Chapter 11

THE ROLE OF CHAPLAINS IN THE OPERATIONAL ARMY

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INTRODUCTION

In the US Army's current care structure, chaplains are frequently first responders to the personal and psychological problems of soldiers. This is a long tradition. Long before mental health providers existed in the ranks, chaplains were available to soldiers as pastors, lending a listening ear and wise counsel. Today, maintenance of the soul of the soldier is the primary mission of the military chaplaincy. Wherever faith and life intersect, the chaplain is present. Chaplains, like their civilian counterparts, play a defined role in rites and rituals celebrating the meaningful passages of life from birth to the grave. Their calling is to the development and growth of the soul, both temporally and eternally. These activities inherently support the mental health of soldiers and their family members, and make the chaplain a natural partner to military psychiatric caregivers.

THE CHAPLAIN AS PASTORAL COUNSELOR

Vignette 11-1: Private Sam Jones doesn't really know what to do or think. Four months into his first Iraq deployment, he's afraid his marriage is falling apart—he feels helpless and desperate. Married just over a year to Sarah, his high-school girlfriend, he thought they were the picture of a great young Army couple. Sarah had written him faithfully while he was in basic and advanced individual training, and when he proposed during the Christmas break she'd said yes. They had a wonderful holiday, showing family and friends her engagement ring and making plans for the future. There wasn't a lot of time or money, no big wedding or a honeymoon, but by summer they had moved into a small apartment outside Fort Bragg, North Carolina. Sarah started taking classes at the local community college, got pregnant, and made some friends.

And then came Iraq. They both put on a brave face, but both were scared. The baby would be born while he was in Iraq. She had friends, but not necessarily the kind to help when a baby comes, so they decided she would move back home until he returned. And so, a month before his departure, Sam took a week's leave, loaded up a rented trailer, and drove Sarah home. As he watched her waving goodbye, he knew this was going to be a long haul. But he was confident they'd get through this, raise kids, and grow old together. They were so in love.

But things didn't go as planned. With perverse precision, Sarah miscarried the baby on the last day of the first trimester while Sam was actually in the air, flying to the Middle East. It was 4 days before he got the news, and even though his commander found him a phone and a quiet place to call right away, it was days late for Sarah. The call didn't go well. To Sam, it seemed like Sarah blamed him for the miscarriage, and couldn't understand why Sam's unit didn't send him home. What was supposed to be a loving call of support turned into a frustrating exchange that was mercifully cut off by a break in the lines.

Somehow the phone just didn't work for them. Calls were characterized more by silences and anger than by love and affection. E-mail, while better, couldn't patch it up. Then, it seemed like he could never find her at home. He'd wait in line an hour for a phone, only to leave a message on an answering machine. Worse, e-mails stopped being regularly answered. Before long, weeks passed with no contact between them.

Now Sam is sitting staring at his computer screen in despair. A well-intentioned friend just sent an e-mail telling Sam he'd seen Sarah at a movie with her old boyfriend, a week after he saw the pair sitting in a car outside the Denny's she and Sam used to frequent as a couple. He's telling Sam this because he "doesn't want to see you get hurt."

Suddenly it all makes sense to Sam and it seems hopeless and more than he can bear. In his mind he sees some really ugly pictures of Sarah with her new friend. And it seems like there's nothing he can do—how can he win her back when she doesn't even answer his calls? Sam doesn't know what to think, but he knows this: he doesn't want to live if he can't be with Sarah. Looking over his shoulder, Sam sees his M4 rifle: clean, loaded, and ready for action. Just three steps, pick it up, pull the charging handle, rotate, and fire. All this pain would be over, and Sarah would be so sorry . . .

In the future Sam would always look back to that moment and wonder if it was just coincidence, or the hand of God. But as the thoughts of suicide came through his mind, so did the sound of a knock at the door of the squad "hooch" where Sam was sitting. A moment later Chaplain Watson walked through the door. Strange thing. The chaplain didn't come every day, but more than once a week he'd come through, handing out candy, care packages, or something else. Sometimes he seemed out of his element in the rough atmosphere of the forward operating base, but he came by anyway. And whether it was his jump shot (he'd played NCAA Division-III basketball in college and was a solid addition to any platoon's pick-up team) or his insistence on regularly, voluntarily joining squads on patrols, he was a respected member of the battalion, even among soldiers who couldn't find the chapel.

