

Forgiveness: A Reckoning Process that Facilitates Peace

Deborah Grassman

Combat veterans sometimes come to the end of their lives with unresolved grief or guilt related to military duty. Perhaps this is best captured by a poem entitled *Atoning* by Ron Mann displayed in the National Vietnam Veterans Art Museum in Chicago:

*Hoping and wishing
you can settle
this whole thing in your mind
about this war
resolving it within yourself
before the time of atonement comes,
weeping and crying at the end of your life.*

Hospice can serve as a last chance to develop peace with unpeaceful memories and to reckon with the guilt of deeds inhumanely committed during human wars. For some veterans, suppressed memories can no longer be kept at bay. These memories sometimes come forth unbidden because as people come to the end of their lives, their conscious mind gets weaker and their unconscious gets stronger.

Making peace with unpeaceful memories begins by acknowledging guilt that veterans sometimes harbor. Some feel guilty about killing, and this moral injury can sometimes haunt veterans who have not reckoned with it previously. Others feel guilty for *not* killing: “They had to take me off the front lines. I was such a coward.”

Noncombat veterans sometimes feel guilty when fellow soldiers volunteer for dangerous missions. One veteran was a talented trumpeter assigned to the Navy band, playing as ships left harbor for Vietnam: “Here I was with this cushy job playing an instrument I loved to play. It wasn’t fair.” Another veteran said he vicariously sustained trauma with his job handling body bags. “Each of

these guys could have been me, except that I was here counting their corpses.” Guilt can even sabotage people who were never soldiers at all. One man was sitting at his father’s bedside on a hospice unit. The father had served proudly in WWII; the son had been a conscientious objector during the Vietnam War. Later, he became a psychologist and found himself working with Vietnam veterans: “I have a lot of guilt about the impact my actions had on them.”

Military nurses and medics can also experience guilt about the life-and-death decisions they made. One nurse said she was not afraid of hell: “I’ve already been there. I have to live every day with the faces of those soldiers who didn’t have a chance during mass casualties. The doctor left it up to me, a 21-year-old nurse, to decide which ones got surgery and which ones were left to die.”

Survivor’s guilt is common, and it can interfere with veterans’ ability to enjoy their lives. One World War II veteran said, “When I landed on the beach, there were all these dead bodies. The sand underneath them was pink with their blood.” Then he tearfully added, “They didn’t get to have grandkids the way I did.” The pleasure he felt with his grandkids was tainted with guilt. “It’s not fair that I should have this enjoyment when they can’t.”

Guilt can also be felt over actions from the war. Some loved the adrenaline rush associated with combat and later have guilt for having enjoyed it. One veteran who had been an especially effective sniper during the Korean War, tearfully lamented his pride in his expertise: “I won many awards for marksmanship, but now I can’t believe how much *pride* I took in being able to pick them off. *That’s* what hurts the most.” Although snipers can be a long way off from their victims, the killing is very graphic because the scope magnifies the target. Others have guilt for killing women and children. Killing enemy soldiers can at least be justified; civilians’ deaths cannot, nor can the accidental killing of comrades in what is called “friendly fire.” Rumors exist that there were rare instances in which officers who consistently made poor judgments that jeopardized lives of those they commanded were intentionally killed.

Feelings of guilt necessitate the process of forgiveness, and in addition to forgiving themselves, the forgiveness process includes those on the other side: the “enemy.” Many veterans have been able to forgive the enemy they fought; others harbor hatred that continues to poison their vitality.

The “enemy” also has to achieve forgiveness. The D-Day Museum in New Orleans has many video clips of veterans among its exhibits. One clip shows a Japanese pilot who had bombed Pearl Harbor. He speaks about how badly

he felt for being part of the sneak attack. Such attacks, he says, go against his samurai code; attacks were supposed to be out in the open so they could be fair. In the next scene, this same pilot meets with one of the Pearl Harbor survivors. They talk about forgiveness. The Japanese veteran leaves a rose at the Pearl Harbor Memorial to honor the soldiers, sailors, and marines he had killed, acknowledging his remorse. Now he sends the American veteran money to leave a rose at the memorial annually.

Some Vietnam veterans struggle with forgiving the government for how they feel they were used and betrayed. Korean and Vietnam veterans might have to forgive the American public for ignoring or scorning them. Forgiveness is not just between people either. Soldiers have to forgive the world for being unfair and for having cruelty and war in it; they have to forgive God for allowing the world to be a world with war in it.

