



**Pioneers and Prophets:
Moving Toward the Inclusive Church
Shortened (Introductory) Packet**

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**For the full packet of 2016 Disability Inclusion Sunday resources from PHEWA’
Presbyterians for Disability Concerns (PDC) network, go to:**

<http://www.presbyterianmission.org/ministries/phewa/presbyterians-disability-concerns/> or
<http://www.phewacommunity.org/pdcdisabilityconcerns/pdcresources.html>



**PRESBYTERIANS FOR
DISABILITY CONCERNS**

A Network of the Presbyterian Health, Education & Welfare Association (PHEWA)

Pioneers and Prophets: Moving Toward the Inclusive Church

Presbyterians for Disability Concerns (PDC) is offering our 2016 Disability Inclusion Sunday resources with thanksgiving and a challenge. We give thanks for the pioneers who had a vision of a church that welcomes people with all abilities. Our challenge is for each of us to join in a prophetic ministry that affirms that every person is created in the image of God and has gifts to bring to the church.

PDC was born out of the life experiences of Presbyterians who remained faithful to their calling as Christians even as they faced barriers in their churches and communities. One of these early pioneers was Nancy Jennings, one of the first PDC moderators. Nancy lived with seizures and encountered the fear and prejudice of people who believed that she had an “evil eye.” Some neighbors refused to allow their children to play with Nancy’s children because they believed that she was demon possessed. Every year we honor Nancy’s courage and faithfulness by presenting the Nancy Jennings Award to an individual or group that exemplifies her commitment.

Since its organization as a caucus in 1981 and its inclusion as a network of the [Presbyterian Health, Education and Welfare Association](#) in 1987, PDC has spoken with clarity and courage to change attitudes and to advocate for inclusion of people with disabilities in worship, education, service, fellowship, and leadership in the church. Each year, beginning in 2002, we have offered resources for Disability Inclusion Sunday which we celebrate this year on **June 12**, however any Sunday is a good time to lift up these concerns. We have developed and collected excellent resources but this year, the PDC leadership team chose to bring together some of the outstanding worship resources, articles, and stories from past years. A few first-time articles address urgent issues facing our churches and communities.

Among our most used resources are our suggestions for worship.

A sample of articles from this year’s larger packet include articles that address common misconceptions about disabilities and bring current issues to light.

To access the larger 2016 packet, go to <https://www.presbyterianmission.org/ministries/phewa/presbyterians-disability-concerns/> or <http://phewacommunity.org/pdcdisabilityconcerns.html>. Also at these links, you will find complete packets from 2010-2015 along with other resources that will be helpful to



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your congregation or worshipping community. We especially encourage you to consider a study of our 4-part curriculum [*Better Together: Transformed by God's Variety of Gifts*](#) available here and on those same links.

Disability Inclusion Sunday is only a beginning. We believe that God is “about to do a new thing.” (Isa. 43:19) So let us join the pioneers in a prophetic ministry that proclaims that all persons are created in the image of God and are valued members of the body of Christ. We challenge you to make every Sunday – and every day of every week – a day when no one is excluded, when all are welcomed. Only then will the church be healed and the Body will be whole. Thanks be to God!

Responsive Call to Worship

(adapted from June 22, 2008 lections: Jer 20:13; Ps 69:4; Gen 21:17-20; Mt 10:29-31; Ps 86:7,10,12)

One: Sing to the LORD;
praise the LORD!
for God is our deliverer.

**All: More in number than the hairs of my head
are those who hate me without cause;
many are those who would destroy me,**

One: Yet God opens eyes blinded by fear,
and abides with those who are marginalized.

**All: I will not be afraid,
for my life is cherished by God,
the living God who values even the sparrow.**

One: I have called on God, who will answer me,
the Holy One, who alone is God.

**All: I give thanks to you, O Lord my God,
with my whole being,
and I will glorify your name forever.**

The Rev. Robin Lostetter, 2008 PDC Leadership Team member
Pastor, The Western Presbyterian Church of Palmyra, New York

Prayer of Confession Disability Inclusion Sunday Worship

We confess, oh God, that we have so often been preoccupied by our own interests. We have not sought to hear your voice or follow your example. We confess the ways we have failed to show love, mercy and compassion to others. We have ignored the touch of those seeking to know and be known, we have been indifferent to others' calls for inclusion and participation and tuned out cries for justice.

God of infinite tenderness and strong compassion, weave your will into the fabric of our lives and our community of faith. Give us a new heart. Use us to touch the lives of others walking lonely roads, those who are brokenhearted because they have been ignored and labeled as "needy" rather than as "bearers of the image of God." Open our hearts that we may celebrate the dignity of all. And, Dear God, may our lives echo your desire that all might have life and have it to the fullest. In Jesus' name, Amen

The Rev. Donna Whitmore, Hospice Chaplain
Past Moderator, Presbyterians for Disability Concerns (PDC)

