He pronounces a blessing that Hans will feel welcome and that the period of isolation has ended for him. By way of goodbye, Hans thanks the chaplain with a hug while saying, "I never do this."

7. Communication

The chaplain sends the description of the case to the psychiatrist with a request for comment. In a team meeting the chaplain discusses his accompaniment of Hans and the conceptualization of the ritual. He is glad to receive support and advice from his colleagues. He later shares the case description with them.

In an evaluation, the psychiatrist recognizes that meaning, moral recovery and spirituality play an important role in the case. He expresses his intention to pay more attention to those aspects in contacts with future clients and to refer them to the chaplain more often. His perspective on his own role is surprising. He suggests that it was not so much as a psychiatrist that Hans invited him to be present at the ritual, but as a buddy or as a partner in fate. As a military doctor, he had also been on missions to war zones where he had suffered traumatic experiences. Hans knew that and it aroused a trust that he did not have in other caregivers.

A few weeks after discharge the chaplain receives an e-mail from Hans in which he tells him that things are well with him. The candle stands on the table, but has not been burned yet. During a concluding visit two months later Hans points to the candle that has a prominent place in the apartment. He says emphatically, "That's never going away". He tells the chaplain that he recently lit the candle for the first

time. He had broken his wrist. For the pain he had received extra medication from the doctor. That evening a friend called him. Hearing Hans slow speech, the friend thought that Hans had been drinking again. The friend warned the police who came the same evening to his door. That had made Hans angry and anxious. For a moment he thought, "Is the trouble starting all over again?" In that moment, he lit the candle. That kept him from doing anything impulsive.

8. Reflections and feedback

In the present case the chaplain finds support in the model of logical levels of change by the anthropologist Gregory Bateson (1972). The model distinguishes six levels on which change can occur. In sequence from lower to higher levels they are: (1) Environment: Where am I? What is going on?; (2) Behaviour: What am I doing?; (3) Capability and skills: What am I capable of?; (4) Beliefs and Values: Why am I doing is? What is important to me?; (5) Identity: Who am I?; and (6) Spirituality: With what do I feel connected? The value of this model is that it shows how a process of change affects each of these levels. Change at a lower level can lead to change at a higher level. Conversely, changes at a higher level effect change at lower levels.

During the care process this model helped the chaplain to understand why Hans, after having successfully performed a ritual in creative therapy still asks for a religious ritual. The ritual with the figures had had effect on the levels of context, behaviour and skills, but it had had less influence on the levels of conviction, identity and spirituality. As a result of the first ritual Hans calmed down and slept better, but his conscience still bothered him.

The model also helps to explain the effect of the chaplaincy care. The fourth conversation was a turning point on the level of convictions. Until then Hans had assumed that he deserved punishment for what he had done. That conviction shifted to the realization that he deserved understanding and comfort for what he had done. The texts of Psalm 51 and Psalm 139 helped him to get on that track. In that same conversation, the chaplain tried to alter another conviction. He suggested that psychiatric treatment and probation do not belong to the categories of control and restriction, but to those of support and care. That Hans would receive support after his discharge is, for the chaplain, a sign that he is worthwhile and would be able to depend upon a safety net. The chaplain is afraid that he was trying to change too many convictions at once, but Hans seemed to accept the message immediately.

The concluding ritual touched the levels of identity and spirituality. Hans experienced a space to accept what he had done and at the same time to realize that he was more than a soldier who had shot people

dead; that space enabled him to entrust himself again to the connectedness with others and to deem himself worthy of that connectedness. Through these changes at higher levels he also felt stronger on the levels of environment, behaviour and skills. The precondition for that change was his trust in the psychiatrist and the chaplain. The psychiatrist was not just an expert but also a partner in fate. The chaplain was not just a person to talk with but the representative of a symbolic order.

In retrospect, the chaplain realizes that it was not just the ritual that had a positive effect on Hans, but that the entire chaplaincy care process contributed to that effect. Self-acceptance and insight increased for Hans, along with the ability to change convictions. The chaplain is of the opinion that his decision to take time and not submit to the temptation to perform a ritual quickly was correct.

9. Summary

A traumatized veteran seeks help from a chaplain because he wants to “set things right with God”. The chaplain resists the pressure from the client to immediately perform a ritual. Instead he initiates a trajectory of care. In the care process, the client expresses his trust in the chaplain, a trust that grows during the period of care. The chaplain offers the client feedback on what the client tells him about and, upon request, gives advice on reading Bible texts. In the care process, the chaplain comes to better understand in what ways the client is suffering and how a ritual can tie into that. In the ritual, as the conclusion of the care process, the client experiences a great sense of relief and finds a basis to take up living again.

Phase 3. Reflection and Evaluation in the Research Community

10. Description

Clarification: The research community asked the chaplain if he had considered referring his client to a priest for confession. That was so, but for two reasons the chaplain did not do so: first, because the client did not ask for confession; second, because the chaplain suspected that the client needed more than confession to overcome the problems he was suffering from. The chaplain seemed wary of ritualism. He did not want to contribute to a magical expelling of the problems. Instead he sought a spiritual way of dealing with them.

