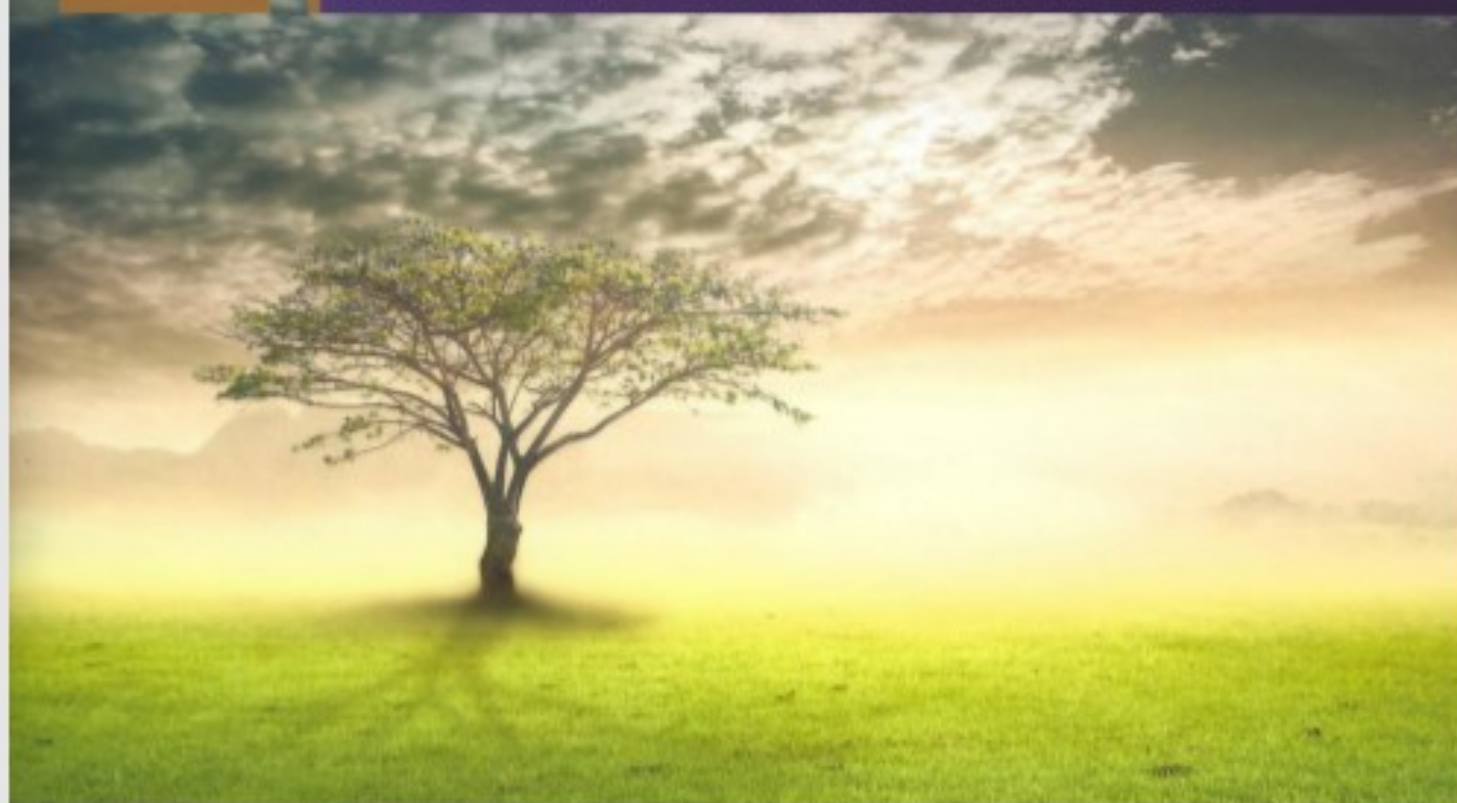


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## CHAPTER 44

# Veterans

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### Key Points

- ♦ Veterans who served in dangerous duty assignments may have deaths complicated by traumatic memories or paralyzing guilt, depending on the extent to which they were able to integrate and heal traumatic or guilt-inducing memories. This sometimes manifests as agitation at the end of life.
- ♦ A high incidence of alcohol and other substance abuse or other “fighting”-type behaviors are often used either to avoid confronting locked-up feelings or to numb traumatic memories.<sup>1</sup> These factors may contribute to “unfinished business” as veterans face the end of their lives.
- ♦ *Moral injury*, a subcategory of *soul injury*, may surface at the end of life, resurrecting feelings of guilt and shame that can complicate peaceful dying.<sup>2</sup>
- ♦ Veterans often acquire wisdom because they have reckoned with trauma, stoicism, addiction, and soul injury. Understanding these four elements helps access their wisdom and has been referred to as *posttraumatic growth*.<sup>3</sup>
- ♦ Veterans and their families have unique bereavement needs to consider when providing care.

### Introduction

Military experiences often change veterans in fundamental ways that shape, mold, destroy, and help them find meaning in the rest of their lives and at end of life. There are 1,800 veterans dying every day in America—about 25% of all dying Americans. Only 4% of these veterans die within the Veterans Affairs (VA) medical system. Many of the remaining 96% receive end-of-life (EOL) care in community home or non-VA inpatient hospice programs.<sup>4</sup> Education is needed to inform those working in home and non-VA facilities to help understand the special needs of veterans at the end of life.

### Stoicism: Early Indoctrination that Continues at the End of Life

Veterans are often noncomplaining, “grin-and-bear-it” types who endure their sufferings silently. The few times that tears or fears break through their stoic facades, they feel embarrassed, apologize, and quickly retreat behind walls of stoicism; these walls offer protection. Unfortunately, their “fight to the bitter end” attitudes sometimes mean just that—fighting toward a death that is, indeed, bitter. Survival-mode mentality interferes with letting go at end of life.

It is important that clinicians know how to create safe emotional environments. Otherwise, dying veterans will underreport their physical and emotional pain as well as any fear they are experiencing. A clinician’s ability to breach a veteran’s stoic facade can be important because walls of stoicism might contribute to agitation and lack of peace as veterans die. Stoicism is necessary on the battlefield, as it is in many life situations, but the walls that stoicism erects can outlast their usefulness. The walls keep out necessary feelings—and other people. Although it is important to respect veterans’ silence when they choose to maintain stoic fronts, it is also important to offer alternatives. Helping veterans use stoicism like a door instead of a wall can be useful. A door can be opened or closed at will and as often as they want, leaving the safety of their stoicism available to them.

