



Your Role in Healing the Soul Wounds of War

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My father, Jack, a volatile, charismatic, World War II veteran with undiagnosed Post Traumatic Stress Disorder (PTSD) waited until his deathbed to share a story of intimate wartime killing. His confession woke me up to who he was and the can of worms he had carried inside since the war. I had always felt helpless around my father's PTSD. That tale of "first blood" launched me on a quest to learn how war trauma changes our veterans and how we, as civilians, can create safe environments for their healing.

In making my documentary, *Go in Peace!* I came to understand PTSD in combat veterans as a wound to the soul, a deep existential ailment. Veterans are forever changed by their wartime experience, altered at a fundamental level of their being that is connected to their identity and often linked to the moral pain that comes with taking a life (except when the perpetrator is psychotic). It's not uncommon to hear war veterans say that they feel they lost part of their soul during combat. Veterans can learn to cope with PTSD, but unless we approach the disorder as a spiritual ailment or soul wound, they will never resolve their relationship to the past and find peace -- and neither will we.



Before *Go in Peace!* I had spent time in the caregiving trenches, working with seniors (and later as a hospice volunteer, then volunteer coordinator). But I had never noticed the veterans around me nor their invisible wounds. Then in 2007, my 77-year-old father broke the news of his advanced lung cancer and expressed a wish to spend his remaining days at the home he shared with his octogenarian partner in Toronto, Canada. I immediately volunteered to provide the home care he needed and traveled from my home in Boulder, Colorado to be with him.

One afternoon, about two weeks before he died, he was propped in his favorite leather recliner in the living room. I decided to fish for some stories about his childhood in the Netherlands, hoping for some gems I could pass on to my children. That's when out of the blue, he blurted, "You know, when I was 14, me and my best friend strangled a German soldier in our village."

I was stunned and speechless, and for once, the judgmental, opinionated daughter retreated, enabling my father to continue. "He (the soldier) was probably only 17 and didn't know why he was there. But he was



the enemy and we had to take him out.” In that story, I heard my father’s tacit plea for forgiveness. I heard him recognize the human being in the first person he killed. I am grateful Jack could take one rock out of his backpack, even though I knew there were many more.

My father had never talked about his involvement in World War II. All I knew was that fourteen years old and six foot tall, he’d escaped on a boat to the United Kingdom. After basic training, he was dispatched to Burma to fight alongside the Allied Forces. When World War II ended, Jack plunged into another

anguish. Throughout the ages, we have had different names for PTSD: shell shock in World War I, battle fatigue in World War II. The primary criterion for the diagnosis is an experience of fear, horror, and helplessness, which may result in an array of troubling symptoms such as flashbacks in which veterans relive the traumatic experience. Typically, veterans, who seek treatment, (and many don’t because of stigmatization and their own pride) generally receive medications. Most commonly, these medications are to control depression, anxiety, and to mitigate sleep disorders.

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conflict, the Dutch colonial war to quell the native Indonesian movement for independence. (At the time, Indonesia was still Dutch territory.) Whereas World War II had been for Jack the “just war” to destroy evil, this war appalled him. He confided that Dutch soldiers had at times turned their guns on officers who ordered them to commit unspeakable atrocities.

In hindsight, I regret that I never really understood my father. His heart was big, but he struggled to keep his feelings at bay and often reached for the bottle as an emotional anesthetic. He hated fireworks, war films, and crowded places. He couldn’t abide it when children cried (even though his own son endured a painful life-long illness, dying at age nine). These were all triggers, I now know, that reminded my father of the war. But Jack also displayed incredible strength and stoicism when things got tough, a positive trait of his warriorhood.

PTSD entered into the DSM, the Diagnostic and Statistical Manual for mental health, in 1980, under the category of stress and anxiety disorder. The Vietnam War’s legacy of mental illness in veterans created pressure for an accepted medical diagnosis for their

Programs to foster relaxation and centering may allow veterans to get through their day. But as Dr. Ed Tick, author of *War and the Soul* and *Warrior’s Return* and director of the nonprofit *Soldier’s Heart* laments, “This does not bring the soul peace!” Dr. Tick has renamed Post Traumatic Stress Disorder *Post Terror Soul Distress* to more accurately describe the affliction. PTSD cannot be addressed solely by pointing to damage to the memory functions in the brain. It is a shame that the medical profession still largely dismisses the impact of spiritual and moral pain, focusing so much on brain chemistry and physiological phenomena rather than a holistic approach. As Deborah Grassman implores, “PTSD is a mental, emotional, social, spiritual, intergenerational injury, and healing requires that we address all of these if we are going to be effective.”

