



# THE CLERGY CONNECTION

JULY 2014

*Act as if what you do makes a difference. It does. ~ William James*

## Research: The Challenges of Reintegration

Not all research involves experiments or surveys with numbers. Some research organizes and interprets a field of work. One recently published article reviewed challenges of reintegration for returning warriors.

- A survey of 14,000 National Guard members who made contact with mental health professionals found that 40% of contacts were for family and marital problems and 20% were for job or financial concerns. Less than 25% were for PTSD-related issues. A little over 10% were for substance abuse issues. In short, most mental health contacts were for reintegration issues rather than for traditional mental health issues.
- Many service members were unwilling to seek mental health assistance. Stigma was a primary cause. In one study, two to four times as many Army soldiers reported symptoms (depressive, PTSD or tendencies toward suicide) on an anonymous survey than on the Army's mandatory Post-Deployment Health Assessment. The primary reason given by the soldiers for this difference was discomfort in reporting honestly.
- Another reason for not seeking help was concern that seeking help might have implications for continuing in military service. "The culture of *Army Strong* and *Semper Fidelis* (for Marines) discourages the appearance of needing help and may prevent help seeking, especially if help will delay of interfere with service members' returning to the wars and being able to fight alongside their buddies." (p. 551).

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The National VA Chaplain Center, in collaboration with the VHA Office of Rural Health (ORH), is pleased to announce the availability of the "**Rural Chaplains and Clergy Caring for Veterans: Paving the Way Home After the Wounds of War**" online training series from VA eHealth University (VeHU).

These video sessions, which can be viewed in My VeHU Campus at no charge, provide valuable knowledge and skills to rural clergy and others who support rural Veterans.

**There are four (4) sessions led by staff from the National VA Chaplain Center:**

- 1) **Military Culture & the Wounds of War**
- 2) **Pastoral Care with Veterans and their Families**
- 3) **Mental Health Services and Referrals**
- 4) **Building Community Partnerships**

For more information about these sessions, view the Clergy Training Session Information page on the Veterans Health Administration (VHA) Office of Rural Health (ORH) website at <http://go.va.gov/rgz8>.

Visit <http://www.myvehucampus.com> and enroll today! To help you get started, download the Quick-Start Guide from <http://go.va.gov/rjmp>. If you have technical difficulties you may contact MyVeHU Campus support staff at [support@myvehucampus.com](mailto:support@myvehucampus.com), or call 423-979-4368. ☺

**The Clergy Connection** is a publication of the Office of Rural Health (ORH) and National VA Chaplain Center "Rural Clergy Training Program." For more information, contact: Jim Goalder, [jim.goalder@gmail.com](mailto:jim.goalder@gmail.com).



## The Challenges of Reintegration *(continued)*

- The authors pointed out that other cultural conflicts occurred due to pre-deployment training. For example, 1) the appropriate need to know the location of buddies during combat may be experienced as overcontrolling at home, 2) the appropriate aggressiveness in a combat zone may be frightening to families that expect a calmer interaction style, 3) the appropriate damping down of emotion in a combat zone may be seen as coldness or abnormal detachment at home, and 4) combat driving may be seen as dangerous and aggressive at home.

In short, many returning warriors and their families experience a complex blend of changes. The changes are very challenging and simply make more complex the already complex relationships within families. Community clergy have important roles in bringing relief.

1. Provide a safe, trusting environment for exploration of life issues.
2. Provide effective pastoral care within your scope of practice.
3. Make referrals to other professionals when it is appropriate.
4. Work with families, members of your house of worship, hospitals and clinics and with others in your community to reduce stigma related to mental health.

**Want more information?** Danish, SJ & Antonides, BJ (2013) The Challenges of Reintegration for Service Members and Their Families. *American Journal of Orthopsychiatry*, 83(4), 550-558. 



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## A Community Success Story (Not This Time)

Typically, we provide a story about an innovative community effort related to the primary topic of our newsletter. Unfortunately, when it comes to cultural conflict and stigma, the two primary issues of this newsletter, we could find no innovative community projects in mediating cultural conflicts or reducing stigma. So we'll (sadly) speak of some information gained through research that could be helpful in planning a community effort to reduce stigma.

Research has looked at perceived organizational support (POS), or how much members of an organization believe their organization values their contributions and well-being. In previous research, POS was found to be an important predictor of member mental health outcomes. Applying this understanding to reintegration, this study found that "a supportive environment may also create a climate of reduced stigma in which soldiers may be comfortable addressing PTSD symptoms."

Reducing stigma seems to be promoted by two interrelated factors: 1) the development of a supportive environment for warriors that allows increased understanding and 2) education that allows a clearer understanding of warriors and their culture. Houses of worship wishing to impact stigma and mental health to benefit their warriors might plan to highlight these areas in their efforts.

Just because we have not found efforts related to reduction of stigma or resolving conflict between military and civilian cultures doesn't mean that efforts don't exist. If you have an innovative community project in this area, let us hear from you. We would love to highlight your efforts in a future edition of the Clergy Connection.

**Want more information?** Kelley, C. L., Britt, T. W., Adler, A. B., & Bliese, P. D. (2013, December 23). Perceived Organizational Support, Posttraumatic Stress Disorder Symptoms, and Stigma in Soldiers Returning From Combat. *Psychological Services*. 