Stoicism might be conceptualized as comprising three components: pride, control, and independence. Inability to let go of pride, control, and independence so that a veteran can reach out for help increases suffering. Physical limitations and emotional displays can embarrass veterans and create fears that others will perceive them as weak. They might feel helpless and vulnerable to attack. Letting go might be viewed as admitting defeat or an act of surrender—something good soldiers do not do. Yet mature mental health includes identifying needs and asking for help when it is needed. Both require vulnerability. Stoicism often keeps people from saying what they need or allowing others to meet their needs. This mask of invulnerability sometimes will not even allow them to admit they *have* needs. This can cause frustration for family members and professional caregivers who desperately want to do whatever they can to help.

Many dying veterans are able to let go of control, allowing themselves to become completely human, growing in humility as they learn how to ask for help and how to become a gracious receiver, discovering connection and compassion in the process. This takes courage, and it is as heroic an effort as facing any enemy in battle. Sooner or later, a veteran’s stoic walls have to crumble. Later means fighting to the bitter end; sooner means a weary soldier is finally able to surrender to hope for a peaceful death.

### The Culture of Combat

Embedded within the stoic, military culture is another culture: the culture of war.<sup>5</sup> Many soldiers sustained emotional, mental, social, spiritual, and moral injuries that sometimes caused a lifetime of soulful suffering. This suffering might be submerged in the unconscious, but, at the time of death, wartime memories sometimes emerge.



It is important to remember that many veterans who did not serve in a declared "combat zone" have also experienced the consequences of a combat culture. Dangerous missions are required for numerous military assignments. In fact, sometimes the trauma they sustain can be even more damaging because it often goes unacknowledged or is minimized because "I didn't see combat." All veterans have set aside prime years in their lives, delayed personal goals, separated from loved ones, and went to strange and sometimes dangerous parts of the world. They were expected to do difficult jobs that they may or may not have been inclined to perform. All were trained to defend their country and be willing to risk their lives if necessary to do so.