Jim, a World War II veteran, was at a VA Medical Center. Weak with a cancer that would take his life in a few days, he was seen by Deborah, a hospice and palliative care nurse practitioner consultant. She spoke to him quietly for several minutes about hospice care, and then inquired if there was anything from the war that might still be troubling him. Jim said there was, but he was too ashamed to say it out loud. Motioning for Deborah to come down close to him, he whispered, "Do you have any idea how many men I've killed?"

Deborah shook her head, remaining silent, steadily meeting his gaze with her own. He continued.

"Do you have any idea how many throats I've slit?"

Again she shook her head. The image was grim, and Deborah felt her eyes begin to tear. Jim was tearful too. They sat silently together, sharing Jim's suffering. No words needed to be said. This was a sacred moment that words would only corrupt.

After several minutes, Deborah asked, "Would it be meaningful if I said a prayer asking for forgiveness?"

He nodded. Deborah placed her hand on Jim's chest, anchoring his flighty, anxious energy with the security of her relaxed palm (Simpson, 1999). Her prayer, like any praying she does with veterans, reflected no particular religion. "Dear God: This man comes before you acknowledging the pain he has caused others. He has killed; he has maimed. He hurts with the pain of knowing what he did. He hurts with the pain of humanity. He comes before you now asking for forgiveness. He needs your mercy to restore his integrity. He comes before you saying, 'Forgive me for the wrongs I have committed.' Dear God, help him

feel your saving grace. Restore this man to wholeness so he can come home to you soon. Amen.”

Jim kept his eyes closed for a moment, tears streaming down from unopened lids. Then he opened his eyes and smiled gratefully; his new sense of peace was almost palpable. It was a reminder of just how heavy guilt weighs, and the importance of acknowledging the need for forgiveness.

CREATING SAFE EMOTIONAL ENVIRONMENTS THAT FACILITATE FORGIVENESS

Experiencing or witnessing violence can be disturbing for anyone; the difference with veterans is that they committed much of the violence. That is a deeper level of traumatization. Guilt and shame can manifest itself in the final days of life. While this may only occur in a small percentage of dying veterans, it can greatly complicate peaceful dying because it can cause anguish and agitation. Forgiveness can bring peace with this kind of painful past. Although the past cannot be changed, the *relationship* to the past can. Forgiveness is the means to that end.

The dictionary (Webster, 1995) defines the word forgive as “to give up resentment against or the desire to punish.” This punishment might include self-punishment. It is the inability to forgive one’s self for letting others die or, worse, for killing others, that keeps some veterans in darkness; shame seals light from their souls. It is this moral injury that soldiers sustained that sometimes surfaces as they lie in a hospice bed facing their own deaths.

One crucial component of self-forgiveness is learning to distinguish guilt from shame. Guilt is natural and designed to provide feedback so important lessons can be learned; shame is artificially created and designed to punish. Guilt tells us something we *did* is wrong, guiding us toward more compassionate actions of others. Shame tells us that we are wrong, filling us with worthlessness and negating self-compassion. Guilt mobilizes people into new behaviors; shame causes immobilization. Veterans are sometimes filled with shame. They need to go from shame to guilt so they can get to forgiveness.

Forgiveness can, unknowingly, be faked. A veteran might say, “I let that go a long time ago” or “It’s over and forgotten.” Sometimes, that is true. At other times, it is a way to avoid the work of forgiveness. Assessment is needed to make the distinction.

It is essential that clinicians know how to create a safe emotional environment that invites the veteran to consider forgiveness. However, this needs to be done carefully and cautiously. At no time should the clinician overtly, covertly, or

subtly convey to the veteran that he “needs to forgive.” This can actually add another layer of damage by causing the veteran to feel additional guilt about not being able to achieve forgiveness. Rather, the clinician should simply offer the consideration of forgiveness and invite the veteran to stay open to its possibility.

Bearing witness to a veteran’s story can begin the healing process. Honoring veterans for their service to their country is a simple act that often precipitates the story-telling process. There are many ways to honor veterans. Ceremonially pinning veterans with an American flag pin or presenting them with a military certificate that cites their service and displays the seal of their branch of service are simple, yet effective ways. The team schedules a ceremony with the family and may even videotape the ceremony to preserve the memory. Veterans who are institutionalized in a facility might be ceremonially presented with an American flag that is then placed on their door, notifying all who enter of the military service that has been rendered. Flags, certificates, and pins offer cues for any staff walking into the environment. These cues can act as prompts for the clinician to acknowledge military service and express gratitude, which then often precipitates military stories from the veteran.