It didn't take the chaplain long to pick up the cues from Sam's feeble answers to his standard "How's it going?" questions. He sat down on the bed next to the computer desk, and asked for more information. Before he knew it, Sam was roughing out the details of his situation and finding someone who'd heard it before, cared, had hope, and had a plan. "Let's go find out what's happening and figure out what to do." The chaplain invited Sam back to the chapel, where there was a class-A line (a line that connects to phones outside the military installation) and plenty of privacy to start the process of pulling things back together.

With only simple changes to the details, Sam's story could be retold tens of thousands of times every decade. In the Western world soldiers for centuries have

looked to clergy to help them sort through problems and answer the deeper existential questions of the soul. The US Army's Chaplain Corps was established at the Army's inception by General George Washington.

Pastoral Care and Counseling in the Chaplain Corps

Chaplains draw from a centuries-old tradition of pastoral care. Historically, and throughout the first centuries of American colonial and national history, pastors of various denominations lived or sometimes "circuit rode" between tiny, agrarian communities, leading worship, caring for the sick, and often burying the dead. With college and frequently seminary degrees, these clergymen were often the most highly educated and widely experienced in their communities, and were called on to perform many helping tasks, sometimes even including medical care, for their isolated charges. "Pastoral care" developed a very wide range of activities during this period.[1]

Following this historic pattern, today's clergy often see the role of pastoral counseling as part of their scriptural injunction to take oversight of the flock by caring for one another's burdens.[2] Chaplains do their trade well when they follow recognized principles of spiritual leadership regarding the care of another's soul—personal concern, faith in the value and meaning of life, and hope.[3] These values are typically shared by most counseling modalities—pastoral or not.

Although chaplains collectively represent many faiths, each individually comes from one particular faith group.[4] Each chaplain is endorsed by a specific denomination, but the task is to minister to every soldier in the command. Consequently, chaplains have diverse responsibilities. Besides conducting the rituals, rites, and sacraments (referred to above) and public worship services (their most common responsibility), chaplains also provide pastoral care and counseling. It is in the pastoral relationship that the work of chaplains overlaps most closely with military psychiatry. As a result, military mental health workers commonly find that they are partnered with chaplains in areas such as resiliency in preparation for combat, stress control in combat, suicide prevention, wounded soldier recovery, soldier reintegration, trauma recovery, family issues, and care for the caregiver.

All chaplains have rudimentary training in care and counseling. However, skill and education levels cover a broad range. Actual training in counseling may vary from a couple of seminary courses to a doctorate in clinical psychology. Recognizing this range, and attempting to ensure that every chaplain has a basic workable skill set, the Chaplain Corps has been proactive in raising the standard of care in pastoral counseling. The heart of this effort is focused on the family life chaplain and hospital chaplain programs.

For over 30 years, the Chief of Chaplains has sponsored an advanced civilian schooling program for midcareer chaplains. Chaplains selected for this program attend a 15-month masters degree course in pastoral counseling and, upon graduation, are assigned to Family Life Centers spread throughout the Army in garrisons and divisions. Many graduates from this program become licensed as marriage and family therapists or professional counselors.

The chaplaincy has also continued to raise the level of pastoral care through its clinical pastoral education programs. Located in major medical centers, these programs train chaplains to do ministry in the hospital environment where the basic skills of listening and self-awareness are tantamount to quality care. Once in positions in Family Life Centers or military hospitals, these chaplains provide care as well as training in pastoral counseling for unit chaplains. Under a new initiative, both family life and hospital chaplains will be used to mentor young chaplains in "battlefield pastoral education"—a program designed to raise the quality of care and counseling across the Chaplain Corps.