## A Combat Subculture: Posttraumatic Stress Disorder

Stoicism permeates military culture, whether a veteran served in combat or not. Combat veterans and others who have served in dangerous-duty assignments have to additionally cope with traumatic memories.<sup>6</sup> For some, the memories crystallize into a constellation of symptoms known as *posttraumatic stress disorder* (PTSD).<sup>7</sup>

Many people with PTSD have successfully coped with their traumatic experiences by learning lessons that help them live their lives, deal with trauma, and reckon with PTSD.<sup>8</sup> If they have received PTSD treatment, they can often say what helps them feel better. They might already have a PTSD network of friends who can provide support. Family members usually know how to respond to breakthrough episodes of PTSD because it is familiar territory.

When patients with PTSD are admitted to a hospital and/or hospice or palliative care unit, they are sometimes anxious, suspicious, or angry. Leaving their home to enter an unknown hospital environment is threatening, increasing their feelings of danger. The hospital environment itself can act as a trigger, with its somewhat militarized processes. Their own anticipated death can act as a PTSD trigger. And PTSD, especially when combined with alcohol abuse or misuse of other substances, has often taken its toll on their relationships, leaving much unfinished business to be resolved so a peaceful death can ensue. Sometimes they arrive at the end of their lives broken, with bitterness poisoning their souls. However, it is never too late. Opportunities for growth abound when death approaches, and many people—even those who are bitter—avail themselves of the lessons.

## Interventions: Responding to the Unique End-of-Life Needs of Veterans

### Penetrating Stoic Facades

Stoicism is important, even essential, especially on a battlefield. It creates protection from untrustworthy influences. It is the *relationship* to stoicism that might need modification. It can be used inappropriately to block energy and emotion from the self or can interfere with expressing love to others. Stoicism can also contribute to veterans' underreporting their fear, emotional pain, and physical pain. The healthcare provider can help reeducate veterans by offering alternatives for them to consider, such as: "I know a lot of veterans put on a macho front and don't want to take pain medication, but pain can consume your energy. You need your energy for other things now."

Helplessness and losing control are especially threatening: "Sometimes veterans tell me feeling helpless makes them angry. I imagine it's hard for a soldier to learn how to surrender, to let go," or "Some veterans tell me asking for help is humiliating. Tell me how helplessness makes *you* feel."

### Creating Environments of Comfort and Trust for Combat Veterans

Veterans might talk about past experiences with death—deaths that were often violent and mutilating. They bring these experiences with them when they are enrolled in hospice programs or admitted to a hospital or community program for palliative care. To allay these fears, it can be helpful to discuss the peacefulness of their expected death and the plan for how that will be achieved.

It can be important to eliminate as many "triggers" for PTSD as possible. Coming into a hospital (especially a VA hospital) can trigger past military memories of barracks, military procedures, unsafe environments, past combat hospitalizations, and visiting injured comrades. Loud or unexpected sounds will startle people with PTSD, and they should not be touched without warning; the clinician should first call the patient's name or make sure that he or she is within their line of sight. The use of bed alarms should be limited; they exacerbate the startle response. Restraints should also be avoided; even tight bed clothes or linens can trigger memories of being confined in prison if the veteran was a prisoner of war.

Trust plays an important role in helping veterans with PTSD because these veterans do not trust easily. They have been taught *not* to trust. In a hospice or palliative care program, trust may need to be gained quickly because the veteran may not have long to live; time to build a trusting relationship is simply a luxury that is not always available. The clinician's movements, tone of voice, and open language become important opportunities to convey trustworthiness. Additionally, people with PTSD will often "test" clinicians to see if they are trustworthy.<sup>9</sup> Thus, dialogues about death should be done openly and directly when a veteran with PTSD is admitted to a hospice program or to a traditional hospital for end-of-life care. These veterans faced death before when they were in combat. In fact, they were required to complete advance directives and wills *whenever* they went into a combat zone, so they are used to an open dialogue about dying.

