



STUDIES

IN THE SPIRITUALITY OF JESUITS

TO STAND BEFORE THE CROSS AND NOT
RUN AWAY: A PRACTICAL GUIDE TO
DIRECTING THE SPIRITUAL
EXERCISES FOR RETREATANTS WITH
POST-TRAUMATIC STRESS DISORDER
AND MORAL INJURY

CHARLES T. BARNES, SJ

53/2 SUMMER 2021

THE SEMINAR ON JESUIT SPIRITUALITY

STUDIES IN THE SPIRITUALITY OF JESUITS is a publication of the Jesuit Conference of Canada and the United States.

The Seminar on Jesuit Spirituality is composed of Jesuits appointed from their provinces. The seminar identifies and studies topics pertaining to the spiritual doctrine and practice of Jesuits, especially US and Canadian Jesuits, and gathers current scholarly studies pertaining to the history and ministries of Jesuits throughout the world. It then disseminates the results through this journal.

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ISSN 1084-0813

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a word from a member of the seminar...

The essay in this issue of *Studies in the Spirituality of Jesuits* is very timely, as many of us are confronted more and more with the greater and lesser traumas and spiritual challenges experienced by those we serve, in the face of the continuing COVID-19 pandemic and the breakdowns it has revealed and accelerated in our societies and cultures. While Charles Barnes's stated purpose is to apply "the principles of Ignatian spirituality to spiritual care for people who have experienced traumatic events in their lives," such as those suffering from PTSD and moral injury, I have found his insights helpful in my own work with several directees over the past few months, including one with a formal diagnosis of PTSD.

When I received my initial formation as a giver of the Exercises at Loyola House in Guelph, Ontario, Canada many years ago, one of the lively questions debated among the retreat house staff was in what sense the Spiritual Exercises could be applied to spiritual situations other than the vocational discernment (including reform of one's life) and the *schola affectus* envisaged by Ignatius for the tertianship. Some of the staff at the time practiced giving the Exercises in what they termed "healing mode" and "forgiveness mode," while others insisted that, although this might be a legitimate use of Ignatian spiritual principles, it did not constitute "giving the Exercises" as understood by Ignatius and really should be thought of as an adaptation in the spirit of the eighteenth annotation.

As I think back to that debate now, there was, at least to my mind, something too cut-and-dried, too black-and-white, about the question as it was framed. But the answer that finally emerged in the debate has stayed with me: Christ calls every Christian *out of* their present reality and *into* greater praise of God and loving service of the neighbor and will provide, through the action of the Holy Spirit in the Exercises, whatever graces are needed to empower the Christian to respond generously to that call. Barnes's clear distinction between the complementary

and mutually supportive roles of therapy and counseling, on the one hand, and spiritual care, on the other, allows him to define the task of the one who gives the Exercises to people living with PTSD and moral injury very much along the lines of this foundational insight.

There is something here as well that helps us grasp the contemporary experience of evil among our contemporaries, and perhaps among young people in particular. The spiritual challenge that the reality of both dramatic and systemic evil presents to young people already anxious about the future, and the questions this raises in their minds about the response of a just and loving God to that evil in the world, are not unlike the symptoms of moral injury as presented in this essay, and some useful and instructive parallels can be drawn between the two situations. In this light, Barnes's presentation of the Third Week—and specifically of Christ's cross as offering an experience of God's intimate solidarity with us in suffering the moral injury that arises from the sins of others, as well as the consequences of one's own sin—is very helpful.

A year ago, I joined a number of Jesuit scholastics from the Canadian province, a scholastic from the US, and a nurse, who is sister of one of the Canadians, at our infirmary in Pickering, Ontario, to volunteer there during an outbreak of COVID-19 early in the pandemic. Most of the residents became infected, and six of them eventually died during our stay (a seventh died later of the longer-term consequences of the illness). As such, accompanying the dying became a significant part of our work. There were many graces of this time; but since this was the early days of the pandemic, the pronouncements of authority were often conflicting and sometimes inappropriate to good care. And so, it became very important for the group of us to meet regularly not only to debrief and to share experiences but also to engage in spiritual conversation and communal discernment. This process ensured that we preserved our moral and spiritual agency, as did a final communal exercise that led our writing a short report to the provincial on our common experience. Barnes's insistence on a group dimension to the retreat thus resonates with our experience over the six weeks during which we served at the infirmary.

The first universal apostolic preference of the Society for the next ten years is to find ways to propose a way to God, particularly through

the resources of the Spiritual Exercises and discernment. This is, of course, a contemporary restating of the primary desire of Ignatius and the first companions, as captured in the Formula of the Institute: *ayudar a las almas*—to help souls. More and more, I believe that the greater service of our neighbor will involve, at least in the short term, what Barnes calls “soul repair,” whether in our preaching, our sacramental ministry, our spiritual accompaniment, or in any other way we try to propose a way to God. As you begin to read this essay, I invite you to place before your eyes the image of Ignatius on his convalescent bed in Loyola recovering from the multiple traumas of wartime injury and self-inflicted barbaric surgery, called *out of* this situation *into* the greater praise and service of God to be of greater help to souls.

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To Stand before the Cross and Not Run Away: A Practical Guide to Directing the Spiritual Exercises for Retreatants with Post-Traumatic Stress Disorder and Moral Injury

Charles T. Barnes, SJ

Ignatian spirituality lends itself well to the healing of traumatic memories at the core of Post Traumatic Stress Disorder and moral injury. The author offers suggestions for adapting Spiritual Exercises that emphasize healing, promote post-traumatic growth, and re-establish the beginnings of trust in oneself, in others, and in God.

Pope Francis's potent metaphor of the church as a field hospital rings true for those involved in the ministry of health care. As the Catholic chaplain on the Seattle campus of the United States Department of Veterans Affairs (VA) Puget Sound Health Care System since 2015, I have had the privilege of ministering to and accompanying veterans from diverse backgrounds who suffer from a range of illnesses. Patients who experience post-traumatic stress disorder (PTSD), however, present the greatest challenge. My particular interest lies in applying the principles of Ignatian spirituality to spiritual care for people who have experienced traumatic events in their lives. This paper presents the learning I have gained through the process of working with traumatized individuals both inside and outside the VA—a process that has led

me to assume the role of spiritual care clinician in the outpatient clinic of that ecclesiastical field hospital.

My experience in directing non-veterans—in a retreat setting or in ongoing spiritual direction—has shown that a director never knows what to expect when a directee arrives for the first time. At a retreat practicum one summer during my theology studies, one of my assigned directees was struggling with issues that developed as a result of having been sexually abused by his pastor when he was a teenager. I managed to retain my composure just long enough to see him out the door and get to the directors' dining room before my own distress surfaced.

An increasing number of directors encounter directees who have experienced major trauma at some point in their lives and who now live with the effects of that trauma. For many, this also includes a diagnosis of PTSD. A directee's mere mention of this diagnosis strikes fear in even the most experienced directors of the Spiritual Exercises of St. Ignatius Loyola (1491–1556), though Ignatian spirituality has much to offer as a means to promote spiritual growth and healing of past traumas.

This paper divides into four parts: a brief description of how traumatic experiences impact one's relationship with God; an overview of the current research into PTSD and its partner, moral injury, and how these affect the spirituality of the individual; the effective use of the dynamics of the Exercises in directing an individual with PTSD and moral injury; and an overview of the qualities that any director must have, in addition to concrete suggestions.

I. How Trauma Affects Our Spirituality

A popular misconception holds that PTSD only happens to veterans who have fought in combat. In truth, PTSD affects people in many walks of life, including first responders, such as police, firefighters, and paramedics; victims of serious incidents, such as car accidents or natural disasters; and those who have experienced personal trauma, such as assault, rape, or hostage-taking. The most recent data collected by the federal government indicates that 6.8 percent of American adults have had PTSD at some stage during their lifetime. Other

findings suggest that women (10.4 percent) are twice as likely as men (5 percent) to be diagnosed with PTSD.¹

What happens when we experience a traumatic event? Most of us have the capacity to take difficulties and challenges in stride about 90 percent of the time, even though we find them disagreeable. When we are personally affected by the occasional tragic event—an assault, a car accident, or a natural disaster that destroys home or property or, more seriously, that may kill or injure friends and loved ones—the seriousness of the event overwhelms our usual ability to cope, leaving us vulnerable, exposed, and confused. Our brains begin to shut down psychologically for a period of time or we experience emotions such as anger, sadness, or fear.² And although we may be able to work through and heal from one particular incident, repeated experiences of trauma can have a devastating cumulative effect on us.

Edward Tick, a psychologist who works for the VA, describes a patient he treated in 1997, a Bosnian Muslim who was taken from his home and interned in a Serbian concentration camp for nearly a year.

He chain smokes. He can't sleep, or, when he does, he has nightmares of camp experiences. He can't concentrate enough to read or write. He avoids his wife and family and has no friends. He hides in his apartment, which he cannot clean, during the day. He hides from the light. He spends hundreds of nighttime hours aimlessly walking the streets of the foreign city that hosts him, or sitting in front of the television watching programs he cannot understand, but quickly flicking off any pictures of violence. He is tortured by headaches for which he can find no relief. He rarely changes his clothes, and he keeps his hair cropped to the scalp as it was in the camps.³

¹ Jamie L. Gradus, DSc, MPH, "Epidemiology of PTSD," National Center for PTSD, US Department of Veterans Affairs, <https://www.ptsd.va.gov/professional/treat/essentials/epidemiology.asp>.