Prayer of the People Disability Inclusion Sunday Worship

Father Mother GOD, we gather in this sacred space to affirm again, together, our commitment to be your faithful servants. Give us courage to truly welcome all of your people, both the old and the young, the rich and the poor, those who believe they have no disability, and those who experience daily the challenge of living creatively with a physical, mental, or spiritual disabling condition. Help all of us to be open to confess our shortcomings and with gratitude, receive your embracing love and acceptance. As we gather in this INCLUSION Sunday Celebration, help us to renew again our sensitivities to those who are challenged by a disabling condition. Help us to be proactive in planning ways to make the path of life easier for all of your people. Help us especially to remember that we need to befriend our neighbors, not only when it is convenient, but throughout the day and the week. Teach us again and again how to be faithful in being instruments of your redeeming love. It is with gratitude that we place ourselves in your everlasting and powerful hands. Amen

The Rev. Dr. Timothy H. Little

Leader in PHEWA's [Presbyterian Association of Specialized Pastoral Ministries \(PASPM\)](#) network and the Presbytery of Sacramento's [Health Ministries & Older Adult Ministries Task Force](#)

A Litany of Inclusion

Disability Inclusion Sunday Worship

Leader: The earth is yours, O Lord, the world and all who dwell on the planet.

People: You have given us the privilege of caring for the earth and each other from the smallest to the greatest of all creatures. You command us to love neighbor and self, teaching us in story and parable how to do so.

Leader: By example you sent your only son, Jesus, as a little child when we wanted a conqueror, one who would rout the enemy, glorify the chosen, defeating forever, all but the worthy.

People: Jesus grew in stature and wisdom, teaching, healing, encountering people where they were, no matter their race, gender or ability.

Leader: Have we not heard? Have we not known? We are the ones to help the wounded stranger left for dead beside the road, to stretch out the hands of the leper and invite the beggar without sight to our homes.

People: We are compelled to love the neighbor who cannot love in return and to show by our actions that love means getting our hands dirty, working, worshiping and going to Sunday school with neighbors unable to read, unable to comprehend, unable to express themselves except by sounds we call disruptive.

Leader: We are the reticent, the fearful, and the patronizing, believing that if we use only our dollars to build ramps and widen doors, we may be missing the need to intentionally cultivate relationships with people in wheelchairs, scooters, or partnered with service animals.

People: We want to do the right thing: to go shopping with the person who is autistic, to incorporate the person with dementia or Alzheimer's into our lives, our communities, our churches, and to embrace veterans needing to talk of war, of lost loved ones in combat, of the PTSD that plagues them, and the flashbacks that come when least expected.

Leader: People with disabilities are our mothers, our fathers, our children, our teachers, our pastors.

People: We advocate for family members, cry out for justice and inclusion when our loved ones are shunned, bullied, set aside, impeded by the behaviors and attitudes of neighbors with good intentions.

Leader: God calls us to do the same for ALL people, to be the one who lowers the paralyzed man through the roof or describes scenes in a movie to the person without eyesight.

People: I, as one person, with or without a disability, can make a difference. I can learn to embrace disability in myself, to turn my attitudes into acts of inclusion praising God for technologies that enhance or bestow new ability. I can spread the good news about hearing devices, phones that talk, eReaders that speak curriculum, church bulletins, bibles, newspapers and restaurant menus.

Leader: I will adapt to a new norm of inclusiveness of all God's people. I will welcome the stranger as neighbor and not cast out those who manage life differently.

People: For even though you may not know, I, too, have been marginalized, laughed at, judged for difference of opinion, the constant shaking of my hands or the numerous times I have to ask someone to repeat themselves.

Leader: Let us reach out to neighbors across the street and around the globe, as the family of God's own making, the whole body of Christ, including one another because of, rather than in spite of, our diverse adaptations to life's challenges.

People: Let us sing a new song of inclusion where every voice is valued, every note a gift and every gift a hymn and every hymn an exclamation of praise to the triune God, creator, redeemer and sustainer who declares, "I am with you even to the close of the age."

The Rev. Jo Taliaferro

Teaching Elder in the Presbytery of the Twin Cities Area, active at North Como Presbyterian Church in Roseville, Minnesota.

Affirmation of Faith Disability Inclusion Sunday Worship

We believe in God who created all of us, regardless of ability, education, and religious background, in the Divine image. God enabled Moses and Aaron to work together in an interdependent relationship, so that each of their strengths could be used in Israel's deliverance.

We believe in Jesus Christ who encouraged all the children to come to him, who broke down social barriers, and who cared about people whom society shunned.

We believe in the Holy Spirit who encourages us to bring the Gospel to all people and who enables Christ's ministry of reconciliation and empowerment.

We believe that all people are equal before God and can be used for the establishment of God's rule on earth.

The Rev. Rick Roderick
[PC\(USA\) Disability Concerns Consultant](#)



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Scripture Suggestions Disability Inclusion Sunday

For All the Seasons of Life:

Genesis 1:26-31

Deuteronomy 6:4-9

Psalms 1, 139

Ecclesiastes 3:1-8

I Corinthians 12:4-13

Galatians 3:27-28

Matthew 22:34-40

James 1:5, 3:13-18

For a Focus on Children and Youth:

Exodus 2:1-10

I Samuel 3:1-10

Jeremiah 1:4-10

Luke 2:41-52

Mark 10:13-16

Deuteronomy 6:4-9

For a Focus on Older Adults:

Psalms 71:7-9

Luke 2:25-38

Compiled by the Rev. Bebe Baldwin
Presbytery of the Twin Cities Area Disability Concerns Ministry and
leader in PHEWA's Presbyterians for Disability Concerns (PDC) network

Hymn Suggestions from *Glory to God: The Presbyterian Hymnal*

Published 2013 by Westminster John Knox Press

#3 Womb of Life and Source of Being

Text: Ruth Duck, 1986, 1990, alt.

