

Bereavement support in the UK Armed Forces: The role of the Army chaplain



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Abstract: The military environment, particularly in the context of high intensity hostile combat operations, will regretfully always result in fatalities, which, more than in any other hazardous occupation, can be considerable and especially traumatic. The Army has a highly efficient system in place to deal with the aftermath of such tragedies, eg. death notification, repatriation of the body, funerals, etc. A fundamental part of this system is the Army chaplain. In terms of bereavement, no serving person or their families know how they will react to loss or what support they will need. Chaplains have been embedded in the Army for centuries, and their solid enduring pastoral role, often undertaken quietly behind the scenes, has been an invaluable source of spiritual comfort and support to many. However, such support can sometimes be at some cost to the chaplains themselves, especially psychologically. The clergy have been an integral part of British life since its beginnings, as has their association with death and bereavement, which often gets taken for granted. This article attempts to highlight the role of the clergy working in a more extreme environment, and discusses some of the potential personal downsides for those involved.

Keywords: Armed Forces, bereavement support, Army chaplain, well-being.

Background

The presence of the clergy among armies goes back to at least biblical times when the Bible records that the Israelites brought their priests with them into battle, a practice also carried out by the Romans. William the Conqueror had priests accompany him when he invaded Britain in 1066. By the time of Oliver Cromwell's New Model Army of 1645 the status of chaplains was regularised and most Regiments had their own chaplains. Chaplains brought comfort and compassion to the troops caught up in the carnage of the 1914-18 war, often at great costs to themselves (ie. 179 chaplains lost their lives), their commitment being recognised by the awarding of three Victoria Crosses. Such commitment also took its toll in the Second World War where 96 British and 38 Commonwealth chaplains died (BBC Religions, 2009).

The Royal Army Chaplains' Department (RACHD), was originally formed in 1796, and gained its 'Royal' prefix

in 1919. The RACHD is an all-officer corps that provides ordained clergy to minister to the British Army, which numbers approximately 150 Regular chaplains (including 5 females). Chaplains, like other specialists, such as doctors, dentists, vets, nurses, and lawyers, enter the Services as fully qualified professionals (having had at least three years experience in full-time ministry). They also tend to be older than the majority of Army entrants (with an average age in the mid-forties). All Regular chaplains in the British Army are Christian, though the Ministry of Defence also employs civilian chaplains to care for their Buddhist, Hindu, Sikh, Jewish and Muslim soldiers (MoD, 2012).

Regular chaplains must be endorsed by the Sending Churches (ie. Anglican, Roman Catholic, Methodist, Baptist/URC/Congregational, Church of Scotland/Presbyterian, Elim or Assemblies of God). Selection is via the Army Officers Selection Board (AOSB), with successful candidates going on to initial training at the Armed Forces Chaplaincy Centre (AFCC) based at Amport House near Andover. Formal

military training is conducted, alongside other specialists on the 10 week Professionally Qualified Officers Course at the Royal Military Academy Sandhurst (RMAS) in Camberley. Chaplains are then posted to their first unit.

Although Army chaplains are all commissioned officers of the British Army and wear uniform, they do not carry arms, or wear standard officer ranks. They are officially designated Chaplain to the Forces (CF) but do have grades which equate to the standard ranks and wear the insignia of the equivalent rank (eg. a Chaplain to the Forces 4th Class (CF4) is equivalent to the rank of an Army Captain). Chaplains are usually addressed as 'Padre' rather than 'Sir'. This historic term of endearment intentionally changes the relationship between soldier and officer to symbolise the different relationship a chaplain can have with his or her soldiers. The chaplain's equivalent rank enables him/her to sit outside of the usual chain-of-command and therefore offer spiritual, moral and pastoral care to those who would prefer not to tell their superiors or subordinates about particular issues. This unique position of being part of the unit, but not bound by it, gives the chaplain the ability to support all whilst being a critical friend when necessary.