² George Everly and Jeffrey Mitchell, *Integrative Crisis Intervention and Disaster Mental Health* (Columbia, MD: Chevron Publishing, 2008), 35–36.

³ Edward Tick, *War and the Soul: Healing Our Nation's Veterans from Post-traumatic Stress Disorder* (Wheaton, IL: Quest Books, Kindle edition, 2005), 98.

The effects of this man's experience are not unique. A countless number of people throughout the world have fallen victim to major traumas. From the Rwandan genocide and ethnic cleansing of Rohingya Muslims to the ongoing conflicts in Iraq and Afghanistan and the tribal and ethnic clashes and hatred, all these events exact an indiscriminate toll on combatant and victim alike.

Trauma can also happen closer to home and can arise out of the blue. A young man shot in the back during a robbery is left paralyzed from the waist down. A young sailor is sexually assaulted by his shipmates as part of a hazing ritual. Children are sexually molested and abused by people they thought they could trust: family members, clergy, teachers. A close and popular friend attempts or completes suicide. The list goes on. Those in the helping professions, ministry in particular, can be confronted with people who have suffered these experiences. We may have even experienced them ourselves.

One study found that positive religious and/or spiritual experiences have a certain positive effect on reducing PTSD-related symptoms.

lyzed from the waist down. A young sailor is sexually assaulted by his shipmates as part of a hazing ritual. Children are sexually molested and abused by people they thought they could trust: family members, clergy, teachers. A close and popular friend attempts or completes suicide. The

Judith Herman notes that the effects of serious or repeated traumatization “destroy the victim’s fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation.”⁴ This results in “a sense of alienation, of disconnection, [that] pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion.”⁵

This acute spiritual and emotional alienation challenges our assumptions of a just and fair world and of a God who protects us from evil. We know that evil exists, but when it intrudes, it leaves us questioning all that we had trusted and believed in, up to and including our relationship with God. Why does a good and benevolent God allow evil to happen? This is the classic—and unanswerable—question that we often hear.

⁴ Judith Herman, MD, *Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror* (New York: Basic Books, Kindle edition), 51.

⁵ Herman, *Trauma and Recovery*, 52.

Some people fear divine retribution for sin and evil, either individually or collectively, while others question the existence of God or the meaningfulness of religious practices previously taken for granted.⁶

II. PTSD, Moral Injury, and the Soul

The above discussion provides an overview of people's experiences during and after traumatic events. Many recover, even to the point of being able to find God in the midst of their experience. Others, however, are less fortunate. The stresses that they live with in the aftermath of trauma lead to long-term emotional and spiritual damage that disrupts their lives and prevents them from ever finding peace. While for some this becomes PTSD, others experience a particular kind of spiritual alienation called *moral injury*. Often, these two conditions exist simultaneously, where the symptoms of one affect the symptoms of the other. For this reason, we need to look at PTSD and moral injury in greater detail.

A. PTSD

In the immediate aftermath of a traumatic event, many people experience symptoms of traumatic stress. The symptoms commonly associated with PTSD— intrusiveness memories (e.g., flashbacks or nightmares), avoidance of things associated with the trauma, and anxiety and/or hyperarousal or behavioral and emotional changes (e.g., mood swings, angry outbursts, or an exaggerated startle response)— may all be present, but they usually subside after two to four weeks. If these symptoms persist, then the thought and reaction patterns/memories may be hardwired into the brain pathways and become habitual.⁷ Furthermore, these symptoms often last for decades. Some of those who suffer with PTSD avoid treatment altogether, succumbing

⁶ Jennifer Wortmann, Crystal Park, and Donald Edmondson, "Trauma and PTSD Symptoms: Does Spiritual Struggle Mediate the Link?" *Psychological Trauma: Theory, Research, Practice, and Policy* 3, no. 4 (2011): 442–52.

⁷ Everly and Mitchell, *Integrative Crisis Intervention and Disaster Mental Health*, 42–44.

to the pervasive fear of opening up the wounds that trauma created. Others attempt to self-medicate using alcohol or drugs, while others engage in dangerous behavior. Generations of people, especially in our military, experience these symptoms on a regular basis; however, it has only been in the last forty years that PTSD as a legitimate diagnosis has been taken seriously by the mental health community.

Little research has been done on the specific intersection of PTSD and spirituality or, more explicitly, on how PTSD impacts one's belief system. One study found that positive religious and/or spiritual experiences have a certain positive effect on reducing PTSD-related symptoms, but more research needs to be done.⁸ For this reason, it is difficult to determine the exact effects of spirituality on PTSD symptoms. Much of the research to date has focused on a distinct and parallel effect of trauma called *moral injury*, which is of particular relevance to our discussion.

B. Moral Injury

According to clinical psychiatrist Jonathan Shay, moral injury consists in "a betrayal of 'what's right' either by a person in legitimate authority or by one's self in a 'high-stakes situation.'"⁹ In other words, moral injury occurs through actions or inactions that violate a person's sense of right and wrong in a serious or traumatic situation. For example, a veteran once deployed to guard a convoy moving through the Bosnian countryside recounted that he had been under strict orders to protect the convoy at all costs. As those in the convoy approached a small village, they heard gunfire and were ordered to return fire. They did so, firing several mortar rounds. As they neared the source of the gunfire, they discovered that they had not been firing at Serbian insurgents but rather at a wedding party whose guests were shooting their guns in the air in celebration.

This devastating mistake, responsible for the deaths of multiple innocent civilians, constitutes a classic example of moral injury. Military

⁸ Wortmann, Park, and Edmondson, "Trauma and PTSD Symptoms," 449.

⁹ Jonathan Shay, "Moral Injury," *Psychoanalytic Psychology* 36, no. 2 (2014): 182–91.

rules of engagement explicitly forbid firing on or targeting civilians (betrayal of what is right). Yet he was ordered to fire, and he did so (perpetrated by one in authority or by oneself—both in this case) in a context of mortal danger from an enemy (a high-stakes situation).

In addition to experiencing moral injury through acts, one also can experience moral injury through omissions. For example, spouses or siblings of abuse victims may sometimes feel intense guilt or shame because they believe that they neglected to prevent or stop the abuse of a family member. Or a soldier being sexually molested by a corpsman may become emotionally frozen and unable to stop the perpetrator from continuing the abuse.

For those who experience traumatic events, moral injury can exacerbate PTSD symptoms. Shay suggests that the results of moral injury include such destructive behaviors as risk-taking or suicide, or behaviors that lead to addiction.¹⁰ In addition, traumatic experiences also destroy their ability to trust others, including those who are working to help them, such as psychologists or chaplains. As Judith Herman writes, “Their capacity for intimacy is compromised by intense and contradictory feelings of need and fear.”¹¹

Loss of trust in God is another manifestation of moral injury. As mentioned previously, any traumatic event can lead us to question God’s benevolence and plan; moral injury, however, leaves us in such an acute state of guilt and shame that we cannot believe that God can forgive us for what we have done or not done, as the case may be. For example, one Vietnam veteran, after being given incorrect coordinates, believed that he was firing on a barn where Vietcong insurgents were hiding. When the mortar he fired exploded, he discovered to his horror that he had fired on a village of innocent civilians, including women and children. To make matters worse, when he reported the incident, his superiors tried to cover up by saying that it was “an enemy bombardment.” This man has been haunted by the experience for over forty years and, even though he is a practicing Catholic and a catechist in his

¹⁰ Shay, “Moral Inquiry,” 184.

¹¹ Herman, *Trauma and Recovery*, 56.

parish, he believes that God will condemn him to hell for what he has done. His actions, he believes, are beyond forgiveness.

In this way, people often experience guilt and shame as a result of bad actions or omissions, particularly in the context of a traumatic event. Generally, these feelings subside as they work through the trauma using their normal coping mechanisms. In some instances, however, they can experience not only guilt and shame but two more intense and damaging reactions. First, the traumatic event can provoke an existential or spiritual crisis. Here, people experience a loss of meaning characterized by a loss of faith or a fundamental questioning of their relationship with God and God's relationship to humanity, up to and including struggles with the age-old questions of good and evil and why a God who claims to be good allows evil to exist. Second, people can question their own personal sense of goodness and whether the acts they have committed can ever be forgiven. This can lead to a profound loss of trust in themselves, others, and, ultimately, God.¹²

Moral injury as a concept has been gaining traction within the psychiatric community, even though the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* only recognizes elements of moral injury as part of its diagnostic criteria for PTSD.¹³ Still, Shay's above-mentioned definition helps chaplains, clergy, and spiritual directors to assess moral injury and its impact on the individual.

III. An Ignatian Approach to PTSD and Moral Injury

The VA's commitment to treat and assist veterans diagnosed with PTSD focuses on the goal of teaching them how to cope and offering techniques to prevent symptoms—a combination of medication, group therapy, psychological techniques, one-on-one

¹² Jeremy D. Jinkerson, "Defining and Assessing Moral Injury: A Syndrome Perspective," *Traumatology* 22, no. 2 (2016): 122–30.

