

The Journey of Traveling Together

We travel a road where the destination is less important than the journey of traveling together.

Neil Hering

Throughout our nation, troops are returning home from the war in Iraq and Afghanistan. Their adjustment from military to civilian life has its challenges. My focus in this article will be on providing pastoral care to the returning veteran. I shall reinforce basic principles of pastoral care in engaging the returning veteran. As a chaplain, I am most familiar and comfortable with pastoral care rather than spiritual care. Pastoral care is shaped by the cross and has a rich history within the Christian Church. God's love is revealed and incarnated in Christ. This determines the pastoral care we give. When I use the term pastoral care, I am referring to either a lay person or pastor representing the Christian community who gathers in worship and cares for one another. Not anyone can do this. Pastoral care is a ministry of the church with the person who is chosen carefully, evaluated, trained (Stephen Minister, Befriender, CPE), commissioned and supervised. Within pastoral care the pastoral visit is primary.

The Pastoral Visit: Setting it Up

Setting up the pastoral visit requires us to be available. We need to be willing to take the time needed to build a good relationship. This does not happen overnight or with just one phone call. In being available, we allow the veteran to set the schedule. What works best for them? This means we are committed to regular contacts over an extended period of time. To make that happen may involve failed attempts and repeated efforts. Persistence and flexibility are necessary traits. It is not enough to ask "How are you doing?". We find out how the veteran is doing by being available and committed to spending time with him or her. The pastoral visit is a personal visit. This is a hands shaking, eyes seeing and ears hearing one to one visit. The cell phone and the computer are technological aids that make the personal visit possible, not a substitute for them. To set up the initial visit, and most likely the follow-up ones, we need to be the initiators. We do not wait for the veteran to return our phone call or email. If that were the case, I predict that 95% of the time it will not happen. One of the strengths of pastoral care is our reaching out to people. Most people see that act itself as caring.

Roadblocks

Roadblocks to the pastoral visit rise up. Suspicion comes naturally to the veteran because of their military training and war experience. To be suspicious is necessary for their survival. The enemy is unknown. Returning home, the veteran does not easily or quickly shed that suspicion. To trust the wrong person has the potential for disappointment, great harm or even death. What adds to the mistrust is the strong civilian opposition to the war. What that means for pastoral care is that we need to keep clear the difference between our opinions about the war and our support of the returning veteran. Pastoral care transcends politics and patriotism. Representatives of the church have spoken out against the war in Iraq and Afghanistan. Even though support for the veteran is affirmed, that does not automatically defuse the skepticism the veteran may have about our pastoral care. In addition, if their

pastor or members of the parish have not been in ongoing contact with the veteran during their deployment, that needs to be immediately addressed upon their return. For those of us who have not served in the military, we have no idea what the men and women have faced. We are the outsiders. Most likely we shall be tested. Trust needs to be earned. The bottom line is that those of us who reach out to the veteran have the responsibility to build that trust.

Land Mines

In the pastoral visit, landmines need to be identified and avoided. When it comes to pastoral care, we cannot be judgmental about the war, combat actions or civilian casualties. Most of us have not been there. We do not know firsthand what the veteran faces or lives with. To pass judgment will have the door slammed shut and padlocked. Closely aligned with being judgmental is giving advice. That is to be avoided like the plague. Again, we have not been there. We do not know what it is like to make life or death decisions in split seconds, to witness horrific war-time acts on the battlefield, to be deployed in a war zone for an extended amount of time or to live with the fear of being redeployed. The lack of confidentiality is to be prevented. Confidentiality is basic to pastoral care. When violated, trust is betrayed. Trust is intrinsic to caring. When we are uncertain about whether or not to keep certain concerns confidential, we talk with the veteran. We share conversations with another only with their permission. The only exception is when the person is a threat to harm self or others. Another land mine is loss of boundaries. We are to be clear what our purpose is. Before each visit, we need to consciously remind ourselves what our purpose is for coming. (e.g. In this visit I am here for us to get to know each other.) Along with that, we need to be clear what is not our purpose. (e.g. I am not here to solve the veteran's problems or be their therapist.) Expectations of ourselves and of the veteran can lead us astray. They get in the way of listening and caring. When we have predetermined what should happen, we can no longer be where the veteran is. To avoid that, we need to be conscious of the expectation we have both of ourselves and the veteran. Do I want the veteran to like me? Do I expect that in this visit the veteran will "bare his/her soul?" Do I expect that I will help the veteran? What do I mean by "help?" Our need to "take care of" someone gets in the way of caring. Remembering for whom we are here and focusing on the veteran help keep expectations in check. Connected to expectations is asking questions. "Why" questions can easily put the veteran on the defensive. For whose benefit are we asking questions? Many times our own curiosity determines what we ask. We wait for the veteran to decide what to share with us, especially personal war experiences.