The ministry of care and counseling to the greater community begins with the chaplain and chaplain assistant. They make up the unit ministry team (UMT) in the Army and the religious support team in joint environments. UMTs are assigned down to battalion level, so there is typically one UMT for every 600 soldiers. Because the UMTs are assigned to the unit, there is generally a very close relationship between the team and the unit. That close relationship makes chaplains and their assistants ideal "first responders." Because soldiers trust the UMT, they are likely to respond positively when its members advise them to talk to someone else in the helping professions, such as mental health providers. Additionally, because chaplains and assistants live and work closely with soldiers, they make ideal follow-on caregivers for soldiers and family members who are in parallel treatment with military medical providers. A time-honored best practice is for UMTs and military mental health practitioners to build and maintain robust relationships in order to facilitate early recognition and integrated treatment for military constituents.

Chaplains and Confidentiality

One unique aspect of the chaplain–penitent relationship is the nature and extent of confidentiality. In order to best partner with chaplains, mental health

providers must become comfortable with this unique aspect of the chaplain–soldier–family-member relationship. Society has long recognized the need for certain relationships, such as marriage, to be protected by confidential communication. The main reason for protecting communication within a marriage is to promote absolute trust in the marital bond. Society has decided that a husband and wife should be able to communicate freely about even the most sensitive issues without the threat of that communication being used against them in a legal setting.

Similarly, the communication between an attorney and a client has also traditionally been protected by confidential communication so that the client can receive accurate legal advice. The conversations between patients and their healthcare providers have also been protected, most recently in the 1996 Health Insurance Portability and Accountability Act. Patients need to know their conversations with healthcare providers are protected so they can make a full disclosure of their history and symptoms without fearing that others will have access to this information.

As for these other relationships, long tradition has held that conversations between a member of the clergy and a parishioner or penitent have also been protected so that the matters of soul and conscience can be fully and freely discussed without fear of these conversations becoming public. The concept of the privilege of confidential communication between a member of the clergy and a penitent has been around for almost two centuries. It was first introduced in the United States in New York in the early 19th century. Every state and the District of Columbia have enacted laws that protect this relationship.[5] On the federal level, in *Trammel v US* (1980),[6] the US Supreme Court recognized "the human need to disclose to a spiritual counsel, *in total and absolute confidence*, what are believed to be flawed acts or thoughts and to receive priestly consolation and guidance in return." In a case 5 years later, the court stated that

> [t]he privilege regarding communications with a clergyman reflects an *accommodation* between the *public's right to evidence* and the *individual's need* to be able to speak with a spiritual counselor, in absolute confidence, and disclose the wrongs done or evils thought and receive spiritual absolution, consolation, or guidance in return.[7]

The US military also has regulations that govern confidential communications. Military rule of evidence (MRE) 503 covers confidential communications to members of the clergy.[8] The general rule of privilege in MRE 503 states:

> A person has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication by the person to a clergyman or a clergyman's assistant, if such communication is made either as a formal act of religion or as a matter of conscience.[8(pIII-23)]

It is significant that the privilege belongs to the declarant. The chaplain is bound by this privilege, and is not free to waive it. It also states that a chaplain assistant is bound by the privilege. Thus, if an individual is speaking to a chaplain or chaplain assistant, and believes the conversation is in confidence, it is a protected communication. As used in this rule, a "clergyman" is a minister, priest, rabbi, chaplain, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting the clergyman. MRE 503 also states that a communication is "confidential" if made to a clergyman in the clergyman's capacity as a spiritual advisor or to a clergyman's assistant in the assistant's official capacity. MRE 503 makes all communications to a chaplain in this role privileged. As such, they are not admissible in court. Further policies interpret this privilege broadly, making chaplain–parishioner privilege "nearly absolute." As a result, the chaplain is often viewed as a safe place to go by both soldiers and the command. Soldiers can go to the chaplain to have their problems addressed without the matter being made known to their units.

This relationship has been repeatedly tested in court, and as recently as 2007 was clarified by the chief of chaplains. The term that has typically been connected to this relationship is "absolute confidentiality." The bottom line guidance given to chaplains and their assistants is this: the privilege that soldiers and family members own as a result of the relationship is absolute. It cannot be waived for any reason (to include threat of harm) unless the soldier or family member waives it.