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The role of all clergy very much encompasses the 'from the cradle to the grave' concept, from christenings to funeral services, and it is the latter which is the focus of this article. Clergy of all denominations train both intellectually and practically in all aspects of bereavement and the funeral rites. Whilst some knowledge can be gleaned from books and lectures, the real education is collected on placements with fully trained mentors. In this setting all clergy learn how to care for those who are grieving, how to prepare for a funeral or memorial and how to conduct the various formal services in church, crematorium and graveside. All Army chaplains come to their new role with these core skills already in place. Many will have conducted hundreds of funerals and ministered to many thousands of grieving family members. This gives the chaplain a wealth of experience to draw upon and a familiarity with the emotions and processes of bereavement. It enables the chaplain to be more composed and comfortable around death than most Army officers.

The only additional training an Army chaplain will receive in this area is an introduction into the particular traditions of a military funeral. Such funerals are very specific and include highly orchestrated drill movements.

An awareness of such things is essential. Beyond this instruction a new chaplain will learn from his or her peers and quickly become acquainted with the simple repatriation and memorial services.

Bereavement in the UK Armed Forces

By its very nature, the Armed Forces is a precarious occupation such that in order to protect and defend civilian society its members are often placed in environments which entail increased risk of exposure to potentially traumatic experiences. This is particularly the case during operational deployments such as Iraq and Afghanistan where fatalities and serious injuries have increased sharply. During 2010 there were 187 deaths in the UK Armed Forces (of which 136 were in the Army). The main causes of death were hostile action (51%, n=95) and land transport accidents (19%, n=36) (DASA, 2010).

Whatever the cause of death, whether it is a lingering illness, or a fatal wound during combat, the Army chaplain will always be involved. Nowhere is this more apparent (and so very different to the civilian clergy) than during operational deployments, as chaplains deploy alongside their units wherever they might go.

Each Army chaplain is assigned to a specific unit and has the responsibility of caring for those particular people. This pattern enables a ministry that is deepened by personal relationships. The soldiers will refer to the chaplain as 'their padre' and within such a structured environment it is important to constantly maintain these relationships. It is impossible to overstate the tight bonds that exist within an Army unit. Whilst all vary, there is a collective sense of family in which the chaplain has a key and integral position. It is these bonds that make every death, particularly those in combat, a collective wound that all within the unit feel. Unit chaplains will routinely provide comfort to those who have been wounded in body and mind, visiting the soldiers wherever they may be found. When a soldier is killed it is *his* (or her) chaplain, where possible, who will conduct the ceremonies in order to return the soldier to his or her family in the UK. This connected personal approach compliments the British Army's regimental system and deepens the level of care achievable.

During each operational deployment chaplains will be specifically assigned to the main hospital. This difficult but necessary job is perhaps the most emotionally draining of all. The resilience to minister amongst horrific injuries and deaths over a prolonged period is clearly a special gift. Chaplains in this situation often serve only three months rather than the standard six in recognition of this strain.

The chaplain is not only there to support the soldiers. One of the key roles both on deployment and at home is the support of the various levels of command. The

responsibility of commanding troops is both a privilege and a burden; the unique position of the chaplain enables him or her to support those who lead others. The support of those in command is crucial when things go wrong. One specific group who need support are those who have the task of notifying a family that their loved one has been killed. Whilst this role never falls to a chaplain, he or she is often called upon both to support the Notifying Officer and in due course, the Visiting Officer. Once again, the chaplain's familiarity with death and its rituals allows him/her to care for all those caught up in and affected by bereavement.

The human cost of the conflict in Afghanistan and Iraq will occupy the lives of Army chaplains for many years to come. Whilst the chaplain has a crucial role in the direct aftermath of traumatic incidents it is the enduring care of the bereaved and wounded that will be a significant feature of the decade to come. Chaplains care for the bereaved families as best as they can, but tragically not all units and families continue links on a long term basis. Some families value contact with the unit of their deceased son or daughter, whilst for others it is too raw and emotional. Where possible and appropriate the chaplain ministers to the wider regimental family, including the families of those who have been killed whilst in Service. Almost all chaplains are actively involved in caring for those from their unit who have been injured in the line of duty. Some of these soldiers will remain in their parent unit, whilst some will be based at the Provincial Rehabilitation Units around the country. When it works well, the chaplain will have some shared experiences with the soldier therefore building on a existing relationship and bringing pastoral care and guidance as required.