Music: Skinner Chavez-Melo, 1983

#19 God of Great and God of Small

Text: Natalie Sleeth

Music: Natalie Sleeth, 1973

#27 Sacred the Body

Text: Ruth Duck, 1997

Music: Colin Gibson, 1992

#297 In Christ Called to Baptize

Text: Ruth Duck, 1995

Music: Welsh folk melody; adapt in *Caniadau y Cyssegr*, 1839

#302 When Hands Reach Out and Fingers Trace

Text: Carolyn Winfrey Gillette, 2001

Music: English folk melody; harm. John Weaver, 1988

#372 O for a World

Text: Miriam Therese Winter

Music: Carl Gotthelf Glaser, 1828; arr. Lowell Mason, 1839

#653 Give Thanks to God Who Hears Our Cries

Text: Ruth Duck, 2007

Music: Wyeth's *Repository of Sacred Music, Part Second*, 1813; harm. Richard Proulx, 1975

#692 Spirit, Open My Heart

Text: Ruth Duck, 1994

Music: Irish melody; arr. Alfred V. Fedak, 2011

#754 Help Us Accept Each Other

Text: Fred Kaan, 1974

Music: Doreen Potter, 1974

#769 For Everyone Born

Text: Shirley Erena Murray, 1998

Music: Brian Mann, 2006

#770 I'm Gonna Eat at the Welcome Table

Text: African American spiritual, alt.

Music: African American spiritual; arr. Carl Diton, 1980, alt.

#806 I'll Praise My Maker

Text: Isaac Watts, 1719, adapt, John Wesley, 1736, alt.

Music: Attr. Matthaues Greiter, 1525; harm. V. Earle Copes, 1963

#807 When We Must Bear Persistent Pain

Text: Ruth Duck, 2004

Music: Walker's *Southern Harmony*, 1835; harm. David N. Johnson, 1968

#808 When Memory Fails

Text: Mary Louise Bringle, 2000

Music: Jean Sibelius, 1899; arr. *The Hymnal*, 1933, alt.

List compiled by Cindy Merten, Director of Christian Education and [All Abilities Inclusion Ministry](#), [First Presbyterian Church](#) of Birmingham, Michigan (Everybody's Church).



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Benediction

Disability Inclusion Sunday Worship

Friends, life is short and there is little time to build up others on this journey of faith with Christ. So be quick to love and make haste to be kind to all God's children. In this way, our faithfulness to God's command to love others may be a beacon of light to the world, now and every day. Amen.

The Rev. Ernest Krug, M.D.
Parish Associate, Third Presbyterian Church, Rochester, NY
Leader in PHEWA's Presbyterians for Disability Concerns (PDC) network

The Fix, Cure, and Kill Syndrome of Life with a Disability

The Rev. Sue Montgomery

PC(USA) Disability Concerns Consultant for accessibility/mobility issues

Over the years attitudes and understandings of life with a disability have changed dramatically. Years ago, children were routinely placed in institutional settings. The parents were told to go home and forget the child had ever been born. In the 1950's parents began to stand up to such advice and kept their children home where they were nurtured, educated, and loved just as they were. The Deaf Community was the earliest voice to defy standard medical care and to say deafness is not an aberration to be fixed or cured. The Deaf Community goes so far to say that deafness is not a disability. Instead, deafness is a linguistic minority and as such is human diversity. Deafness is as integral and as natural to a person's identity as their DNA.

The larger disability community has learned from the Deaf Community. No longer are people living with disabilities looking for ways to take our disabilities away or hide them so that we can "pass" as normal people. The emerging consciousness and affirmation of life with a disability is a radical change. Disability is no longer "a problem" that sets us apart from others. Disability is no longer something that takes us from doctor's office to doctor's office searching for a cure or a fix. Instead, disability is what it is, a part of who we are, and as such, for the first time, disability is positive. No one denies that living with a disability can be difficult, yet like any other form of diversity, disability brings new dimensions and understandings to life.

Religious faith and how faith traditions and understandings are taught play a significant role in the spiritual formation of people who live with disabilities. Again, as people with disabilities begin to explore their faith, not the faith of their parents, teachers, etc., but THEIR faith, new understandings of faith and of God are also emerging. When a colleague's father died, he was given the task of sharing his deaf father's instructions for his funeral with the officiating pastor. During the funeral—and at all times—there was to be no discussion that his father, once deaf, now hears in heaven. There were to be no statements that his father was healed in heaven and now heard the birds, the wind, and the ocean. The son went so far as to say, if such statements were made, his dad would rise from the coffin and correct them. The questions of heaven, the resurrected human body, are very real. They tug at our hearts; we question, wonder, and are perplexed by the mystery. At the same time, we project our understandings and wishes for life and the human body onto the image of the bodily resurrection. Ultimately this has a significant influence on how the body of a person with a disability is perceived and valued in life and in death.