¹³ Solely for informational purposes, the National Center for PTSD publishes a summary of the diagnostic criteria for PTSD, accessible at https://www.ptsd.va.gov/professional/treat/essentials/dsm5_ptsd.asp. PTSD should only be screened and diagnosed by a licensed mental health professional.

counseling, and spiritual interventions such as meditation and mindfulness. Many veterans, however, lament that very little is done in the way of “soul repair”—that is, healing the brokenness that has resulted from their traumatic experiences. This requires engaging the underlying trauma in a compassionate and forgiving way, which is a tall order for many. For a variety of reasons, mental health professionals often avoid the area of spirituality, and pastors and spiritual directors feel ill-equipped to offer effective help.

The remainder of this essay will focus on how clergy and spiritual directors can use the Spiritual Exercises to address not only spiritual issues related to trauma but also issues of moral injury as it relates to PTSD. Before we do so, however, we need to look at the aims of spiritual direction and spirituality and how they relate to the concept of “spiritual healing.”

A. What Is Spiritual Healing?

Before any process of care or assistance begins, directors must be clear about what specifically they will attempt to heal and what they will not. To plunge headlong into the Exercises without grasping this concept can have grave consequences for both director and directee. In other words, the approach as well as the goal must be realistic.

To begin, Ignatian spirituality is well-suited to address the area of soul repair, and more specifically, the Spiritual Exercises of St. Ignatius can effectively address issues of moral injury. But although working to heal moral injury may indeed have a positive impact on one’s PTSD symptoms, it cannot be the primary focus, given that this work necessitates collaboration with mental health professionals.

On this point, theologian Tad Dunne’s book, *Spiritual Exercises for Today*, includes a section on spiritual healing that proposes a powerful but very modest goal: “To bring Christ’s light and comfort into one painful area of your life.”¹⁴ People who have worked with traumatic events

¹⁴ See Tad Dunne, *Spiritual Exercises for Today* (New York: Harper Collins, 1991), 128–37.

either in themselves or in others know that this is deceptively simple. The emotions connected with trauma often go very deep and can be challenging to dislodge. Denial, fear of “bringing it all up again,” and the ineffectiveness of past attempts at healing make it difficult for the directee to address traumatic experiences head-on. Add addictions, anger, or psychological issues, such as anxiety or depression, into the mix, and PTSD becomes a phenomenon that cannot and should not be addressed alone or in a vacuum. All of this highlights Dunne’s statement that only Christ can effectively mitigate the interior pain we experience.

The late Jesuit psychologist Charles Shelton (1950–2014) elaborates on this theme by emphasizing that directors must recognize that they are doing spiritual direction and not psychotherapy.¹⁵ However, we should stress that the directee who suffers from PTSD must confront particular risks that those without PTSD do not necessarily encounter. The trust that PTSD victims have lost must be slowly and painstakingly rebuilt so that they become increasingly transparent to their directors. Within this context, however, misunderstandings can inadvertently but easily happen, leading directees to believe that trust has again been violated, which can result in psychological triggers that can cause the directee to relive the event that causes re-traumatization and that can lead to depression and even suicide. In other words, a director, especially an inexperienced one, can easily get into a situation beyond his or her competence or accidentally cause harm to the directee.

For this reason, a coordinated approach with mental health resources is vital. I require directees to see a mental health professional over the course of the Exercises in order to work on their psychological goals, stay current on their medications, and voice any relevant emotional concerns. This reflects a growing trend toward the integration of mental health and spiritual care whereby spiritual directors and mental health professionals are able to see and value each other’s work and form a common alliance toward healing the individual.¹⁶

¹⁵ Charles M. Shelton, SJ, “When a Jesuit Counsels Others: Some Practical Guidelines,” *Studies in the Spirituality of Jesuits* 32, no. 3 (May 2000): 11.

¹⁶ See Steve Sullivan, Jeffrey M. Pyne, Ann M. Cheney, Justin Hunt, Tiffany F. Haynes, and Greer Sullivan, “The Pew Versus the Couch: Relationship Between Mental Health and Faith Communities and Lessons Learned from a VA/Clergy Partnership

So, where does all this leave us? First, spiritual directors already utilize many techniques in their normal practices that can be easily applicable to directing someone with PTSD and moral injury. Definite parallels exist in the psychological and spiritual relationships between helper and client/retreatant. For example, professional counselors LeBron McBride and Gloria Armstrong suggest that the late psychologist Donald Winnicott's concept of a "holding environment"—a safe space created by the helper that invites the retreatant/client to risk becoming increasingly transparent—constitutes a place of unconditional acceptance that mirrors God's unconditional love. This, in turn, allows individuals progressively to trust the helper and eventually feel safe enough to disclose their deepest vulnerabilities—a process that can affect positively both the emotional and the spiritual realms.¹⁷

Traumatized individuals frequently experience a sense of brokenness in their relationship with God.

This experience underscores and builds on concepts advocated by both Dunne and Shelton, acknowledging and strengthening the arguments for the importance of spiritual healing and the possibility of spiritual directors to collaborate in this work through outlining an established spiritual framework to address the effects of trauma. While bringing the full Exercises to bear in the healing of trauma expands Dunne's work, Shelton reminds us of the clear professional and interdisciplinary boundaries that all parties must respect.

Second, traumatized individuals frequently experience a sense of brokenness in their relationship with God, given that their image of God and their outlook on the world have suddenly and fundamentally changed, which can lead to a sense of abandonment by God, difficulty praying, and a loss of meaning, gratitude, and hope. If left unaddressed, this experience can eventually damage their relationship to God.¹⁸ In

Project," *Journal of Religion and Health* 53, no. 4 (August 2014): 1267–82.

¹⁷ J. LeBron McBride and Gloria Armstrong, "The Spiritual Dynamics of Chronic Post Traumatic Stress Disorder," *Journal of Religion and Health* 34, no. 1 (Spring 1995): 5–16.

¹⁸ George S. Everly, *Pastoral Crisis Intervention* (Columbia, MD: Chevron Publishing Corporation, 2007), 36–39.

the words of one Vietnam veteran, “I feel like I’ve lost my sense of grace about myself and the world, I don’t belong here anymore. I don’t fit. I don’t deserve God’s love.”¹⁹ This expresses what has unfortunately become the norm for many people with PTSD and illustrates the need for a strategy for such people to address that broken relationship as a way to begin the process of seeing themselves as loveable and worthy of forgiveness.

Finally, moral injury almost always manifests as an inordinate, unrelentingly desolate attachment. But if we approach our emotions and feelings as created goods, then we can heed Ignatius’s admonition in the First Principle and Foundation that “we ought to use these things to the extent that they help us toward our end, and free ourselves from them to the extent that they hinder us from it.”²⁰ Obviously, we cannot rid ourselves of emotions but rather must try to recognize that avoidance of emotions associated with trauma can become toxic to our interior lives. This in turn can result in a deep loneliness and isolation that can lead to unhealthy attempts to cope, including chemical addictions or dangerous behaviors such as prostitution.

B. Trauma and the Third Week

As mentioned above, PTSD and moral injury are painful consequences of the traumas that people experience and of the the moral failures that they commit or omit. But their suffering as a result of these traumatic events can serve as the key for Christ to heal them. For this reason, the Third Week experience of the Exercises can mitigate many of such a retreatant’s inordinate attachments. In this moment, the individual unites his or her suffering to that of Christ during the Passion in asking for the grace of “sorrow with Christ in sorrow; a broken spirit with Christ so broken; tears; and interior suffering because of the

¹⁹ Tick, *War and the Soul*, 130.

²⁰ *Spiritual Exercises* 23, hereafter abbreviated *SpEx*; *The Spiritual Exercises of Saint Ignatius: A Translation and Commentary*, trans. and ed., George E. Ganss, SJ (St. Louis, MO: The Institute of Jesuit Sources [IJS], 1992), 32. All quotations from the *SpEx* are from this edition.

great suffering which Christ endured for me.”²¹ It is the experience of a shared sense of suffering and the compassion that Jesus shows to the good thief, even while Jesus is hanging on the cross (Luke 23:39–43). This can empower the individual to recognize in a tangible way how the blood of Christ wipes away sin (1 Jn 1:7).

One person came to this realization by assuming the role of the apostle Thomas during his contemplation of the Passion. The retreatant described Thomas as inquisitive, not shying away from asking the difficult questions and, more importantly, being able to listen to the answers that Christ gave to him. Through this, the retreatant came to realize, through his experience of following Christ, that, despite the evilness of the sin at the heart of moral injury, a single act does not define him, such that he no longer called himself evil.

Another person who had been struggling with both moral injury and PTSD had to pause while making the Exercises during the Third Week because of some unrelated health issues. During this time, he was diagnosed with amyotrophic lateral sclerosis (ALS)—a progressive motor-neuron disease that leads to the eventual breakdown of muscle function. After his diagnosis, he made an appointment with his local pastor. While waiting, he noticed a picture of the crucifixion on the wall of the church and immediately recognized the immensity of Christ’s love and mercy as he hangs on the cross. At that realization, he broke down and cried for the first time in fifty years.