The psychological costs of caring amongst the Army chaplaincy

Caring often comes at a cost, especially if it tends to be chronically and emotionally draining and if there is not the positive counterpoint of a good work-life balance and adequate family/social/occupational support. In these matters Army chaplains share some of the same pressures as their civilian counterparts.

Research suggests that support services offered to the civilian clergy such as time off, prayer support groups and clergy retreats, are highly valued, and when adequately provided, are heavily utilised (as they are in the Army). The largest obstacle to such support often includes financial limitations, difficulty in getting time off, concerns about confidentiality, and limited awareness of the services available (Trihub *et al* 2010). Other clergy-perceived beneficial support mechanisms provided by the Church include time off in the form of holidays; establishing reasonable expectations of ministers; availability of formal

support (eg. Ministerial Counselling Service, regular appraisal); and bringing clergy strain to the attention of the Church (Charlton *et al* 2009).

Army chaplains can also draw on an additional battery of support mechanisms in place that promote the physical, psychological, and social welfare of all Service personnel. These include at unit level, the Welfare and Medical Officer, and at garrison level the Army Welfare Service, and the Community Mental Health Team. In terms of chaplain-specific support there are numerous ways in which this is achieved. Each Sending Church has appointed a number of Denominational Confidantes. These experienced clergy are intended to be someone outside of the military who a chaplain can seek out for counsel and personal support. Other chaplains prefer to organise their own support and choose a Spiritual Director or Mentor. This can take many forms, but offers spiritual and moral support to the chaplain. Whilst these formal relationships are useful, the greatest support to chaplains are those with whom they work daily. Chaplaincy teams caring for each other is an ancient model and active within the Army. When sensitively lead by a senior chaplain this care is both comprehensive and effective.

Despite the available support, and no matter how strong a chaplain's faith might be, they are not immune from suffering psychological ill-health like any other professional when exposed to chronic and extreme incidents involving human suffering. This is borne out by the small but evolving research literature relating to civilian clergy which includes such psychological health outcomes as strain, post-traumatic stress disorder (PTSD), and burnout (see below). It is to this research that we now focus, drawing themes forward for ministry in a military context.

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Strain (commonly referred to as 'stress') is 'an adverse reaction an individual has to excessive pressure or demands placed upon them' (HSE, 1999). It often refers to the day-to-day chronic stressors that affect personnel in their everyday working environment (eg. high workload, long hours, poor leadership, over a long duration). Clergy strain has been shown to result from: rigid work schedules, excessive bureaucracy, irrelevant denominational structures

(Grosch & Olsen, 2000), the relentless 24/7 on call aspect of the pastoral role (Ellison & Mattila, 1983), and the often unrealistic and intrusive expectations pressed on clergy by their congregations (Morris & Blanton, 1994). All of these external factors within civilian ministry are present for the Army chaplain. It is therefore not surprising that some chaplains succumb to overwhelming strain or stress.

PTSD is caused by an extreme response to a severe stressor (eg. a traumatic event or events that the person has directly experienced or witnessed involving actual or threatened death, or serious injury, or a threat to the physical integrity of self or others) and is defined by a cluster of symptoms such as: re-experiencing the event (eg. intense intrusive imagery 'flashbacks', recurring distressing dreams), avoidance of stimuli associated with the trauma (eg. numbing of emotional responses, detachment) and increased arousal (eg. persistent anxiety, irritability, poor concentration) (APA, 1994). Research with civilian clergy involved in such traumatic experiences as 9/11 found that in the face of perceived personally threatening traumatic experiences, the most effective self-reported religious coping strategy was 'looking to God for strength, support, and guidance', followed by 'increased prayer'. High stress was associated with a higher frequency of coping strategies, both religious and non-religious. More frequent positive religious coping was related to less severe PTSD symptoms of numbness and avoidance (Meisenhelder & Marcum, 2004).

Once again the Army chaplain cannot be entirely protected from traumatic events which may cause PTSD in some; much like their civilian counterparts, the more extreme the event, the more likely the need for awareness, assistance and coping strategies. The difference for the Army chaplain is that whilst 9/11 was an unusual situation for civilian clergy, it is the type of situation (albeit on a different scale) that chaplains sadly expect to encounter.