Medical care has always sought to enhance and improve life, especially in the presence of illness or disability. The escalating technology that enables surgeons to repair injured joints, treat traumatic brain injuries and perform organ transplants has contributed to the numbers of survivors of traumatic injury and catastrophic illnesses. These medical miracles are at the heart of the drive to cure or fix the human body. The difficulty comes

when, due to injury or illness, such miracles cannot be performed. Eyesight cannot be restored when eyes are blown out by a roadside bomb; limbs cannot be replaced when a motorcycle accident severs a leg. However, many make the statement of faith that when they die, they will be made complete and whole, the heavenly body will have the broken limb restored, the missing limb will appear, the disability will be cured and fixed in death. This understanding is always a statement of faith geared to the individual. The difficulty comes in that it is not a universal statement of faith for everyone. This understanding deals a terrible blow and inflicts spiritual abuse and pain on many people who are living with disabilities. Such statements also carry the message that we who have disabilities have more value and are better off when we are dead. The final act of fixing or curing in heaven has more value than our lives here on earth.

During the summer, I was riding my handcycle on the bike trail. My cell phone rang. The call was for me to come to the hospital, a member of my congregation had been in an accident. As I was rolling through the hospital hallways one of the physical therapists stopped to talk. Being that I rarely, if ever, wore shorts at the hospital, this therapist was focused on all the surgical incisions that my bicycling shorts made quite visible. He looked at me and said: “Just keep telling yourself, the day will come when you will dance in heaven and all those scars will be gone, then you will be made perfect.” His words struck my heart loud and hard. They were upsetting as first of all, I dance in life now; two, I’m proud of my battle scars, they represent twenty years of therapy, surgery, and medical attempts to be fixed and cured; three, I don’t need to be perfect to be loved by God; and four, Jesus was raised from the dead with his scars, why not mine? What was most upsetting is that this physical therapist was demeaning everything about who I am, what I do, and how I live by giving my life value only in heaven—in death—when my disabled body was made perfect.

Children also are asking the questions. Children perceive how people value them just as they are. In 2000, Walt Disney Productions filmed the biographical story of Justin Yoder. Justin was born with Spina Bifida and discovered the sport of soapbox derby racing. Because fluid accumulates on Justin’s brain, careful monitoring of his shunt to drain that fluid is critical. After one of his surgeries he has a dream where he is talking with God—who just happens to be a racecar driver. He asks to see heaven. As the clouds part, Justin sees children flying through heaven, in their wheelchairs! It is a moment where the movie affirms Justin, just as he is, in life and in death. In terms of film history, this was a breakthrough moment for children who are learning to live with their disabilities. Disability culture breaks through with the message that disability is not something to be fixed, cured, or killed to give a person value.

Bodily images are significant issues for people living with disabilities. How people with disabilities understand and value ourselves is significantly tied to how disability became a part of life. A person who is born with a disability has a different perspective than someone who acquires his or her disability through accident or illness at a later time in life. How we, as pastors, develop our approaches to counseling, preparing funeral services, providing grief counseling, and respecting people with disabilities, who are seeking to live abundant lives in faith, is crucial to the development of healthy spiritual formation. It’s time to learn from the Deaf Community. Disability is not an aberration to



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be fixed or cured. Disability is a form of diversity and has a culture of its own. People do not have to die to find value in their lives. Instead, we need to reclaim the statement of faith, “in life and in death we belong to God.” Heaven will be what it is. It is in the hands of God. The time is now to make the statement of faith that all have value and worth. People with disabilities have a variety of gifts to share. One of the greatest gifts is the value of life itself, as life is, in the present. No one has the right to take that away from anybody—Jesus never did; Jesus reached out and accepted each person who came to him, just as they were. Such is the depth of spiritual love and grace.

Sue is one of four [Disability Concerns Consultants](#) who serve the PC(USA) in the areas of vision, mobility, hearing, and intellectual disabilities. Visit the PHEWA web sites, www.pcusa.org/phewa and <http://www.phewacomunity.org/> to learn more. You may also call the PHEWA office, 800-728-7228, extension 5800.

A Congregation, My Journey through Accessibility and Accommodations

By Rick Roderick
PC(USA) Disability Concerns Consultant and
Teaching Elder in Mid-Kentucky Presbytery

Participation in the life of the church is at the heart of the feeling of belonging. I have always felt it important to be part of a congregation, but certain things have blocked me from fully realizing my potential. Both on my own and with the support of my congregation, I have been able to make many of the adaptations necessary to deal with the issues involved. I am totally blind and have a significant hearing loss. Here is some of my story:

Reading

Singing is an important part of worship. I was able to get electronic versions of bulletins from my church, first on disk and then by email. However, at the beginning, hymns were not included, except for those that were printed in the bulletin for everyone.

During the mid-eighties, I was able to get a Braille copy of the Worship book. This was in several volumes, which meant that I had to bring the appropriate ones for each service. Our last two hymnals have been in electronic format. I can now save hymns as files and insert them into the appropriate places in bulletins that I Braille.