A week later this same person made an appointment to see me. During that appointment, he recounted what had happened and how he had reacted, and we talked about how the experience had led to an interior conversion of heart that is preparing him for the future. As such, he had completed the Third Week.

C. Suffering versus Sin

In both of the foregoing cases, we realize something important: while the First Week may have to do with sin and its effects, the Third Week

²¹ *SpEx* 203; ed. Ganss, 83.

involves suffering. From this perspective, people with moral injury must come to terms with the suffering they endure even though the sin was forgiven long ago. And so, by placing their suffering selves at the foot of Christ suffering on the cross, they can discover the capacity to forgive themselves. Of course, those who suffer from trauma carry with them these events and emotions for the rest of their lives. However, they can recognize, over time, that forgiveness, rather than a means to forget or to minimize their sinful actions or omissions that result from a traumatic event, invites them into an attitude of wonder: "How is it that [the earth] has not opened up and swallowed me, creating new hells for me to suffer in forever?"²² In this way, the experiences and lessons of past events can move our hearts to conversion and help us to learn from the past to make choices more consonant with God's greater glory.

On this note, we frequently tend to conflate the notions of sin and the suffering caused by its effects, treating them as an inseparable package. Moral injury, however, requires that we view these two realities, despite their inexorable link, as separate. With this in mind, we must, in many cases, attend to the interior suffering rather than to the sin. However, confessors and spiritual directors often make the mistake of attempting to mitigate the sin itself, assuming that this will alleviate the suffering. Here, unhelpful statements made in an attempt to address sinful acts include, "It wasn't your fault," "You were just a kid back then," or, "There was nothing anyone could have done." Regardless of the truthfulness of these statements, they provide no comfort to those who believe that they have catastrophically transgressed God's law and are therefore convinced that they will be condemned to hell when they die. One directee told me that he is fed up with having heard these words from successive psychotherapists, peers, and even, in the context of sacramental penance and reconciliation, priests.

Here, the dynamics of the Exercises can help address denial, which can be particularly difficult to dislodge. The intensity of prayer and specifically the experience of the colloquy begin to chip away at that denial, revealing the sin or transgression for what it is. The point in all of this is to explain, not to excuse. To illustrate, a little boy who

²² *SpEx* 60; ed. Ganss, 44.

is powerless to prevent his mother from being beaten by her drunken boyfriend may experience an understandably paralyzing fear that the boyfriend may turn the abuse toward the child should he attempt to intervene. The little boy, now an adult, may view the inaction as a sin of omission—of not preventing his mother from being beaten, regardless of the fact that merely witnessing the incident is itself traumatizing, especially for a child.

In looking at the First Week of the Spiritual Exercises, the late Jesuit spiritual director John English (1924–2004) points out that the wounds that the Exercises address are the effects of our own sins. Here, he makes the distinction between these effects and the pain and sorrow of others' sins inflicted upon us—of being sinned against—and posits that Ignatius did not intend the First Week to be a meditation on the latter.²³ With respect to moral injury, however, the distinction is not so clear-cut. Some people may view the failure to live up to their own expectations as a form of sin, especially if this failure results in some sort of injury or death. In their eyes, the fact that the tragedy may have been impossible to prevent speaks of their own perceived moral cowardice. In other words, while sin has to do with the discrete act or omission, moral injury refers to the suffering that one experiences as a result.

The complex sins that underlie moral injury represent a challenge for both director and directee.

But in situations where an individual actually did commit a sinful act, explanations can be just as difficult to understand. For example, a common tactic of the so-called Islamic State is to force children to carry suicide bombs that they are brainwashed into detonating.²⁴ This puts soldiers in an impossible position: because allowing a child to pass unchallenged can result in the death of an entire platoon, shooting a child may save the platoon or result in the death of an innocent child walking home from school.

²³ John J. English, SJ, *Spiritual Freedom* (Chicago: Loyola University Press, 1995), 55.

²⁴ Ben Rosen, "ISIS Is Not the Only Group to Use Child Suicide Bombers," *The Christian Science Monitor*, August 22, 2016, <https://www.csmonitor.com/World/2016/0822/ISIS-is-not-the-only-group-to-use-child-suicide-bombers>.

For this reason, the complex sins that underlie moral injury represent a challenge for both director and directee. These sins are to be acknowledged and absolved for what they are: the failure of people to use their God-given freedom “to reverence and obey their Creator and Lord.”²⁵ The colloquy here becomes very important: the directee speaks directly to Christ who knows the messiness of sinful situations and can help the directee to see God’s mercy working in real time. Through this process, the directee slowly recognizes that the relationship with God is the only completely safe relationship, given that God knows everything about the person, sometimes even before he or she realizes it. In this way, the reality of God’s mercy appears.

IV. Adapting the Exercises for a Retreatant Who Has PTSD

The men and boys of his village were arranged into pairs; friends, fathers and sons, cousins were placed face to face. One of each pair was given a pistol while Serbian guards held guns to their heads. The men with pistols were ordered to shoot their partners. If they did not do it by the count of ten, they would be shot themselves. Tearfully and in a choking voice, Jasmin told me that his own partner, his uncle, had looked him in the eyes and ordered, “Do it! You have to! I forgive you!” Those were his last words.²⁶

—Edward Tick, recounting the experience of a
Serbian concentration camp survivor

A. Preliminary Considerations

It is hard to read the above statement without feeling repulsed or even disgusted by it. Of course, we should be; but this is not the point. The point is that directors who work with traumatized people are likely to hear shocking stories like this, and how the director reacts to these stories will have a direct bearing on the overall relationship

²⁵ *SpEx* 50; ed. Ganss, 41.

²⁶ Tick, *War and the Soul*, 88.

between director and directee. Which is to say that directing a person with PTSD is not for the fainthearted. The director must accompany retreatants, along with the Lord who heals, into the depths of their personal hell and lead them safely back out again, which requires patience and making some adaptations to the Exercises. And it challenges directors to be fully present and nonjudgmental regardless of their personal views or dispositions.

Again, the purpose of the Exercises is not psychotherapy. Treatment of PTSD is complex and requires a team effort that attends to the physical, psychosocial, and spiritual aspects of a person's well-being. Directors must therefore be firmly rooted in the spiritual domain in their own lives in order to address retreatants' moral injuries. Here, essential supports for the director include supervision and a place to process emotions. It also helps if the director has access to information about how physicians and mental health professionals contribute to the care of directees, who, ideally, would share that information with their directors.

Above all, the director's stance and composure before the retreatant, especially when the retreatant describes or relives the traumatic event, must not reveal any expressions of disgust or fear. Nor should the director remain frozen or detached from the conversation. Directees most likely would interpret such reactions as judgment and/or condemnation and thus could result in a breach of the trust that the director has so painstakingly worked to establish. In short, the director must "model—implicitly and explicitly—acceptance, compassion, and forgiveness."²⁷ This requires from the director both empathy and understanding, along with the intentional establishment of a holding environment, as advocated by Winnicott.

One way to address this is to remember Ignatius's presupposition of best interpretations that undergirds the Spiritual Exercises.²⁸ For example, when an individual seeks spiritual direction, one should

²⁷ Brett Litz, Leslie Lebowitz, Matt Gray, and William Nash, *Adaptive Disclosure: A New Treatment for Military Trauma, Loss and Moral Injury* (New York: Guilford Press, 2016), 136.

²⁸ *SpEx* 22.

assume that he or she desires healing or at least hopes that healing can begin—the desire for the desire. The overarching assumption is that the person has a moral core and an innate goodness that has the potential to transcend the events that took place.²⁹

Another potential pitfall in directing someone with PTSD is countertransference: feelings that touch on the director's unprocessed needs, desires, and, most importantly for our discussion, past experiences. For example, working with an abuse victim might dredge up memories of past abuse and lead the director to attempt vicariously to satisfy his or her own motivations and needs from the directee.³⁰

With this in mind, the remainder of this paper will focus on the specific adaptations I have made in my experiences of directing the Exercises. The general principle is that directors must adapt the Exercises at least slightly when giving them to someone who has PTSD, particularly if the person feels the intense guilt and shame that accompany moral injury. Any adaptation thus serves primarily to orient the directee toward God's mercy in an intentional manner. Of course, the directee may continue to reiterate a sense of guilt and shame even after having experienced a conversion. For this reason, constant reinforcement of God's mercy is vital.

B. The Small-Group Context

At the VA, I tend to give the Exercises to small groups of veterans. This has several advantages. First, veterans are open to listening to and supporting each other as they make the journey together. Second, they feel a shared sense of solidarity, having been through similar experiences. In general, veterans rarely judge other veterans' stories, which is a real grace. Third, when I work with a group of several people for a period of one and one half to two hours per week, I am able to give time to my other duties as the Catholic chaplain at a major teaching hospital. This does not, however, prevent me from giving the Exercises to individuals on a one-to-one basis. If it seems that

²⁹ Litz et al., *Adaptive Disclosure*.