Observations: The first reading of the description underlined the importance of introducing the religious tradition and sources. Of particular interest to the research community was how the chaplain presented the source texts and what the client did with the texts.

11. Existential aspects

Existential issues: The research community discerned a number of existential issues: loneliness, guilt, identity, freedom and responsibility, aggression and evil.

Meaning: The expressed need of the client was to find understanding and answers on those issues. The client seemed to assume that no one could understand him except the chaplain. Important, also, was his desire for an 'art of life', that is, for ways of dealing with life that would help him get through difficult moments. An example of that is the candle he took home with him and that helped him to find other ways of dealing with tensions.

Care: The chaplain did not respond directly to the request for a ritual, but invited the client to tell his story. The research community appreciated the methodical way in which the chaplain accompanied the telling of the story. The chaplain offered feedback and alternatives to convictions of the client where helpful. Offering source texts was another way in which the existential needs of the client were cared for. Finally, the chaplain performed a ritual tailored to the needs of the client.

World view. Both the client and the chaplain are Catholic. However, in the discussion in the research community, major differences in their world views became evident. The client seemed to understand religious language in a mythical-literal manner; whereas the chaplain understands religious language symbolically. Somewhat unconsciously, the chaplain seemed to be concerned with the faith development of the client.

12. Relation theory and practice.

Explicit theory. The chaplain consciously made use of the theory of Gregory Bateson on levels of change in order to better understand the client and the difference with the ritual that the client had performed in creative therapy.

Other theoretical perspectives. Upon inquiry in the research community, the chaplain reached a different conclusion. During his theological studies he had familiarized himself with psychotherapeutic approaches to rituals, as developed in the Netherlands by Onno van der Hart (1983). The chaplain had then dreamed of someday being able to perform such rituals. The chaplain was surprised that the memory suddenly resurfaced. He realized that he had learned the three steps of the ritual that he performed with the client from Van der Hart.

Reflection on the theory from the perspective of practice. The research community specifically names the didactic role that the chaplain fulfilled in the case. The chaplain had not been conscious of that function.

13. Goals and results.

Realized effect: The outcome of the chaplaincy care is that the veteran is able to distance himself from his military past and that he feels reconciled with God. The hug that he gives the chaplain at the end of the ritual is interpreted by the research community as an expression of that sense of reconciliation.

Intended effect: The chaplain wanted to contribute to healing of the client. The research community points out that that is a different and more encompassing goal than reconciliation.

Correspondence or discrepancy. The chaplain took the request of the client as a starting point, but went beyond that question. From reconciliation with God, there was a movement to forgiveness by God. The goal was not to move the client beyond the feeling of guilt, but to help the client recover a sense of relationship with himself, with others and with God. The client got closer to his feelings and at the same time was able to distance himself from his anger.

14. Evaluation

Issues on the care process: The ‘detour’ of the chaplain contributes in a significant manner to the care process, but what guided the choices of the chaplain? In addition, could feedback have been sought from the creative therapist?

Issues on theory and practice. A question is how different uses of religious language, mythical-literal by the client and symbolic by the chaplain, interact in the care process. How might theory support this in the practice of chaplaincy?

Recommendations for good practice: In the research community it is noticed that care is provided step by step in four manners: conversational listening to the story telling; feedback and alternative framing; use of source texts; and performance of ritual. The consensus in the research community is that essential elements of chaplaincy care are combined in a way that constitutes a (very) good example of practice. The case demonstrates, first of all, the value of the chaplain taking seriously his own feelings of being somewhat at a loss during and after the first contact with the client. The case also demonstrates the need for ritual to be carefully considered and constructed. What is not yet clear is how the chaplain decided when to move from one step to another.

Observations on the discussions in the research community: The community agrees that the care process deepened the experience of the ritual and almost certainly strengthened its effect. The questions in the research community about the theoretical assumptions of the chaplain in the care process subsequently enable the chaplain to ‘rediscover’ his training in ritual theory (Van der Hart 1983) and to clarify his use of Bateson’s theory of change (Bateson 1972), so that implicit theory become explicit.

15. Summary of the research community

What has the chaplain done? The chaplain took time, invited the client to tell his story, welcomed the self-diagnosis (‘moral injury’) of the client, offered source texts for reflection, offered feedback and reframing on convictions of the client, and designed and performed a ritual.

Why and for what reasons? The chosen steps were preconditions for the client to attain integration and to reframe his situation with the purpose of ‘setting things right with God’ (client) and contributing to healing (chaplain).

What was the effect? The client attained a sense of reconciliation with God. In addition, the client experienced moral and spiritual healing. The change in his relationship with God became visible in the way the client related to others and to himself.

Reasons for selection of the case study? Although the chaplain originally found the case unusual for his practice because of the place of the ritual, ultimately a great deal of affinity between his intentions and the ritual becomes evident.

Title of the case study? The title ‘Moral Injury’ well describes the central existential issue. It does not describe the methodical approach nor the central role of the ritual. ‘Moral Injury and the development of a ritual’.

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