One of the difficulties of sensory disabilities is being out of the loop, not knowing what is going on within the life of the congregation and the wider church. Reading my church's newsletter was a hit or miss process for me during the eighties. I would get them on disk, but it was easy for people to forget my need for it. Now it is emailed to everyone in the congregation. Universal access is often what makes true accessibility possible. Other church information is also emailed to everyone.

Much the same thing has happened on the presbytery level. Daily announcements and materials for meetings are emailed to all involved.

WHAT CONGREGATIONS CAN DO: Reading is important for all of us. For people who are blind or have very low vision, it is imperative. Scanners and optical character recognition have provided many tools to make this process easier, but they have limitations. Perusing several short documents can be time-consuming. Pictures and handwriting cannot be recognized.

If these members have a computer, make the newsletter and other materials available in accessible format. Agree on which format. Microsoft Word usually works well.

Keep informed about resources. *Glory to God: The Presbyterian Hymnal* is available from www.bookshare.org, and members can download it.

For people who are not computer users, members might take turns recording the newsletter.

Members might also read mail and other documents for people who are blind.

Transportation

For those of us who are blind, getting around can be relatively easy or difficult, depending on the circumstances. People who are totally blind cannot drive. A few people who have low vision can drive, but often, they can only do so during the daytime.

WHAT CONGREGATIONS CAN DO: Transportation to and from worship and church functions may do much to facilitate participation in the life of the congregation. Helping members with grocery shopping and medical appointments is also helpful. In the church I attend, this is coordinated by the Board of Deacons.

Another approach is possible for certain functions. I am a member of my congregation's worship council. Because my wife's driving has become more limited than it used to be, she is often unable to drive at night. A member of the council and I both have iPhones. He did a Facetime call that allowed us to hear each other. He actually called twice, once for the unified gathering and again for the actual council meeting. I was able to participate in both gatherings, and I love to say, "I was and wasn't there at the same time."

This brings up an important point. Don't be afraid to be creative.

I Can Hear Clearly Now

In addition to my blindness, I have a significant hearing loss. I wear a hearing aid in one ear and a cochlear implant processor in the other. Noisy situations and low volume can both be problems. One of the difficult challenges that I encounter is reverberation. Many church sanctuaries and other rooms do not absorb sound. A great deal of clarity is lost for me. In other words, I can hear, but I don't understand.

Our sanctuary had soundproof tile that deadened sound, so that no echo or reverberation occurred. In remodeling, this was removed. I worked with members of the congregation to get FM assistive listening devices. I needed a neck loop because my hearing loss did not allow me to use headphones or earbuds well. The clarity that was lost to me has returned.

Our fellowship hall and gathering room had significant problems with echo. Noise levels could be high, and even when people were quiet, speech did not sound clear. When our building was remodeled, proper soundproofing was installed, and the situation was improved significantly.

WHAT CONGREGATIONS CAN DO: When remodeling or starting new construction, take acoustics into account. With our emphasis on the Word, make sure that the Word can be heard by all.



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If you install assistive listening devices, make sure they can be used by everyone who needs them. There are several types of systems and various output devices. FM, infrared and looped rooms are all methods of providing enhanced listening. Headphones, earbuds, and neck loops are output methods.

Get a good sound system, and make sure that it is used properly. Make sure that microphones are neither too close or too far away from the person speaking.

When a discussion is broken up into small groups, make sure each group can meet in a quiet place. The sound of different people talking at once can be a cacophony to someone who is hard-of-hearing.

I hope that some of these ideas have helped you think through ways of being a more inclusive congregation. If you have any questions or comments, please contact any of the PC(USA) Disability Concerns Consultants. We would love to hear from you.

Our website is:

<https://www.presbyterianmission.org/ministries/phewa/disability-concerns-consultants/>

The Church and Military Moral Injury

by Amy Blumenshine

Moral injury is a concept that is newly discussed among Veterans Administration (V.A.) psychologists but has been identified by surviving warriors for eons. The authors of the 2009 groundbreaking [article](#) on moral injury describe it as “lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.”ⁱ

The V.A. researchers identified that vets with moral injury were far more needy of V.A. services of all kinds, physiological as well as mental. Having killed, in particular, was associated with on-going problems.

Soul Wound

This is how the medical professionals approach the concept voiced so long by veterans as soul wounds, or “violating the Geneva Convention of the soul.” To some veterans, it’s as though there are actual laws written in the heart, primal laws that individuals may not even recognize until they’ve been violated, such as taking life, hurting children and the elderly, destroying people’s livelihoods, failing to give assistance to the needy. Capt. William Nash has put together a [helpful assessment tool](#) listing common causes of military moral injury.ⁱⁱ

Kent Drescher, a Presbyterian pastor and PTSD psychologist has been an early expert, noting that the [spectrum of disturbances](#) to a person’s moral core range from a diminished sense of oneself as a worthwhile human being on the mild end to, to, on the extreme end, identifying oneself as a pariah who deserves punishment.ⁱⁱⁱ Too many veterans find their rage triggered without awareness of the root cause and many self-medicate with harmful substances. For some, a skewed moral compass can lead to law-breaking of all kinds, including the laws of relationship. So many veterans become entangled with the criminal justice system that many jurisdictions have specialized courts exclusively for veterans. The murder-suicide rates are disproportionately high among veterans.