Although this absolute privilege has been viewed with angst by many professionals, in practice the safety that soldiers thereby attach to the relationship is virtually always positive. The hypothetical situations of danger (eg, a chaplain remaining quiet in the case of child abuse or some other heinous situation) are grist for interesting legal discussions, but virtually never come to reality. In fact, a multiyear search done by the chiefs of chaplains across the Department of Defense did not find a single instance where harm ensued as a result of a chaplain or assistant holding confidence. However, the search uncovered many instances where the perceived safety of the relationship enabled chaplains and assistants to gain early access

to dangerous situations and prevent harm. The bottom line for mental health professionals is this: the privilege attached to the soldier–chaplain relationship makes the chaplains and chaplain assistants in the military extremely valuable partners in the care of soldiers and their family members.

The Chaplain as Facilitator of Religious Strength

The free exercise of religion has been the source of the chaplain's ability to be a facilitator of religious strength. This has

> corresponded well with the intent of the Founding Fathers and the Constitution of the United States. . . . Long before the Constitution was framed, a distinct tradition of free exercise of religion developed within the army by necessity. The pattern for chaplain ministry to soldiers of different religious backgrounds was set in the seventeenth century, from the time of the first militia units drilled at Jamestown, Plymouth, Boston, and New York.[9]

Today's Army maintains a Chaplain Corps for the primary reason of ensuring a soldier's free exercise of religion. However, the motivation at the operational level may be different. In the Army, everything must support the soldier on the front line. Logisticians ensure that the infantry on the front have beans and bullets. The Signal Corps supports the fight by providing clear means of communication. The Medical Command attends to the health of the soldier. The chaplain is seen as a force health contributor by supporting the spirit of the individual soldier, enabling the soldier to be resilient in the fight.

But how does religion support the soldier? The answer to that question is threefold. It has to do with the nature of belief systems, which bring meaning to life. First, belief systems support soldiers throughout combat. Before the battle, belief systems aid the process of convictions in just and right causes. In the midst of the chaos and horror of combat a belief system can sustain an individual. After the battle the application of meaning to the traumatic event can help restore not only a sense of order and meaning, but also a renewed calling to life. Secondly, belief systems offer rites, rituals, and sacraments that provide healing, cleansing, and restoration that can be very important to the wounded soul of the warrior. Thirdly, chaplains perform a symbolic role, referred to by the Chaplain Corps as the "ministry of presence." The chaplain is perceived by some as the embodiment of God's presence in the midst of soldiers.

Some commanders feel that a chaplain accompanying troops during the mission is more important than the current doctrine of locating chaplains at the aid station. These commanders believe that a chaplain's presence, a symbol of God's closeness with the troops, is an encouragement to soldiers in the field. These officers are not alone in their convictions that belief in God sustains a person in combat. In an address at Trinity College in Hartford, Connecticut, in 1941, General George C Marshall said these words:

> The soldier's heart, the soldier's spirit, the soldier's soul, are everything. Unless the soldier's soul sustains him he cannot be relied on and will fail himself and his commander and his country in the end. . . . It is morale that wins the victory. . . . The French never found an adequate "dictionary" definition for the word. . . . It is more than a word—more than any one word, or several words, can measure. Morale is a state of mind. It is steadfastness and courage and hope. It is confidence and zeal and loyalty. . . . It is élan, esprit de corps and determination. It is staying power, the spirit which endures to the end—the will to win. With it all things are possible, without it everything else, planning, preparation, production, count for naught. I have just said it is the spirit which endures to the end. And so it is.[10]

Dynamics of Faith in Soldier Resilience and Recovery

The chaplain may or may not be a symbol of God's presence to the individual soldier. The greater question is how does individual belief, religion, or faith promoted and supported by the chaplain enable soldiers first to stay in the fight and then return to the fight after being wounded in body or spirit? Anecdotal accounts and folk wisdom have supported the belief that religious faith adds a profound dimension to the emotional resilience and recovery capabilities of people under stress. One example comes from World War II in this report of the country's response to the invasion of Normandy:

> The whole country knew on June 6 that something dire, something that might fail, was taking place . . . in a Brooklyn shipyard, welders knelt on the decks of their Liberty ships and recited the Lord 's Prayer. At the opening, the New York Stock Exchange observed two minutes of silent prayer. All over America church bells tolled, and the Liberty Bell was rung in Philadelphia. In Columbus, Ohio, at 7:30 in the evening, all traffic stopped for five minutes while people prayed in the streets.[11(p37)]

Another example is the nation's spiritual reaction to the attacks of September 11, 2001. In the days after the

fall of the World Trade Center, church prayer services were well attended, crosses and other religious symbols were erected, and memorial events such as Oprah Winfrey's grand prayer service at Yankee Stadium to commemorate the victims were celebrated. Even years later it is not uncommon for a soldier to tell a chaplain that God called him or her into the military in response to September 11.