Building the Relationship

The connection between the veteran and the pastoral care provider is more than just two persons coming together. We not only represent the community of faith, we also restore and build that connection. The veteran may have been isolated and even alienated by what was or was not done. For that reason, we need to provide a safe and welcoming environment. We find out from the veteran where and when they would like to meet. Each person is different and the level of safety may vary from one time to the next. We get to know each other by intentionally remaining with topics that are safe and by discovering what the veteran likes or does not like. In getting to know each other, we build trust. That takes time. How long? We do not know the timeline. To be honest and genuine will mean at times acknowledging our failures and mistakes. We are not going to always say the right thing at the right time. When that happens and we are aware of it, then bring that out into the open. We may or may not have to apologize. That allows the veteran to see that we too are human. What an honor that the relationship can get to that point where we can affirm that as human beings together we are also part of the people of God.

The Pastoral Visit: Listening

Listen, then listen, and then listen some more! To listen is to be actively involved in picking up the depth, intensity and significance of what is being shared. We listen in order to hear. We hear in order to understand. That is the closest we can get to “understanding” what the veteran has gone through. At the same time we admit to ourselves that we shall never fully or completely understand what they have experienced. We listen to hear what the veteran is saying. We listen to hear what the veteran has gone through. We listen to understand what the veteran is going through. Through listening, we bring healing. Listening is a sacred mission of pastoral care. That is a gift from God to them through us. Listening allows the veteran to set the agenda. We go where he or she chooses to go or not go. Many years ago when I was starting out in chaplaincy ministry, I remember what a psychiatrist said to our Clinical Pastoral Education group at the University of Minnesota Hospitals. Referring to cancer patients, he said, “The person will only tell you as much as he or she senses you are comfortable with.” Not only do we work on being comfortable in listening to what is said but also to what is not said, in other words silence. We do not have to fill in empty spaces with words. We become comfortable in being together in silence. The writer of Ecclesiastes is right on in telling us there is “...a time to speak and a time to be silent.” Listening full of care enables us to determine that right time. When we speak, our response is to what we hear from the veteran rather than what we want to say. When Jesus arrived in Bethany too late to prevent his friend Lazarus’ death, He heard the anguish and deep disappointment in Mary and Martha’s words, “Lord, if You had only been here.” In hearing that, Jesus was “deeply moved in spirit and troubled.” That is listening in its fullness when we too are deeply touched by what we hear.

Conclusion

We travel a road where the destination is less important than the journey of traveling together. Sometimes we are forced to take detours, hit potholes and brake as we come upon sharp curves. The road is far from being straight and smooth. In providing pastoral care, we with the community of faith travel the road together with the veteran in the conviction that we are not abandoned. God’s spoken Word of Promise is now fulfilled in the flesh and blood of Christ among us. As Christ incarnates God’s love to us, we too make human Christ’s love for others. As Christ’s disciples today, that makes our care pastoral.

ADDENDUMS

Pastoral Care: Areas of Concern

Within pastoral care and counseling, these are the areas of concern that need ongoing response and further development: signs and symptoms of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD); the moral, psychological and spiritual impact of war, combat, evil, killing; guilt and shame; the pastoral use of Confession and Absolution both individual and corporate; the effect of ongoing exposure to violence; the challenges to reintegration within the family, church, community and society.

Pastoral Care: Referrals

The pastoral care provider needs to be alert to the following signs for referral:

Explosive outbursts of anger

Substance abuse

Risk-taking (e.g. reckless driving)
Losses due to anger, sleep and memory problems (e.g. job loss and school failure)
Domestic violence
Inability to establish/ maintain intimate relationships
Depression
Hyper-vigilance
Intrusive memories
Nightmares
Guilt
Intense anxiety and panic
Chronic headaches
Sensitivity to light or noise
Changes in behavior
Trouble concentrating
Mood changes; irritability
Confusion
Trouble concentrating
Feeling unusually tired
Self-imposed isolation
Emotional shut-down
Sexual dysfunction

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