³⁰ See Shelton, "When a Jesuit Counsels Others," 32–35.

someone who has missed the start date with the group would benefit from making the Exercises, I might arrange to work with that person separately. I typically allow new members to join a group at any time during the preparatory phase of the retreat prior to the presentation of the First Principle and Foundation. I can generally bring them up to speed through separate sessions if they would like to join the group. Fourth, veterans who are healing from PTSD find the group helpful as a place to risk connecting with others. Those with PTSD frequently isolate, cutting themselves off from friends and family for fear that they will “contaminate” others or that outside forces may trigger them into re-experiencing their trauma. In a psychological context, the successful treatment of PTSD depends on the rebuilding of relationships.³¹

In general, veterans rarely judge other veterans' stories, which is a real grace.

The group itself follows a faith-sharing model where I invite each person in turn to share an experience of prayer from the previous week. Within this context, I dialogue with all members of the group about their interior movements, answer any questions that they may have, and listen to their feedback. Then, for the last twenty to thirty minutes of the meeting, I present the next section of the Exercises. When it seems that someone needs to discuss something privately, I arrange to meet with that individual at separate times.

Prior to beginning the Spiritual Exercises, we agree upon a series of common rules that govern the group. These guidelines may differ according to the needs of the group, but most often they center on mutual respect and reverence for each other's stories, confidentiality regarding what takes place within the group, with the exception of behavior that becomes a danger to oneself or others, commitment to regular prayer periods, and readiness to share insofar as the group is able.

³¹ McBride and Armstrong, “The Spiritual Dynamics of Chronic Post Traumatic Stress Disorder,” 14.

C. The Nineteenth Annotation Format

For the past three years, I have been giving the Exercises according to the Nineteenth Annotation to small groups of veterans and others with PTSD. In choosing potential retreatants, I consider several factors. First, I look for commitment. I tell retreatants up front that we will be meeting for approximately thirty weeks and that they need to be conscientious in their commitment to attend direction sessions. Inevitably, scheduling conflicts, either theirs or my own, arise, which demand flexibility. When retreatants miss a session, I schedule individual meetings to bring them up to date. A one-to-one meeting would also be the place to discuss a retreatant's decision to withdraw from the retreat.

Second, I assess retreatants' capacity for self-reflection and state of self-awareness and insight into their situations. Ideally, group participants would be able to name and assume responsibility for their actions as well as have the capacity for growth, even when it becomes painful. Those who are unable to see their role in situations or who blame others for everything that has happened to them may need some additional spiritual or psychological work prior to making the Exercises.

Third, I insist that a licensed mental health professional follow all participants. If I have access to their medical charts, I will check for anything that might interfere with their ability to make the Exercises. For instance, people with a diagnosed personality disorder, schizophrenia, or schizo-affective disorder tend to be screened out from making the Exercises, though the diagnosis may not always be known beforehand. Most of the people I work with who have PTSD also have some kind of psychiatric diagnosis, such as depression, anxiety, or bipolar disorder. However, retreat directors who do not work in a hospital setting must rely on the retreatant to disclose this information. Finally, any reasonable doubt as to a person's suitability to make the Exercises would preclude participation.

Given that the director sometimes lacks comprehensive information about retreatants' medical/psychiatric history, some psychiatric issues may arise during the retreat. For this reason, backup from a mental health professional is vital. The director should discuss with the directee any concerns to determine whether to continue with the

Exercises or pause them. At times, directees themselves may decide to stop because of specific issues that arise. The director must respect such decisions and make sure that directees have space to feel comfortable in making the Exercises. In any case, whenever directors feel that they are in a situation that is beyond their competence, they have a responsibility to terminate the Exercises.

These conditions provide the means to determine whether the directee has, or at least has the potential for, an attitude of “great spirit and generosity toward their Creator and Lord, and by offering all their desires and freedom to him so that His Divine Majesty can make use of their persons and of all they possess in whatsoever way is in accord with his most holy will.”³² Although this may seem overly restrictive to some, the careful screening of potential retreatants ensures that they will benefit from, and not be harmed by, the Spiritual Exercises.

D. The First Week

The First and Third Weeks prove most challenging for retreatants. While this might seem obvious, directors must take special care to ensure that retreatants do not become caught up in their own experience of sin that stems from moral injury. To this end, it can help to allow a period of several calendar weeks for retreatants to look at their concept of sin and approach it slowly. This approach emphasizes God’s mercy rather than the retreatants’ sins without attempting to explain away or minimize the traumatizing acts or omissions. In all of this, retreatants must be realistic and honest about their sinful behavior without harping on it or focusing on the resulting evil. People with moral injury do this enough already, so it is important not to enable any personal self-loathing.

Note too that Ignatius asks retreatants to experience “shame and confusion” about themselves, which can be quite helpful, especially when they begin to look at their sinful past in the context of God’s infinite mercy.³³ Pope Francis defines mercy as follows: “Etymologically, ‘mercy’ derives from *misericordis*, which means opening one’s heart to

³² *SpEx* 5; ed. Ganss, 22–23.

³³ *SpEx* 48; ed. Ganss, 41.

wretchedness. And immediately we go to the Lord: mercy is the divine attitude which embraces, it is God's giving himself to us, accepting us, and bowing to forgive."³⁴ In this light, mercy is seen as a "'divine medicine' dispensed by the Church as field hospital, which is infinitely preferable to the 'arms of severity.'"³⁵ To continue the metaphor in a health care context, any kind of medicine or treatment produces side effects that may be a bit unpleasant but nonetheless manageable.

In a similar way, we may not appreciate the negative side effects of looking back on past sinful actions. For example, many veterans with PTSD hesitate to go back over past sins because they fear opening a Pandora's box of traumatic memories. They are more likely to risk recalling their personal sinfulness if directors help them to see that Christ, the director himself or herself, and even fellow members of the group stand and walk with them through that shame and confusion. This approach, which can take time, serves to build trust.

On this note, my novice director once said that most people continue to process the effects of the First Week throughout the subsequent weeks of the retreat. I find this particularly true with people who experience moral injury. Retreatants require frequent encouragement and reassurance of their redemption as well as the director's trust in the healing work of the Holy Spirit that takes place at God's pace. Neither the director nor the directee can rush this part of the process.

E. The Second Week

In the Second Week, I reframe three of the meditations to place them more in line with a retreatant's experience of PTSD. In the Two Standards meditation, I use the military truism of "know your enemy." I stress that this meditation leads to an understanding of how Satan works and how people can temporarily fall under his influence. In other

³⁴ Pope Francis, *The Name of God Is Mercy* (New York: Random House Publishing Group), loc. 196–99 of 1275, Kindle.

³⁵ Pope Francis, *The Name of God Is Mercy*, loc. 868–69 of 1275, Kindle.

words, it helps retreatants in their desire to attain the grace to know the deceits of the rebel chief and to guard themselves against them.³⁶

In addition, an attitude of indifference becomes crucial to how individuals with PTSD approach the Exercises. For this reason, the director must make sure that the retreatants have a good understanding of the First Principle and Foundation. As mentioned previously, emotional reactions to trauma and moral injury can become inordinate attachments. This novel but counterintuitive way for retreatants to look at their issues seems to work, especially when they feel they have tried every imaginable treatment. I use the metaphor of hosts who cannot get rid of houseguests who have overstayed their welcome. The hosts become frustrated and perhaps fixated on the guests' stubbornness. Only when they reach a point of indifference as to whether the guests stay or go are the hosts finally able to rid themselves of the attachment. It is as if they say to the houseguests, "Whether you stay or leave no longer matters to us. We just don't care anymore." The context for this attitude is the third class of person that Ignatius suggests for meditation in the Second Week.³⁷ Here, I distribute a sheet to retreatants that illustrates the characteristics of the three types of persons in a PTSD context (see: Appendix, below).

When presenting the Three Degrees of Humility, I introduce a concept adapted from my experience in disaster spiritual care. Robert Parlotz, a bishop in the United Anglican Church and a specialist who works with people experiencing trauma, calls this "Bad Me": "a defense mechanism, often starting in childhood, which seeks to defend a person from himself or herself as well as from the outside environment they perceive as unsafe."³⁸ Invariably, Bad Me is associated with a vengeful, angry God who needs to be appeased, which requires over-focusing on one's sinfulness and anticipated condemnation. Bad Me provides the context within which to reframe the concept of humil-

³⁶ *SpEx* 139.

³⁷ *SpEx* 155.

³⁸ Robert W. Parlotz, *Trauma Care and Spirituality: An Introduction to Trauma Pastoral Care*, 2nd ed. (Bellevue, WA: The Institute for the Study of Spirituality and Trauma, 2000).

ity and do away with the image of ourselves standing in fear before an angry, vengeful God. As John English suggests, the meditation centers on the person's relationship with Christ and how to choose to follow him. In other words, how serious are we about allying ourselves and our suffering with the suffering Christ?³⁹

F. The Third Week

The Third Week also requires adaptation, given its pivotal role for retreatants with PTSD as they are asked to ally their own sufferings with the sufferings of Jesus. It is as if Jesus is on the cross saying "give me your suffering" in much the same way as he is able to offer consolation and forgiveness to the good thief crucified alongside him (Lk 23:39–43). All of these adaptations can help retreatants to move away from their experience of sin and self-loathing and avoid interpreting the meditations as a means to highlight their own sense of sinfulness.