A growing amount of empirical research supports the concept that for many individuals faith is a resource for resiliency and recovery. Pargament's seminal work, *The Psychology of Religion and Coping*, encapsulates much of the research on religion and resiliency of the previous decade. He writes:

> A number of studies have compared the frequencies of religious and nonreligious forms of coping and found that religion looms large. For example, McCrae (1984) studied the coping mechanisms reportedly used by a community sample of men and women faced with events categorized as losses, threats, or challenges. Of the 28 coping mechanisms, "faith" was the second most frequently used for dealing with threats (72%), and the third most frequently used for dealing with losses (75%). Faith was less frequently used in coping with challenges (43%). Conway (1885–1986) interviewed black and white urban elderly women who had experienced stressful medical problems in the past year. Asked how they coped with their medical problems, prayer was selected by 91% of the sample; it was the most frequently reported of all coping mechanisms including seeking information, resting, treatment, prescription drugs, and going to a doctor.[12(pp137–138)]

In a more recent work, *Learning from Resilient People: Lessons We Can Apply to Counseling and Psychotherapy*, Glicken refers to the following studies:

> Gartner, Larson, and Allen reviewed over 200 psychiatric and psychological studies and concluded that religious involvement has a positive impact on both health and mental health, while Ellison and colleagues indicate that "there is at least some evidence of mental health benefits of religion among men and women, persons of different ages and racial and ethnic groups, and individuals from various socioeconomic classes and geographical locations. Further, these salutary effects often persist even with an array of social, demographic, and health-related statistical controls."[13(p23)]

If there is, as the research and recent history indicate, a connection between faith resources and a soldier's ability to be resilient and recover from the traumas of military life, then the role of the chaplain as pastoral counselor is an important resource to be accessed by those involved with operational psychology. (For further discussion, see Waynick and colleagues, "Human Spirituality, Resilience, and the Role of Military Chaplains."[14])

CHAPLAINS AS PARTNERS IN OPERATIONAL PSYCHOLOGY

Chaplains are partners with other military helping personnel in the overall psychological well-being of soldiers. Because they are typically assigned at battalion level, chaplains often handle the day-to-day bulk of basic issues faced by soldiers. This often consists of straightforward "problem solving" related to professional issues, relationships, life choices, and spirituality. Chaplains provide proximity, immediacy, and expectancy in their basic counseling services—they have the ability to work with soldiers within the unit and meet their needs quickly. This is an important operational concept because when soldiers are sent away for help, there is a reduced expectancy of their return.

Because chaplains are an integral part of their units, they are often familiar with the home situations of the soldiers. Chaplains can provide a "reach-back" capability to soldiers, contacting other chaplains who are collocated with family members. Thus the deployed chaplain often bridges the gap on issues caused by family separations. Rear detachment chaplains often find themselves tasked by command to react to family crises and provide crisis intervention counseling.

It is important to reiterate that chaplains are not mental health professionals (the exception being licensed family life chaplains); their primary role is that of pastor. As such they do pastoral counseling, which includes serving as first responders to crisis events as well as making good and timely referrals to mental health and other agencies for the well-being of the soldier. After some initial counseling a chaplain may decide that the combat stress control team (CSCT) or other professionals may be better suited to help a particular individual. At this point the chaplain will often refer the person to the CSCT. Depending on the nature of the issue, the chaplain may personally escort the person, have a noncommissioned officer escort the person, or suggest the person seek additional help from the CSCT unaccompanied. It is important for the mental health team to know that chaplains do not perceive this as a "hand off." Chaplains are typically eager to continue the pastoral relationship and play an adjunct role in the healing of the soldier. Some past tension between mental health professionals and the chaplaincy resulted from a perceived message that once the soldier is in the medical chain there is no

need for the pastoral role, as if mental health somehow trumped all other care giving. Chaplains as a whole come from theological communities that believe human beings function best when they have multiple supportive resources.