Another common issue among all clergy is burnout. This can occur among professionals who work closely with people in some capacity, often in a staff-client interaction, eg. physician or nurse/patient (Freeborn, 2001), therapist/client, teacher/pupil relationship (Friedman, 2000). Within this group, the clergy represent a unique vocation with a unique set of required emotional demands and job skill. Most of the studies described below utilise the Maslach Burnout Inventory to measure burnout, which is composed of Emotional Exhaustion, Depersonalisation, and Personal Accomplishment (Maslach & Goldberg, 1998).

Being of a younger age has been found to be associated with higher burnout generally (Francis, Kaldor, Shevlin & Lewis, 2004). Rural clergy have been shown to have a lower sense of personal accomplishment than comparable clergy working in other types of parishes, which could be due to the relative isolation in the countryside and lack of resources (Francis & Rutledge, 2000). Ministers

who served a traumatic church in the past are more likely to have high emotional exhaustion, even though they are no longer serving that congregation (Doolittle, 2010). Each of these factors could be seen within the RACHD. Many of the chaplains, though older than their congregations, are younger than civilian clergy due to the physical requirements of working in the Army and a lower retirement age than the general population, thus raising their potential risk of burnout. Whilst Army chaplains would not consider themselves Rural, they share some of the isolation of their civilian counterparts. Issues of resources and loneliness would be familiar to many chaplains.

Clergy who practise reflective ministry (including consulting with a professional supervisor), tend to experience higher levels of personal accomplishment (Francis & Turton, 2004). Protective factors against burnout include: enhancing relationships (eg. seeking mentors and attending retreats); and pursuing outside activities (eg. regular exercise and scholarly reading), in other words, affirming a 'balance and variety' model (Doolittle, 2010). One of the advantages Army chaplains have over their civilian colleagues is the increased accountability through an annual report. Whilst this can seem overbearing initially, it is a process which both affirms a chaplain's ministry and enforces a reflective and balanced approach. This annual review assists the chaplain, and those with responsibility for them, to consider their ministry objectively against agreed criteria.

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A recent (unpublished) survey of the well-being of 104 UK Army chaplains found that in terms of health outcomes the overall strain rate was 32%; the overall PTSD rate was 9.7%; and of burnout was moderate (mean=18.1). The strain findings were similar to those found for the well-being surveys in the Naval Service (Bridger, Kilminster & Slaven, 2007) and the RAF (unpublished). The study also found that the coping mechanism most commonly employed when feeling under strain was to accept it and get on with the job (a common attitude throughout the military). In addition, those who were not comfortable seeking support were more likely to have strain and PTSD than those who did feel comfortable. This sadly means that those chaplains most in need of support were not accessing the help available.

The survey suggested that many of the stressors faced by Army chaplains were similar to those faced by the civilian clergy, such as a lack of manpower, always being contactable by mobile phone, working long hours, and a lack of demarcation between home and working life. The intense stressors of an operational deployment were compounded by traumatic incidents (of the most extreme kind), and coping with the aftermath, often in a threatening environment.

All caring comes at a cost and both civilian and military clergy are vulnerable to the issues outlined above. In some ways the Army chaplain is more exposed; being often young, isolated, restricted and highly likely to experience trauma. In other ways the Army chaplain has support that civilian clergy do not receive. The additional support mechanisms coupled with the annual review of ministry allows for a chaplain to be monitored in a way which would be unusual in civilian life. These two elements bring a balance to the life of the chaplain and although he or she may face more extreme situations, they have the ability to draw upon more comprehensive support than their civilian equivalents. The challenge will always be in assisting those who need support to accept it.

Conclusions

As we have seen, the Army chaplain engages in a ministry that is both very necessary and potentially costly to their health. Yet new chaplains continue to arrive and fulfil the role that so many have done through the centuries. Perhaps this is because the depth of ministry achieved in the dark places of war and traumatic death is ultimately more rewarding than the often less than dramatic elements of normal parish life. Highly demanding work in a dangerous place brings rewards as well as pain. The paradox of the man of peace in the place of war and death is clear, but in those crucial moments it is the chaplain who embodies hope and holds the hurting so that one day they might smile again. In an organisation where the chaplain has no executive authority their influence is dramatic and although they don't command men or women, they do command respect, and this respect is based upon a solid reassuring presence, a listening ear, and an experience of life and God from which others draw comfort. ■

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