Helplessness and witness also can surface as important Third Week themes. Here, retreatants need not do anything except watch what unfolds and accept that they are powerless to prevent it from happening. This can be enormously difficult, especially for retreatants for whom helping or rescuing has been part of their military career or life experience. If, as one retreatant recounted in describing his prayer experience, there is an attempt to rescue Jesus, this immediately becomes desolation because of Jesus's determination and his free-will consent to his execution (Mt 16:23).

Regarding the crucifixion, when I made my second Long Retreat during tertianship, my director took great pains to tell me to avoid over-brutalizing the experience. This is important advice for any retreatant but most of all for someone who has witnessed unspeakable violence. On the other hand, over-sanitizing the experience can also be unhelpful because it runs the risk of minimizing or failing to trust an individual's experience of suffering and violence. I tell retreatants to view the crucifixion soberly based upon what the Spirit reveals.

³⁹ English, *Spiritual Freedom*, 170.

A little historical context can be helpful as well. A discussion of Judas's motivations, the socio-political realities of being Jewish in a land occupied by the Romans, and the ways in which people cooperated or resisted that occupation provide fruitful opportunities to offer some contextual explanation. It may also be helpful to suggest that the intentions of the players in the crucifixion story are not in and of themselves evil; they are more about political expediency and fears of upsetting a rather comfortable status quo. In the eyes of these people, Jesus was simply a nuisance who had to be dealt with decisively.

As mentioned above in the discussion of moral injury, we witness the disciples' own sense of moral injury that results from their fear and cowardice. The retreatant who assumed the role of Thomas also felt some guilt when he stepped out of that role as Jesus was crucified. This was most likely Thomas running away and thus is consistent with the scriptural account. Scripture contains little about the emotional/spiritual implications of Jesus's death, although we witness a brief, touching exchange at the end of John's Gospel where the risen Jesus asks Peter three times, "Do you love me?" Scripture scholars believe that Jesus's three questions serve to put right the three times Peter denied Jesus. This suggests that hope and healing can emerge from a person's own sense of moral injury.

G. The Fourth Week

The Fourth Week celebrates retreatants' experience of growth and orients them toward the future, as revealed in the grace to be asked for: "to be glad and to rejoice intensely because of the great glory and joy of Christ our Lord."⁴⁰ It also signifies the retreatants' own private experience of resurrection in that they have been able, at least in part, to experience freedom from the suffering caused by moral injury. This illustrates, as English suggests, how Christ "goes about bringing joy, hope and confidence to people."⁴¹

⁴⁰ *SpEx* 221; ed. Ganss, 91.

⁴¹ English, *Spiritual Freedom*, 230.

The resulting experience of joy can lead to an outward-looking attitude, “escaping from our narrow selves to an unusual degree.”⁴² The *Contemplatio ad amorem* of the Fourth Week underscores this reality, as do Jesus’s words to his disciples, “Do not be afraid. Go tell my brothers to go to Galilee, and there they will see me” (Mt 28:10 NABRE). English uses this passage to encourage retreatants to move outside themselves to speak with other people.⁴³ In a PTSD context, this choice to come out of isolation to begin to experience the risen Christ in everyday life represents a risk. While this generally does not mean that retreatants will suddenly be cured of moral injury, it may empower them to share a new level of vulnerability with and trust in their spouses, parents, children, and mental health professionals.

With this zeal, we move to the *Contemplatio* and Ignatius’s twin points about love manifesting itself in deeds that involve a mutual sharing of gifts.⁴⁴ Here, retreatants sometimes benefit from looking back on their lives to discover how these two points have manifested themselves in their histories. One veteran currently in ministry was able to retrace the roots of his vocation and identify how much he truly loves God and others even in the midst of the day-to-day challenges of church life. Another found the courage to reconcile with his long-estranged family.

The culmination of the *Contemplatio* is Ignatius’s famous prayer, the *Suscipe*. For the veteran diagnosed with ALS, this prayer has become the mission statement by which he desires to live for the rest of his days. Here, retreatants discover the true depth of God’s love and grace that can mitigate anything, even their own suffering. And as they seek only God’s love, their PTSD symptoms become bearable. Note too that, while individuals may not experience a spontaneous remission of symptoms, that is not the point. As Dunne previously indicated, God’s love and comfort can heal the areas of pain that people experience. And if retreatants gain a new-found trust and hope in God, then this healing of their relationship with the divine indicates that the Exercises have done their job.

⁴² English, *Spiritual Freedom*, 231.

⁴³ English, *Spiritual Freedom*, 232.

⁴⁴ *SpEx* 230–31.

After they have finished with the formal Exercises, retreatants may continue to process and work on issues arising from their experience even though they have not yet completely accepted God's love and grace. For this reason, I offer them the opportunity to meet periodically for spiritual direction after the retreat has concluded.

Conclusion

Finally, we return to Pope Francis's image of the field hospital. Through the medicine of God's mercy dispensed PRN (as needed), the individual can begin to respond to treatment. As such, the director is little more than an orderly who wheels the patient into the treatment room where the Divine Physician waits. Still, I learned years ago while working as a hospital orderly that accompanying a patient is rarely a silent undertaking. The patient will often chat about the weather or confess some unease on the way to surgery through jokes told amid nervous laughter. People always hope that the treatment will prove successful. But in good medicine, as well as in good spirituality, patients play an integral role in their healing.

And keep in mind that spiritual healing is not about fixing but radical self-acceptance. On that note, God can see into the depths of our souls and still love us despite everything we have done and experienced. And as we recognize this unconditional divine love, we begin to understand that we are not so bad after all. A patient who says "I no longer think of myself as evil" shows that the medicine of mercy has done its job. Through this process, while work still needs to be done, individuals with PTSD and moral injury can discover that the real grace lies in the fact that they do not face this task alone.

Appendices

The following appendices, A–G, which I offer to retreatants as separate handouts, present some of the adaptations that I make when giving the Exercises. They can be adapted to fit retreatants' circumstances, as for those who are not veterans.

A. Helpful Things to Remember during the First Week (Part One)

1. The experience of sin and our participation in it is deeply personal and will undoubtedly cause anxiety and fear, especially because we will delve into things long packed away or forced down into the deepest recesses of our being. These past experiences are meant to be released in a controlled way and not ripped out all at once. (Think about what happens when you pull off a scab rather than allow it to slough off naturally.) The goal is to participate in the Exercises while minimizing the risk of becoming triggered.
2. Follow the instructions closely and take them at face value. Be careful about making assumptions or reading too much into what you are being asked to pray for, and do not allow yourself to sink into a mudslide of self-loathing.
3. If you find yourself starting to become triggered, **immediately stop the prayer**. Use your own good judgment in deciding whether to try a particular exercise again or move on to the next day. If this happens repeatedly, please phone me or stop by to see me in the office.
4. If you feel nothing during the prayer, do not assume that you are doing things wrong or that nothing is happening. You might try to make a repetition at another time or on another day. If this becomes a pattern, please talk to me.
5. It is not possible to sort out everything in one prayer session. Remember, God has his own agenda which may not align with ours.

6. It is not unusual to feel frustrated when it seems that you have come up against an affective wall that appears impossible to breach or break through. Patience and persistent prayer are most effective in these instances rather than attempts to ram through it. Relax and let God do the hard work.
7. Make sure you are taking all of your medications and seek assistance from Mental Health should you need it.

B. More Things to Remember during the First Week (Part Two)

1. This exercise invites us to experience “shame and confusion” for the things we have done, allowing ourselves to feel sorrow and tears for the sins we have committed. Avoid drawing conclusions about yourself or speculating on how you think God has responded. We already know from last week’s series of meditations how God deals with our sins.
2. Concentrate on the action or omission itself and be as concrete as possible. Avoid speculations such as, “If I had only done this or that,” “If I’d been there, my buddy would still be alive,” or “Why could I not fix that situation?” This is sometimes called the “tyranny of the should,” which keeps us mired in our own guilt and self-accusation.
3. Avoid theologizing. Christians are particularly good at using mental gymnastics to try to talk ourselves out of the redemption God promises us. This is how we build walls, insulating ourselves from the love of God and others.
4. Know the difference between an explanation and an excuse. An explanation is an objective recounting of the circumstances surrounding the action. For example, an explanation may be that a superior officer ordered you to shoot and threatened you with a court martial if you refused. An excuse tries to explain away one’s personal responsibility: “I’m not really guilty of murder because we were in combat, and in the heat of the moment, stuff happens.”

5. If you find yourself beginning to go down the hole of self-loathing, stop the prayer. Try it again at another time or on another day. This might take some practice. Trust that God's grace and mercy are at work. Also, don't try to suppress the self-loathing. Challenge it head on. Talk to it if you have to: "No! I know I am a sinner, but hating myself gets me nowhere." Another strategy is to meet these feelings with the prayer of the repentant thief: "Jesus, remember me when you come into your kingdom."
6. Mercy comes from the Latin word *miser cordia*, which literally means "sorrowful heart." When we see someone suffering, we want to do something to heal that suffering. The same is true for Christ. His heart breaks at the suffering we endure, and he desperately wants to heal it, but he also knows that we have to accept that offer freely—he won't force us to do so.
7. If you find yourself struggling, please come to see me and we can talk things through one-on-one.

C. Still More Things to Remember during the First Week (Part Three)

What do I want you to give me? Give me your sin.