A prime example of chaplains partnering with mental health personnel is occurring during critical incidents in both Iraq and Afghanistan. Unlike chaplains, the CSCT is usually assigned at brigade level, although sometimes at forward operating bases controlled by a single battalion. Typically both the CSCT and the chaplain respond to the same client during the same events, such as a significant amount of combat loss, but each in their own role. Chaplains often respond immediately to a critical incident with a pastoral presence on the scene. The CSCT often follows up by triaging those involved and treating the emotional aftermath of the traumatic experience. Chaplains trained in crisis processing often perform critical incident stress ministry shortly after the event. Mental health professionals respond in similar fashion. Chaplains then continue follow-up care by checking in with the soldiers while living and working with them on a daily basis. Chaplain assistants can also participate in the contacting, assessing, and referral process. Unit leaders recognizing the teamwork of UMTs and CSCTs often advise or direct soldiers to talk with personnel in one or the other group.

Another area where mental health practitioners and chaplains work hand in hand is in suicide prevention. The Army suicide prevention program has four elements: (1) primary prevention through life and relationship skills training, (2) awareness training, (3) intervention training, and (4) treatment for suicidal soldiers.[15] Whereas mental health providers have the task of diagnosis and treatment, chaplains are the primary vehicle for prevention and awareness education. UMTs are often the first to identify a soldier in need of psychological evaluation for suicidal or homicidal ideations. This is particularly important downrange, where perceptive chaplains can expedite, on the basis of their position, a soldier being taken to receive mental healthcare.

In March 2007, the US Army Center for Health Promotion and Preventative Medicine released a new suicide awareness program for soldiers and Army leaders. Urging soldiers to "get help" if needed and "protect your buddy," this training emphasizes practical protective steps. This program is now the Army standard for suicide awareness training.[16] UMTs train their units in suicide awareness under the Deployment Cycle Support program, as well as providing periodic retraining of soldiers and leaders.

A less talked about role chaplains play in operational psychology is serving as a personal resource for mental health providers. Being connected, but not in the same professional community, many mental health providers find chaplains to be safe friends and confidants to process their own experiences. Mental health providers also play this role for chaplains. Both professions speak a similar language and have similar goals in ensuring the well-being of soldiers. Mental health providers enjoy the same "absolute privilege" as chaplains, which can be very advantageous in the close quarters of deployments.

Chaplains and CSCTs should work together and be aware of the workloads each is carrying. Equitable distribution of work is part of taking care of the caregiver. Chaplains have been, and will continue to be, available as a resource to all those who work in operational psychology. Chaplains also must take care of themselves and each other if they are going to take care of the soldier. Consequently, for many chaplains and CSCTs, it has become a best practice to maintain mutually supportive relationships in which each tracks the physical and emotional fitness and workload of the other, and which provide informal support and care. The nuanced nature of both spiritual and psychiatric care requires providers to remain emotionally sound. For many deployed chaplains and mental health professionals, the personal relationships they share and the supportive interactions they sustain in the midst of the struggle have become a keystone of their ability to stay healthy and effective through the trials of long deployments.

SUMMARY

Today's military Chaplain Corps is an expression of millenia-long traditions of pastoral practice that include the practice of worship and sacramental rites as well as a tradition of personal soul care. Responding to this tradition, US military chaplains are ubiquitous among soldiers and their family members, leading worship and prayer, and listening, comforting, and providing guidance. In support of this tradition, military chaplains receive extensive training in supportive counseling, personal resilience, and family health promotion. Consequently, chaplains support the mission of military healthcare providers and are natural partners in pursuit of soldier and family mental health. Additionally, as a caring professional functioning outside normal medical channels, the chaplain is a "safe resource" for mental health providers and a good fit for providers seeking a means to support their own personal emotional health. As

a result of this alignment and shared mission, many mental health providers find it a best practice to build and maintain rich, supportive relationships with chaplains in their area of action. This partnership has for many been a source of increased effectiveness, durability, and, ultimately, better health for the soldiers and family members whose welfare they support.

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