The manifestations of moral injury are multitudinous but, like other impacts/toxins/risk factors, different reactions can result from the same experience. Even more confusing is when someone, like the veteran’s spouse, appears to be suffering much more than the veteran. From a family systems perspective, we know that often the individual identified with problem behavior (the symptom bearer) may not be the person in the family with the underlying problem. As spiritual teacher Richard Rohr explains: “If we do not transform our pain, we will be sure to transmit it.”

In addition to damaging the sufferer’s capacity for relationships, moral injury can lead to suicide and other self-injurious behavior (like substance abuse). As a consequence of self-injurious behavior, a host of physiological ills, including those caused by constant high stress, can result.

All of these problems tend to be magnified for the youthful soldier. The hippocampus part of the brain, which is involved in both risk assessment and moral judgment, does not fully develop until after age 25. Accordingly, people under 25 are more likely to engage in behavior that they will later regret.

Because of youth, a person may not have a well-defined and strong sense of personal identity. The young adult may not be able to distinguish the difference between doing or just seeing horrible things and identifying oneself as a horrible person. Because of their exposure to war-time horrors, some will never feel comfortable in church again. One soldier told his mother, “The son that you used to love is gone.”

In addition, a young person’s developing moral judgment could become arrested. Some will rigidly hold that “Since nothing I did could have been bad, nothing the United States did could have been wrong, and every man, woman, and child who died in Iraq deserved it.” A more sophisticated, evaluative moral reasoning can never be tolerated without the vet confronting his/her own behavior. All exploration of the inner life, then, is avoided.

The armed forces work hard at training troops to overcome their natural resistance to killing by trying to objectify and dehumanize the “targets.” Unfortunately, some soldiers recognize that they or their comrades actually enjoy hurting or killing, having stoked the potential sadist in each of us. Some admit that “playing God” and using the powerful instruments of war can be satisfying or even fun. Much that seemed appropriate in the context of others at war can, in later years, lead to self-loathing, self-sabotage, and alienation—especially as one’s body energy flags with age or illness.

Intervening in Military Moral Injury

Moral injury, however, cannot be understood without also realizing the many other maladies that beset veterans. Detailing those, like chronic body pain, sleep difficulties, exposure to toxins, hearing impairment, military sexual trauma, post-traumatic stress disorder (PTSD), and traumatic brain injury, is beyond the scope of this paper. Veterans rarely ask for help for moral injury although many seek pastoral conversation. A pastoral care provider can provide an “anchor” of consistent relationship and concern over time for the veteran as the veteran addresses the particularities of their maladies with appropriate resources. The anchor concept is from [Belleruth Naparstek](#), who has developed excellent guided imagery resources to help veterans cope and heal.^{iv} [A national chaplains network](#) is available to provide help in navigating the complexities of the whole person.^v

PTSD and moral injury have been confused and often travel together but are not the same. PTSD is best understood as being stuck in a physiological survival reaction to the body being in mortal peril. Moral injury, however, wrecks a person’s sense of themselves as a moral person and their sense of the world as a place where other people abide by moral laws. The recommended treatment for PTSD of re-experiencing the trauma teaches the body that the body is now in safety. Repetitive re-experiencing

of the memory of the moral injury, like the killing of a little girl (or whatever the soul violation) is more likely to hurt than help the veteran. I, personally, am hopeful that the current sub-optimal success rate of PTSD treatments can be improved once moral injury is also addressed.

Congregational Help

We, in the Beloved Community, look to the wholeness of body, mind, and spirit with a different lens than the medical model. We encourage each other to lead moral lives in right relationship with God and our neighbors for a lot of reasons that can be capsulized as “a better life,” human flourishing, or our covenant with God. We also support cultivating the inner life of prayer and self-understanding, with the expectation that we continue to grow, that God is never done with us. The church has a unique and significant role for those seeking to mend the torn fabric of trust while spiritually growing into “right relationships” after war exposure.

The [Center for Soul Repair at Brite Divinity School](#) has done ground-breaking work related to healing moral injury, under the leadership of Rita Nakashima-Brock.^{vi} They have been described as “exploring how measurably the character and conscience and souls of our military are impacted by what they are sent to do in our name.” They also are among the pioneers in developing pastoral care models for repair in the aftermath of moral injury. They promote “Deep Listening” in which a sacred connection is made that allows safety for the wounded soul. So many veterans cannot articulate what troubles them. Indeed, one vet explained: “There are things that I don’t tell my therapist because my therapist couldn’t handle it.” Stephen Muse, who has long counseled military chaplains, advises, “Listen, witness, and weep.”

Catastrophic trauma, such as often encountered in war, is a moral and spiritual maelstrom. Survivors often have questions about God. Many wonder why God would permit certain things or how God will judge their own behavior. Human beings make meaning and judgments about what they have done that are often not rational. A [handbook](#) made for military chaplains gives numerous techniques practiced by chaplains that help individuals begin to make sense of their world and find an acceptable meaning out of their experiences.^{vii} One of the important techniques is to reflect rationally on percentages of responsibility for a particular action. This “Percentage of Guilt” discussion, which I’ll address later, is intended to help the veteran understand that many others share the responsibility, so that the weight, the burden of guilt, is distributed and less dis-abling to the veteran.