—St. Thomas Aquinas

1. Although we have been looking at our sinfulness during the past couple of sessions, these weeks are not about our sin per se but about God's mercy.
2. God knows us better than we know ourselves. Therefore, it is futile to make assumptions about what we think that we deserve from God.
3. God created us good but limited. We will never attain perfection in this life; rather, it is for the life to come. God knows this; throughout our salvation history we see the multitude of ways that God has attempted to reconcile with us.

4. Don't try to stand strong before God. Allow yourself to be seen the way God truly sees you, which is with love, mercy, and compassion. If you experience sadness, tears, or grief as a result, consider this a gift from God. In fact, we should keep asking for it. We hand our sin over to God through the experience of our grief and sadness.
5. Speak to God as if you were talking to your closest, most intimate friend. This relationship with God is the only one that we experience as completely safe.
6. Remember that we cannot lift ourselves out of sin by ourselves. The only one who can do that is God. The goal is to stop trying and to let God do the hard work. In other words, let go and let God.
7. Lastly, **YOU ARE NOT YOUR PTSD.**

D. The Two Standards Explained, or Know Your Enemy

1. In 5 BC, Sun Tzu wrote a book entitled *The Art of War*. An iconic saying from this book has been the fodder of multiple motivational and management gurus: "If you know your enemy and know yourself, you need not fear the result of a hundred battles. If you know yourself and not your enemy, for every victory gained you will also suffer a defeat. If you know neither the enemy nor yourself, you will succumb in every battle."
2. Such wisdom also extends to modern military combat training. "Know your enemy" is a truism that has been taught to generations of soldiers. It is also the motivation behind Ignatius's meditation on the Two Standards.
3. As a man with a military background, Ignatius drew from his experience and knowledge of medieval warfare. As he imagines it, two adversaries with battle armor face each other in a field. One person on each side holds a flag or standard and stands alongside the king. If a flag is captured, then the war is lost.

4. The purpose of the meditation is not to make a choice between the standard of God and the standard of Satan. That choice was made when we were baptized and is repeatedly affirmed by the deepening of our faith.
5. Rather, the meditation is meant to make us stop and think: at any particular point and time in the cosmic battle, on which side do we find ourselves standing? Satan uses his temptations, his trickery, and his passive aggression to lure us across the line of battle by promising temporary pleasures that, in the end, leave us feeling empty, only to be tempted again and again.
6. God's agenda, however, is tougher, since he never promises us immediate pleasure or fulfillment. Rather, he proposes hard work, poverty, and humility as the way to win people to his side, and his agenda promises us derision, ridicule, and even bodily death, as well as an eternal reward of happiness, joy, and peace.
7. We may ask ourselves: what fool would even consider, much less consent to, a life that does not promise us the pleasures of this world? Well—the answer is staring at us in the mirror.
8. Lastly, Ignatius throws in a caveat: the actions that we choose under the standard of Christ must serve the Divine Majesty, insofar as they are his will for us.

Remember, the Two Standards meditation is **NOT** an indictment of past actions and/or sinfulness. Rather, it is an insight into the wiles of the enemy and how he conspires to entrap us. It is meant to help us to spot how we are tempted and where to shore up our interior defenses.

E. The Three Types of Persons: The PTSD Version

Imagine for a moment that God has given you a marvelous gift: a resiliency that allows you to forgive yourself and to let go of your PTSD symptoms, integrate them, and finally find the grace of God. However, to claim this gift, you must relinquish the power that self-loathing, doubt, and guilt hold over you. These hallmarks of moral injury have

become unwelcome but comfortable houseguests whom you may have found difficult to get rid of. In Ignatian language, they are an inordinate attachment. In the following examples, three persons react to their PTSD and moral injury in three different ways.

- The first has a strong attachment to PTSD and moral injury, and good intentions to seek treatment. But this person procrastinates and makes excuses: it's too hard, it's too painful, it won't work, I don't want to bring all that stuff up again, and so forth.
- The second person decides to seek treatment, to take the prescribed medication, to attend psychotherapy sessions, and perhaps even to agree to being admitted to the domiciliary. In all these things, however, the person just goes through the motions and may even believe that he or she is doing everything required, though still feeling stuck. The person has neglected the one thing necessary: taking the risk to open his or her heart to be vulnerable, to address the underlying trauma, and to allow God's healing mercy to penetrate and heal the emotional and spiritual wounds.
- The third person—this sounds counterintuitive but bear with me—becomes indifferent to the attachments that prevent deeper healing. The person wants to be rid of the attachments but has no preference concerning whether the feelings remain or depart. It's similar to telling those unwelcome houseguests, "I don't care whether you stay or go; it makes no difference to me." From this place of freedom, the person then becomes able to embrace God's offer of healing and to keep or dispose of the attachments based on what gives greater glory to the Divine Majesty. The attachments no longer have power.

While all three types of persons are caricatures, the point remains: if we continue to feed these attachments, then we give them power. In other words, the harder we push to rid ourselves of them, the stronger they become. They sap our strength, and we become exhausted, frustrated, and demoralized because we feel that we have tried everything—except that one thing. To approach our attachments with indifference means that they start to wither from neglect. The true self—the one loved by

God—can then spill over the wall and seep through its cracks to allow God’s love to heal us.

F. “Bad Me”: A Tale of Spiritual and Religious Dysfunction

Adapted from Robert W. Parlotz, *Trauma Care and Spirituality: An Introduction to Trauma Pastoral Care*, 2nd ed. (Bellevue, WA: The Institute for the Study of Spirituality and Trauma, 2000).

1. “Bad Me,” a defense mechanism that often starts in childhood, seeks to defend a person from himself or herself as well as from the outside environment that he or she perceives to be unsafe.
2. “Bad Me” can become normalized and subsumed into a person’s identity, precipitating, in varying degrees, feelings of insecurity, inadequacy, inferiority, shame, self-doubt, and guilt.
3. Most of us have our image of God solidified by the age of seven. “Bad Me” turns God into a vengeful, angry deity ready to condemn us to hell at the slightest moral infraction. And we carry this image into adulthood, which can lead some to give up: “No matter what I do, I’m going to hell. So why bother?”
4. In extreme cases, some people withdraw in order to defend themselves from a world perceived as unsafe. They become angry, controlling, and distrustful of anything that conflicts with their assumed worldview. This can turn into self-righteousness that in turn leads to associating only with others who think the same as they do. Add piety or other supremacy narratives to the mix and these behavioral defenses become rationalized and paranoid, leading people to think that their beliefs are under threat. Islamic extremism or Christian cults such as the Branch Davidians are examples of this.
5. Others descend into depression or try to self-medicate their way out of the trap using alcohol, drugs, or other forms of addiction. This can lead to extreme behaviors such as self-mutilation or even suicide. Others isolate, cutting themselves off from all relationships.

6. “Bad Me” also can manifest itself in less sinister ways. For example, if our spiritual or religious upbringing focuses on sin and evil or emphasizes spiritual perfection, this can result in feelings of shame and self-doubt that become a vicious cycle, especially when we confront a traumatic event. The shame and self-doubt then turn into self-accusation: “If only I had prayed harder . . .” or, “If I had been stronger, I wouldn’t have succumbed to PTSD.”
7. Ultimately, “Bad Me” is a desolation that leads to the sin of pride due to an excessive focus on one’s own sinfulness and perceived condemnation, leaving as the only valid but unattainable remedy the mistaken belief in spiritual perfection.

G. Points to Consider: The Third Week of the Spiritual Exercises

In the Third Week, we accompany Jesus as he approaches his impending arrest and execution. During this time, we see Jesus at his most vulnerable: stripped naked, frightened, humiliated, and treated as a common criminal in a true travesty of justice. Pay attention to the following points as we move through the Exercises.

1. The Third Week is an experience of helplessness. We stand by and watch the situation spin out of control and recognize that we can do nothing to stop it. Fight the urge to rescue or interrupt. After all, he *chose* to do this, knowing full well what would happen.
2. Our sole task in the Third Week is to stay focused on Christ and what he is doing. We are not expected to do anything in response. We are called simply to be present as witnesses. Period.
3. Remember, no one in this story is evil. Jesus was ultimately put to death because he represented a threat to the status quo: a bizarre little codependent triangle made up of Pilate, Caiaphas, and Herod Antipas. Each had his own private reasons for wanting Jesus out of the way—the Roman fear of insurrection, the jealousy of the Jewish leaders he openly attacked, and the greed and licentiousness to which a client ruler becomes accustomed.

4. Avoid over-brutalizing the experience of Jesus's scourging. There is a strand of thought that believes that Jesus's torture had to be brutal because of the depravity of humanity. However, this is contrary to the likely purpose of the scourging, which was to weaken the body and reduce the time spent on the cross. From this perspective, the scourging was intended as an act of mercy. Also, note that the crown of thorns was meant to humiliate and not to torture.
5. Pay attention to the people surrounding Jesus: the good thief, Pilate, Peter, who tries to rely on his own strength, and the Roman centurion. Watch who stays—and who runs away.
6. Judas was a member of the Zealot party that advocated for the violent overthrow of the Roman occupation and the reestablishment of the Jewish State. His desire was to use Jesus for his own ends, thinking that if he were arrested it would draw out the power of God and destroy his captors. Of course, this goes badly wrong and contextualizes both Judas's remorse and his suicide.
7. The experience of the crucifixion will likely cause connections and possible triggers as the feelings that you experience may be like what you have experienced in combat. Be aware of when this is happening and try to ride out the trigger to the extent that you can. Get help if you need it and get in contact with me if you want to talk things through.