Memorial monuments can be a catalyst for military stories. Honor Flight is a program that flies World War II veterans to see the WWII memorial in Washington, D.C. Visiting memorial monuments is important because the monuments often serve as a repository for shame, precipitating the courage to seek forgiveness. The Honor Flight program plans to begin flights for Korea and Vietnam veterans as well.

Therapeutic letter writing can be very effective to help facilitate healing and forgiveness (Grassman, 2012). For example, a photo of a young Vietnamese father and his daughter was left at the Vietnam Veterans Memorial (Jaffe, 2005). This note was attached to the photo:

Dear Sir, for 22 years I have carried your picture in my wallet. I was only 18 years old that day we faced one another...Why you didn't take my life I'll never know. You stared at me so long, armed with your AK-47, and yet you did not fire. Forgive me for taking your life. So many times over the years I have stared at your picture and your daughter, I suspect. Each time my heart and guts would burn with the pain of guilt...Forgive me, Sir.

This man achieved forgiveness *before* he came to the end of his life. Yet his story, and others like his, can reveal dark acts that the veteran shielded from other peoples' awareness or even their own. Veterans often respond to an inquiry about unfinished business from their wartime experience: "Is there anything from your military service that might still be troubling you now?" This question might elicit stories that had previously been locked behind a facade. After the story is told, it is not unusual for a family member to comment, "I've never heard that story before. I had no idea."

When asking this kind of question, it is important to allow time and space for the answer to emerge. It is also important to not make veterans feel pressured to answer the question at all or to feel judged if they decline. Clinician pressure or judgment can be conveyed nonverbally; small inflections in the voice or subtle body language can communicate the clinician's agenda. To guard against this, clinicians should practice self-monitoring techniques, as well as invite feedback from colleagues. If clinicians are unaware or are disconnected from personal hostility they express in everyday life, they will have a difficult time understanding the hostilities committed by the veteran. The veteran, consciously or unconsciously, will sense this, feel judged, and not disclose. If clinicians justify their own misdeeds, they will tend to do the same with the veteran, bypassing important opportunities to precipitate healing.

For example, it is important to not try to minimize a veteran's guilt or soothe it with rationalizations: "That was a long time ago" or "You were just obeying orders." These types of clinician responses essentially say to the veteran: "Don't tell me about your guilt and shame. Put it back behind that stoic wall." Veterans know when and why they killed, and whether or not it violates their deepest-held moral beliefs. What they need is to have the guilt acknowledged and accepted so they can finally forgive themselves.

Not all staff members can be expected to be facilitators of forgiveness. Many agencies have developed teams of chaplains and social workers who specialize in responding to these situations. All staff do need to know how to initially respond to issues of guilt and shame; they can then make a referral to specialized team members who can follow up with assessment and intervention.

If the veteran becomes agitated with wartime memories, especially if he is in the last several days of life, the "hand-heart connection" can support emotional safety (Simpson, 1999). In this technique, the clinician places his or her hand firmly on the veteran's chest. This gesture is usually very calming for the veteran because anxious energy usually rises; the voice gets higher pitched

and energy gets flighty. A calm, centered person's energy usually resides lower and deeper. If a calm person places his or her hand on an unsettled person's sternum, it can often help the anxious person to feel secure, more stable, less anxious, and safe to feel whatever they are experiencing. This securing gesture is often practiced unconsciously when people get excited, and they will place their palm over their own sternum to anchor themselves. Family members can be taught to do the hand-heart connection with the veteran. It not only helps the agitated veteran, it often helps family members with their own sense of helplessness.

THE CLINICIAN'S ROLE IN FACILITATING FORGIVENESS: A SUMMARY

A few simple tenets related to forgiveness can provide a foundation for clinicians so that forgiveness is more likely to be achieved:

- Acknowledge the veteran's military service. Express gratitude.
- Offer the possibility that there may be troubling military issues that could be an understandable source of distress.
- Do not dismiss or minimize guilt with well-intentioned platitudes. Instead, create a safe emotional environment so that guilt and shame can be revealed if the veteran so chooses.
- Do not push veterans into forgiveness; this only causes further damage. Instead, invite them to stay open to its possibility.
- Practice self-awareness about personal hostility. Otherwise, clinicians will have a difficult time understanding the hostilities committed by the veteran. The veteran, consciously or unconsciously, will sense this, feel judged, and not disclose.
- If the veteran is agitated with wartime memories, teach the veteran's family how to do the hand-heart connection.
- Make a referral to team members who specialize in forgiveness.

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