Group healing modalities can be very helpful especially since we are each other’s moral universe. Churches can support these opportunities. The 12-step programs (used so commonly to heal substance abuse) can be understood as fundamentally about healing from moral injury. One gives up the illusion of control, makes a fearless and searching moral inventory, with confession, and sets about making amends and living a life of service enlightened by the ongoing learning.

My organization promotes [Healing of Memories workshops](#) for veterans and those who love them.^{viii} Their creator, the Anglican Fr. Michael Lapsley has found that it is important that troubling memories be acknowledged, revered—treated with appropriate dignity, and given a moral context. Part of healing involves the restoration of the moral order. Prayer, love, and support create the safe space necessary for this healing, particularly when evaluating one’s own moral agency. There can be knowledge without acknowledgement, however, like the denial that operates in an alcoholic family. There also can be storytelling as a means of keeping hatred alive, Lapsley warns. He urges seeking to remember and to heal rather than to bury and forget. Toxic memories eventually infect whole systems. People give themselves permission to do terrible things to others because of what was done to them.

Obviously, the church has a long history of helping people with the moral injury that can occur when someone has been party to something that violates their deeply held beliefs. Simply participating in healthy congregational life can be an opportunity to have a corrective experience of love and care and forgiveness amongst trustworthy people. Participating in the weekly worship liturgies have often been cited by veterans as fundamental to their healing. For instance, one military prosecutor cited the language of baptism as giving him the capacity to refuse to participate in torture. It is also sometimes appropriate to offer special spiritual activities to veterans and their families. I’ve provided some examples in our book and that chapter is [posted online](#)^{ix}

The Church’s Larger Responsibility

The church, however, has a much larger responsibility in working towards the healthy character and conscience and souls of veterans and their families and their communities. The challenge of putting an appropriate moral frame around one’s military experiences is far too much for any one person or family to do on their own. The church can be a place of moral deliberation where people of faith responsibly reflect on war efforts, which are a collective responsibility. We can pay attention to the suffering of our veterans and their families. We can learn to converse about topics that are as significant as how our country is investing its blood and treasure.

Military commanders recognize that only a fraction of the troops actually engage in combat with the enemy; the bulk of the military are there to make that fighting possible. Those who fight can be envisioned as the point of the spear and the support personnel are at various places along the shaft. Returning to the “Percentage of Guilt” discussion, in which chaplains help sufferers determine who else holds responsibility for a regrettable act, all of us are somewhere on the shaft. We have a duty to review what is being done in our name and together to put an appropriate moral frame around it. As civilians, we hurt veterans and their families by categorizing them alone as carrying the moral weight of war; civilians, too, are complicit in every action.

Unfortunately, while some of us, especially those related to the military, are facing the mortal and moral peril of war, too many Americans appear disinterested or confused. Let us not confuse the moral weight of exposure to death with the spectator sports which preoccupy our society. Let us not confuse real killing and death with our dominant

fiction where the good guy kills the bad guy and nobody suffers. Churches must stand counter to these false narratives and affirm that each life matters. The stakes couldn't be higher: wild and precious life itself along with one's moral soul. No one is disposable. We are in this together. We matter to each other. We are one body.

And together, as experienced in the Healing of Memories workshops, we have the capacity to help each other heal. Survivors of the catastrophic trauma of war can find ways in which their pain can be transformed into something meaningful and constructive for society. Our faith communities, too, by confronting the moral and spiritual maelstrom through the experiences of those who fight in our name may reach a deeper level of social and spiritual engagement. May we not fail each other in this endeavor. May we together rise to the challenge.

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ⁱ "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy"

Brett T. Litz, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, Shira Maguen

Clinical Psychology Review 29 (2009) 695–706

<https://msrc.fsu.edu/system/files/Litz%20et%20al%202009%20Moral%20injury%20and%20moral%20repair%20in%20war%20veterans--%20a%20preliminary%20model%20and%20intervention%20strategy.pdf>

(Last accessed February 19, 2016.)

ⁱⁱ "Psychometric Evaluation of the Moral Injury Events Scale"

William P. Nash, Teresa L. Marino Carper, Mary Alice Mills, Teresa Au, Abigail Goldsmith, Brett T. Litz

<http://publications.amsus.org/doi/full/10.7205/MILMED-D-13-00017>

(Last accessed February 19, 2016.)

I would add one to his list. For the average well-fed American member of the armed forces, the mere exposure to extreme poverty can create a moral crisis.

iii “When They Come Home: Posttraumatic Stress, Moral Injury, and Spiritual Consequences for Veterans” Kent D. Drescher and David W. Foy
Reflective Practice: Formation and Supervision in Ministry, Vol. 28,
p. 91 <http://journals.sfu.ca/rpfs/index.php/rpfs/article/view/158> (Last accessed February 20, 2016.)

iv Belleruth Naparstek’s extensive set of products and studies related to veterans can be accessed at, <http://www.healthjourneys.com/Store/For-Our-Military/27> (Last accessed February 19, 2016.)

v The Healthcare Chaplaincy Network has a website oriented to veterans and their families with many helpful interactive features. <http://chaplaincareforveterans.org/veterans.html> (Last accessed February 19, 2016.)