After my father died, I was screening my first documentary, *Dying Wish* (about voluntary stopping of eating and drinking at end of life) to members of the Denver VA hospice team. At the conclusion of our time together, I ventured to ask what it was like caring for veterans at end of life whose past must loom before them as they consider their legacy and all that remains unresolved. I reflected on the experi-



ence with my father and lamented the gaps in my own understanding of the wounding that comes from involvement in war. This spurred further research and culminated in the *Go in Peace!* film project, a vehicle to create understanding and compassion, with practical advice for caregivers. I found many films about PTSD, but nothing that offered a how-to for the lay person, as well as the clinician, unfamiliar with veterans' issues.

We filmed much of *Go in Peace!* at Ohio Veterans' Home in Sandusky, Ohio, shadowing Deborah Grassman, a former VA advanced registered nurse practitioner, founder of *Opus Peace* and author of *Peace at Last*. Grassman, whose home base was Florida, flew with key members of her team to Ohio after the VA declined permission for us to film at her hospice unit.

Grassman had been consulting with clinicians at Stein Hospice of Sandusky. Stein ran an extraordinary program at Ohio Veterans Home providing grief and bereavement services that went beyond its hospice mandate, extending free care to veterans without terminal illness. *Go in Peace!* shows Grassman and the Stein team working with veterans at Ohio Veterans Home to address "unresolved grief and unforgiven guilt." In one scene from the film, we witness Grassman using a technique called "integrative letter-writing" with Kenny, a Vietnam veteran. She helps him to compose a letter to his nephew in which, for the first time, Kenny recounts the sadness and anger he felt at his brother's death in that war and his own survivor's guilt for making it out alive.

Dr. Tick also incorporates rituals to acknowledge grief and to facilitate forgiveness as part of his approach to healing the spiritual wounds of PTSD. He draws primarily on the wisdom of indigenous people, recognizing that veterans are forever changed by the battlefield and need to be cleansed before they re-enter society. "What you have associated with a war doesn't ever leave you," said Everett Childs, a World War II prisoner of war in *Go in Peace!* This "cleans-

ing" removes the blood stains of war and allows the individual to create a new, positive identity that, at the same time, embraces the past.

Forgiveness is a key to emotional and spiritual health that allows us to achieve closure with events in our life. Forgiveness is also integral to the purification or cleansing process. Rituals for forgiveness, such as confession and prayer, are available to us through our own faith traditions. In the case of my father, a man who turned his back on religion because of war, it was possible to ask for forgiveness by acknowledging the 17-year-old German he had killed. Speaking the truth about the past, making meaning of events and our own involvement in acts of war (perhaps self-preservation motivated our killing?) can sometimes lead organically to forgiveness, both of self and of other.


Veterans who have taken lives often experience a moral imperative to seek forgiveness, even if they have participated in a so-called "just" war. Some of them feel they've fallen from grace and are seeking redemption. Then there is atonement, which Dr. Tick calls, "action after forgiveness," taking a positive step towards repairing a world shattered by war. This can be as simple as offering a story of war's destructive power as a lesson for future generations, lest they forget. Or it could be more tangible, such a donation to a home for children orphaned in military conflict.

When I started *Go in Peace!* I had no clue how to talk to a veteran about war. For most of us, it's a scary prospect, opening the can of worms inside our veterans. But doing so is vital or they will remain infected, and the worms will eat away at them. Veterans are also scared of what will happen to us if they share, and, in this respect, they are often still acting as our protectors. It therefore behooves us to prepare ourselves well and find the courage to ask, then listen and receive.

Our job is to create an environment in which veterans feel they can speak without judgment. When they do speak, we must validate and not respond



with dismissive platitudes. One time, I watched as Grassman recognized a Vietnam veteran, and softly ventured: “I guess you saw some pretty ugly stuff during that time?” The veteran she addressed simply answered with a nod of the head. Sometimes, the response is simply a tear. And sometimes, as Grassman emphasizes, “The tear, is the story. Stories don’t have to be in words.”

One in four people who dies in the U.S. is a veteran (according to a 2013 VA report). Yet, to many caregivers, veterans remain as unseen and unrecognized as their wounds. At least 22 veterans a day kill themselves and many more engage in risky behaviors that endanger themselves and others and often result in death. Clearly, their pain impacts us and ripples through our world. Whatever our views on war, we must take responsibility for our veterans’ care. With understanding and compassion, we can all play a role in their healing. 

The 7-Step Go in Peace! Process

1. Recognize the veteran in the person (once a soldier, always a soldier)
2. Understand the symptoms of PTSD, “Post Terror Soul Distress”
3. Create safe physical and emotional space.
4. Prepare yourself and find the courage to ask the difficult questions to open the can of worms.
5. Listen and validate.
6. Create opportunities for ritual for acknowledgment of grief and loss, purification, forgiveness.
7. Support opportunities for atonement.