LETTERS TO THE EDITOR

Editor:

Fr. Kevin Quinn's article in the most recent *STUDIES* (Spring 2021) raises important questions regarding the Society's current role in education through his careful examination of Ignacio Ellacuría's aspiration for "a different kind of university." A university of this type "would promote social change in a university manner with a Christian vision" as it struggles to eradicate an unjust world (p. 2).

Ellacuría's university has as its goal "social projection," a "radical transformation of the established disorder and of structural injustice" (p. 6). Throughout the article, there is an implication, at times less suggestive than others, that Jesuit education was traditionally disinterested in social renewal and reform.

Historians only recently acknowledged the implications that Ignatius's preferential option for education had on the way of proceeding of the young Society as adaptable Jesuits succumbed to the restrictions of an academic year, and abandoned Nadal's ideal "life on the road" for the stability of collegiate life. Young men

inflamed with a desire to preach the Gospel in foreign or domestic missions more often than not, to their chagrin, found themselves in classrooms conjugating irregular verbs. Instead of professed houses, colleges multiplied. Why did Ignatius authorize such changes?

Among the many advantages in Jesuit involvement in education, Ignatius explained to Antonio Araoz, provincial of Spain, in 1551, he listed: "From among those who are at present only students, various persons will in time emerge—some for preaching and the care of souls, others for the government of the land and the administration of justice, and others for other responsibilities. In short, since young people turn into adults, their good formation in life and learning will benefit many others, with the fruit expanding more widely every day."¹

In 1554, Ignatius emphasized to Peter Canisius "another excellent means for helping the Church in these travails [that is, the time

¹ To Antonio Araoz, Rome, December 1, 1551, in *Ignatius of Loyola: Letters and Instructions*, ed. Martin E. Palmer, SJ, John W. Padberg, SJ, and John L. McCarthy, SJ (St. Louis, MO: IJS, 2006), 363.

of the Protestant Reformation] would be to multiply the colleges and schools of the Society in many lands."² Through the colleges the Society would affect the surrounding municipal culture. The debate continued as some Jesuits argued that educational involvement was alien to the Society's Institute.³

I cite Ignatius's letters to support the point made by John O'Malley and quoted in that same issue of *STUDIES*: "moral imperative has been at the heart of the humanistic tradition from the very beginning" (p. 20), and, thus, an essential component of Jesuit pedagogy. Michael Buckley and others may pronounce this tradition "deficient" because it encouraged "indifference and exploitation" by "isolating the student and the institution from the ordinary life of those at the margins of society" (p. 19). Did it isolate and discourage? How do we measure deficiency, indifference, and exploitation? Injustice remains, therefore we failed?

² To Peter Canisius, Rome, August 13, 1554, in *Ignatius of Loyola: Letters and Instructions*, 506.

³ On the controversy, see *Jesuit Pedagogy, 1540–1616: A Reader*, ed. Cristiano Casalini and Claude Pavur, SJ (Chestnut Hill, MA: IJS, 2016).

Through the colleges, Jesuits not only educated and formed tomorrow's leaders, who would help construct a Christian society, but also they interacted with the wider world.⁴ Through music, drama, lecture series, devotions, confraternities, and sodalities, the Society reached beyond the student body. Numerous scholars, such as Louis Châtellier, Lance Lazar, and Nicholas Terpstra, have investigated the work—and the influence—of the confraternities and sodalities beyond the college walls. Rooted in Ignatian spirituality with a Christian perspective produced by a humanist pedagogy, members of these organizations may not have been "agents of social change" as described by Quinn (pp. 10, 22, 24, 26), but they were living witnesses of the Gospel.

Despite our efforts, injustice remains. Regardless of whatever successes or failures we may have had in this regard, we should not ignore our goals and aspirations, the *raison d'être* for the re-orientation of the Society toward the colleges. An unfortunate consequence of the demise of the core

⁴ On this point, see Luce Giard, "The Jesuit College: A Center for Knowledge, Art, and Faith, 1548–1773," *Studies in the Spirituality of Jesuits* 40, no. 1 (Winter 2008).

curriculum is the reduction in the required number of courses designed to challenge and correct our myopia, thus making more difficult our efforts to deepen the commitment of our students to the Gospel and to Christian values.

*Fr. Thomas M. McCoog (UEA)
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Editor:

In his very welcome letter to the editor, Fr. Thomas McCoog advances one courteous critique and shares one heartfelt regret regarding the issue of *STUDIES* that I recently authored (Spring 2021). The critique is: “Throughout the article, there is an implication, at times less suggestive than others, that Jesuit education was traditionally disinterested in social renewal and reform.” The regret is: “An unfortunate consequence of the demise of the core curriculum is the reduction in the required number of courses designed to challenge and correct our myopia, thus making more difficult our efforts to deepen the commitment of our students to the Gospel and to Christian values.” To his critique, I answer that Fr. McCoog’s claim

evokes unsettling nostalgia but little else; and to his regret, I offer that all is not lost.

Fr. McCoog marshals an irreproachable source—Ignatius himself writing to his contemporaries in the Society—to argue that promoting social renewal and reform had a role in Jesuit education from the very beginning. One should not argue with Father Ignatius, so I concede this much: Ignatius and the early Jesuits certainly thought humanist education would foster responsible citizenship and civic engagement by our students, and that this engagement would make for a more moral and Christian society. This understanding, however, falls short of what I understand “social renewal and reform” to mean. Regardless, I wonder whether this enthusiasm for civic engagement, post-Suppression and especially in twentieth-century North American Jesuit higher education, had flagged.

On this point, Kathleen Mahoney explains how a single event in 1893—the refusal of Harvard Law School to recognize the degrees of Jesuit colleges—was a defining moment in the history of US Jesuit—and by extension, most of Catholic—higher education, illuminating “on whose terms and on what bases Catholics and

Catholic colleges would participate in American higher education in the age of the university.”⁵ By the early 1920s, the old model of the *Ratio studiorum* was largely undone. The US system of higher education was adopted wholesale by Jesuit schools—separation of high school from college, semester credit hours, majors, electives, and even athletics.

In my essay, I speak of the search for a new humanism that now characterizes much of North American Jesuit higher education. Commentators agree: “While Greek, Latin, the classical authors, and many pedagogical procedures of the *Ratio* have lost their privileged place, other curricula in the humanities focusing on reading, writing, speaking, listening, and service learning appear promising for replacing what had once been essential subjects” in Jesuit schools.⁶ So,

⁵ Kathleen A. Mahoney, *Catholic Higher Education in Protestant America: The Jesuits and Harvard in the Age of the University* (Johns Hopkins University Press, 2003), 13.

⁶ Frederick J. McGinness, review of Cinthia Gannett and John C. Brereton, eds., *Traditions of Eloquence: The Jesuits and Modern Rhetorical Studies*, *Journal of Jesuit Studies* 3, no. 4 (2016), 706–8, at 707, <https://doi.org/10.1163/22141332-00304009-07>.

all is not lost in Jesuit education, merely changed for the better. And I stand by my argument that twenty-first century humanism correctly understood and professed on Jesuit campuses today suitably complements Fr. Ignacio Ellacuría’s vision for a university.

Fr. Kevin P. Quinn, SJ
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Editor:

In January of 1981, *STUDIES* published an article about alcoholism as a personal and community illness. I was in my third year of theology and read it with great interest because I had been trying to help a good friend of mine to deal with the problems caused by his drinking.

On April 24 of that year, after many failed efforts to persuade him to limit his drinking, I decided it was time to confront him with what I had learned from the article. He was suffering from a bodily and mental illness that was permanent, progressive, and fatal. If only he could see what was happening to him in his youth, it would be relatively easy for him to stop; if he waited for more consequences to accumulate, it would

be child's play to diagnose his malady but hard for him to break the habit.

There was a twenty-question quiz in the article. When I first read the article in January, I had a pen in hand and answered *yes* to ten of the twenty questions. Only then did I check the grade scale, which was pretty ridiculous. It said that people with one symptom might be alcoholics, those with two symptoms probably are, and those with three are definitely alcoholic.

I mentally erased all of my symptoms, but I couldn't erase the inked checkmarks. When I gave my friend the quiz, he asked me whose answers those were. I replied that they were mine. He replied immediately, "If that test means anything, it means that you are an alcoholic."

In the presence of another alcoholic, my defenses crumbled. I had to agree that he was right. I took out my Bible and wrote, "I am an alcoholic. I choose not to drink," then signed and dated it. After another hour of conversation with my friend, feeling pretty hopeless about the possibility of staying sober after so many failed attempts to control and enjoy my drinking, I added, "P.S. Please help me, God."

I have stayed sober for these last forty years, thanks to the kindness of God, the Society, and a multitude of my fellow alcoholics. The *STUDIES* article saved my life, and I thank the Seminar for all of the blessings that I have received on account of it.

An Anonymous Jesuit

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