## Did You Know? Differences in Military and Civilian Cultures Can Bring Conflict

When a civilian enters the military, he or she enters a culture that is entirely different from the one left behind. Recruits enter a completely controlled learning environment designed to change a civilian into a warrior by shaping knowledge, skills, values and attitudes. Living in a military culture for a long period of time can bring about enduring changes in a warrior. The warrior can become quite different from the civilian culture to which he or she will return. And those differences can cause conflict. The table below highlights some primary differences. Think about these differences between military and civilian cultures. They can become primary sources of tension with others.

### Military Culture

- Orderly & duty-focused
- Tough & physical
- Valuing aggression
- Highly disciplined
- Controlling/ignoring their emotions
- Values: Integrity & honor
- Reliance on authority
- Feeling danger usually
- Valuing Team

### Civilian Culture

- Easy going
- Comfortable
- Not valuing aggression
- Less disciplined
- Emotions to be experienced
- Values: Getting ahead
- Skeptical of authority
- Not feeling danger usually
- Valuing Self

*As a member of the community clergy, how could you help with this conflict and alienation? With the warrior? With his or her family? With your house of worship? With your community? ☞*

## Your Story Matters

In the section of this issue on Research, stigma is presented as a primary cause for why many warriors fail to seek help. The Rural Clergy Training Project uses two measures of clergy activity to assess efforts to reduce military and mental health stigma. The measures are 1) participation in specific activities to reduce stigma, and 2) speaking of military issues from the pulpit.

Our FY2013 one-year follow-up evaluation provided some evidence of the active role of clergy in reducing stigma. In the year following our training, 67.7% of our respondents reported initiating or participating in specific activities to reduce mental health stigma in their communities.

Further, over half of our respondents reported speaking from the pulpit about Veteran issues. These reports suggest that most community clergy in rural areas that have taken our training are active in efforts to reduce stigma in their communities. ☞

## Additional Training Opportunities 2014

The Rural Clergy Training Program (RCTP) is also expanding its training opportunities to reach more people. In addition to the My VeHU Campus video training sessions (*see page 1*), which is based on the live training workshops, a second effort will provide Webinars to supplement past training on topics of importance to rural clergy. This year's Webinars will include presentations about Military Family Needs and Services, Ethical Issues in Working with Military Personnel and Their Families, and A Hands-on Approach to Building Partnerships in Local Communities. Sessions will be recorded for on demand viewing.

Details on this training will be provided in future newsletters and on the Rural Clergy Training website. ☞



## A Soldier's Story for Reflection

We will take a break this month from combat and focus attention on the return home and cultural conflicts. Adrian Hartley, a war correspondent who covered the war in Somalia, wrote the following in *The Zanzibar Chest*:

*"I fell into a dark mood at home. I decided all I wanted was to be with Lizzie, and I felt an immense distance from those who did not share our world. Time spent with them was embarrassing; we had so little to talk about. Yet, when Lizzie and I were together, I was short-tempered, "It's as if you only thrive when you have discord around you," she said. "As if you actually enjoy conflict." I simply couldn't get used to normal domestic life. As one correspondent said, there was no common ground between Somalia and coming home to someone complaining about the toothpaste being squeezed in the middle of the tube" (p. 299).*

*"Looking back, the truth is that we often had the best of times (in Somalia)... Having lived for the moment, we never considered that we might end up living alone in an apartment with the utility bills mounting up. Re-entry taught me a new sort of fear that was slow and dull rather than quick and thrilling... The hardest part of re-entry to a humdrum life was not recovering from the bad stuff. It*

*was missing the good times, the friendship, intensity, fear, sense of purpose, the sheer exotic escapism of it all." (p. 401)*

- Adrian Hartley highlights some extreme differences between the culture associated with danger and the culture he returned to at home.
- Marital conflict with returning warriors is sometimes related to the warrior's tendency toward combativeness and need for stimulation. How might you approach this issue with a troubled couple? Under what circumstances would you need to make a referral to an external professional?
- Let's look at two things that houses or worship do very well, joining people in friendship and supporting personal meaning and purpose. Consider the unique experiences within a military culture.

*What could your house of worship or community do to heighten a sense of belonging and purpose for returning warriors?*

**Want more information?** Hartley, A. (2003) *The Zanzibar Chest: A Story of Life, Love and Death in Foreign Lands*. New York: Atlantic Monthly Press. ☞

**How to Make a Referral to the VA** If you want to make a referral for a Veteran, Reserve or Guard member, please remember to ask the permission of the warrior before contacting us as a matter of respect. To make a referral or to gain additional information, telephone the Chaplain Service at the VA Medical Center nearest to you. Chaplain Service Directory: <http://www.va.gov/CHAPLAIN>. ☞

## Practical Pastoral Tips

Differences in military and civilian cultures often go unnoticed. However, differences can serve as a major underlying source of tension and conflict for returning warriors, their friends and family members. Identification of the sources of conflict, mutual appreciation of the differences, and education leading to mutual decisions to resolve conflict is a useful pattern for pastoral care. Try the following process with cultural differences.

1. Identify critical differences between military and civilian cultures causing conflict.
2. Emphasizing that the cultural conflict is normal and expected for returning warriors.
3. Choose the least difficult issues to work on first.
4. Encourage an open and honest dialogue around differences.
5. Introduce and support options for compromise.
6. Continue to identify and work through conflicts focusing on healthy living and gradual adaptation to civilian culture. ☞



The Rural Clergy Training Program is supported by the VHA Office of Rural Health.

For more information, please visit [www.ruralhealth.va.gov/ruralclergytraining](http://www.ruralhealth.va.gov/ruralclergytraining).