vi The Soul Repair Center is foremost in the country in providing training and resources for moral injury related ministry.
<http://brite.edu/academics/programs/soul-repair/resources/> (Last accessed February 19, 2016.)

vii This handbook was created for Navy military chaplains before the term Moral Injury became current. http://www.healthcarechaplaincy.org/userimages/Spiritual_Care_PTSD_Handbook1.pdf (Last accessed February 19, 2016.)

viii Fr. Michael Lapsley developed the Healing of Memories workshops in South Africa in the aftermath of apartheid. The workshops have helped people around the world related to a variety of traumatic experiences. See his book *Redeeming the Past: My Journey from Freedom Fighter to Healer*. Orbis Books. 2012. ISBN 978-1-60833-227-4 The North American website is <http://na.healing-memories.org> (Last accessed February 19, 2016.) Workshops for veterans are currently being offered in Minnesota and Arizona.

ix “Twelve Spiritual Exercises for Use During the Church Year,” available online, are featured in our book *Welcome Them Home--Help Them Heal: Pastoral care and ministry with service members returning from war*

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<http://static1.squarespace.com/static/525c0463e4b030e5f071b18b/t/52ced42be4b0df4f2bf6ef43/1389286443094/Church+Year+Activities+%282%29.pdf>

(Last accessed February 19, 2016.) Permission for use link at <http://www.mpls-synod.org/veterans-ministry>

Our book was also published prior to the use of the term moral injury.



No Room in the Inn: Ellen's Story

As told to Bebe Baldwin

It was 10:30 at night and Ellen had been waiting in the emergency room of a large city hospital for five hours. She was waiting to see whether she would be admitted to the hospital. She lives with schizophrenia and, in the past, had made several attempts on her life.

Ellen's parents had brought her to the hospital from an adult crisis center. There, a social worker had probed every detail of Ellen's illness. "Are you hearing sounds or voices no one else can hear? ... Have you ever tried to harm yourself? ... Do you feel like hurting yourself now?" Ellen was confused and, at times unresponsive, but she answered as well as she was able.

The social worker determined that she needed to be hospitalized. He called the social worker in the hospital who agreed to interview Ellen. However, she could not promise that she would be admitted.

After arriving at the hospital, Ellen began the five-hour wait – for a mental health interview room, for an administrator who checked her insurance, for a nurse to take her vital signs. An emergency room doctor quizzed her again. "Do you hear sounds or voices no one else can hear? ... Have you tried to harm yourself? ... Do you feel like hurting yourself now?" Again, Ellen, who by now was exhausted and frustrated, answered the questions as well as she could, given the gaps in her memory.

Finally, the hospital social worker entered the interview room. She was a no-nonsense woman who must have interviewed hundreds of patients but who did so with kindness, even when she needed to be firm and direct. Again – the same questions.

The social worker left Ellen and her parents alone while she consulted with the doctor. As the minutes crept by, Ellen grew more frustrated and exhausted. Her parents had to ask themselves the same terrifying questions they faced with each visit to the emergency room. If Ellen were not admitted, would they be able to keep her safe, no matter how vigilant they were? Ellen was working with a psychiatrist and a therapist, but where, outside the hospital, was the intensive treatment she needed in order to survive this crisis?



Finally, the social worker returned. There was a bed for Ellen. She would receive the care she needed.

By this time, most of the doors to the parking ramp had been locked, so the social worker walked to the exit with Ellen's parents. She told them the "inside" story. For patients with mental illness, there remained one available bed in the hospital. It was the only one in that health care system, which included several large area hospitals. Two patients, Ellen and one other person, had both needed that one bed. There was no more room in the inn.

As they left the hospital, Ellen's parents felt an overwhelming sense of relief and gratitude. Their daughter was safe and would be receiving excellent care. They could hope and pray for her return to stability.

Ellen's parents returned home to a restless sleep, haunted by questions the larger society must face. What of the other patient, the one for whom there was no bed? Did she have a loving family to surround and support her? Would she be sent to a hospital in another city, far from her support system? Would she be sent home to cope alone? Or, what if she was one of the many people with mental illness who are homeless, who live in shelters or on the streets?

Questions to think about

- How much do you know about the availability of mental health care and emergency service in your area?

Lack of treatment is a social justice issue. One in four families is affected by mental illness, but an appalling lack of services exists. The community services that were to have replaced hospitals are not adequate in many parts of this wealthy nation. There is a critical shortage of hospital beds for patients who are in crisis. To discover the facts about your state, go to <http://www.tacreports.org/bedstudy>

- How can you get your church involved? How can you begin to break the silence and stereotypes about mental illness?
 - Create safe places where people with mental illness and their families can share their concerns. This may include support groups for families.

- Plan programs to raise awareness in the congregation. Give “permission” to persons who live with mental illness to speak about their illness. Invite them to help plan education events.
 - Include people who live with mental illness in service, leadership, and fellowship opportunities. They have unique gifts to bring to the congregation.
- How can the church influence the larger society? How can we put our faith into action?
- Form a connection with the [National Alliance on Mental Illness. \(NAMI\)](#) or another organization that lobbies for legislation. Mental health care is more than an individual issue. It is systemic and needs to become a priority in setting policies and budgets so that no one will be sent away because there is no room in the inn.