If the veteran becomes agitated with wartime memories, especially if he is in the last several days of life, the "anchoring heart" technique can support emotional safety.<sup>10</sup> In this technique, the clinician places his or her hand firmly on the veteran's chest or, alternatively, on the back. This is usually very calming 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, grounded, less anxious, and safe to feel whatever they are experiencing. (This securing gesture is often practiced *unconsciously* when people get bad news. They will gasp and place their palm over their own sternum to anchor themselves.) Family members can be taught to do the anchoring heart technique with the veteran. It not only helps the agitated veteran, it helps family members with their own sense of helplessness.

Box 44.1 provides resources that can help veterans, their families, and professional caregivers. These resources provide clinicians

**Box 44.1** Resources for Veterans, Their Families, and Care Providers

*Opus Peace* is a nonprofit organization with a mission of providing programs that respond to soul injuries. Additionally, *Opus Peace* helps communities and agencies provide Fallen Comrade ceremonies to heal unmourned grief and unforgiven guilt that veterans may still be carrying. Go to [www.OpusPeace.org](http://www.OpusPeace.org) or [www.SoulInjury.org](http://www.SoulInjury.org) for more information.

*Four Final Life Lessons* and *Caring for Veterans* are two booklets available free of charge at <https://www.opuspeace.org/Shop>.

*We Honor Veterans* is a program by the National Hospice and Palliative Care organization that provides information and toolkits to provide EOL care for veterans. Learn how to “earn your stars” as an agency that cares about veterans. Go to [www.WeHonorVeterans.org](http://www.WeHonorVeterans.org) for more information.

*Soldiers Heart* is a nonprofit organization whose purpose is to “alleviate the symptoms of PTSD by developing a new and honorable warrior identity.” They also promote, train, and guide community-based efforts to heal the effects of war. Go to [www.SoldiersHeart.net](http://www.SoldiersHeart.net) for more information.

*Hospice Foundation of America’s Living with Grief* series 2013 focuses on improving care for veterans facing illness and death. Go to [www.HospiceFoundation.org](http://www.HospiceFoundation.org) for more information on their educational program.

*Honor Flight* is an organization that flies combat veterans to Washington DC to see their memorial monuments. This program is provided free of charge to veterans. It currently emphasizes World War II veterans, but serves any war veteran nearing the end of life. In subsequent years, it will focus on post-World War II vets. Go to [www.HonorFlight.org](http://www.HonorFlight.org) for more information.

*Veterans Families United Foundation* (1-405-535-1925) helps veterans and their families cope with the aftermath of war and provides information about accessing benefits. Go to [www.VeteransFamiliesUnited.org](http://www.VeteransFamiliesUnited.org) for more information.

*Military One Source* (1-800-342-9647) provides counselors 24 hours a day. Go to [www.militaryonesource.com](http://www.militaryonesource.com) for more information.

*National Center for Posttraumatic Stress Disorder* provides information about PTSD. Go to [www.ncptsd.va.gov](http://www.ncptsd.va.gov) for more information.

*National Alliance on Mental Illness (NAMI)* describes various mental health issues affecting veterans. Go to [www.nami.org/veterans](http://www.nami.org/veterans) for more information.

*America Supports You* is a Department of Defense website that connects veterans with organizations willing to provide services: [www.americasupportsyou.mil](http://www.americasupportsyou.mil).

*Vet Centers* (1-800-905-4675; 1-866-496-8838) provide readjustment counseling and outreach services to all veterans who served in any combat zone, as well as services for their family members for military-related issues. Services are provided at no cost. There are 232 community-based Vet Centers located in all 50 states. Go to [www.vetcenter.va.gov](http://www.vetcenter.va.gov) for locations.

*Gold Star Mother* provides support for mothers who have had a child killed in the military. Go to [www.goldstarmom.com](http://www.goldstarmom.com) for more information.

*Gold Star Wives* provides support for wives who have had husbands killed in the military. Go to [www.goldstarwives.org](http://www.goldstarwives.org) for more information.

A monograph has been written by Larry Beresford about veteran issues surrounding the end of their lives. Read it online at [www.va.gov/oaa/archiva/Va\\_Transforms\\_End\\_of\\_Life\\_Care.pdf](http://www.va.gov/oaa/archiva/Va_Transforms_End_of_Life_Care.pdf).

with tools that will develop their skill and confidence in not only providing care for veterans but also learning principles about EOL care for *anyone* who has been traumatized.

## Moral Injury: A Subcategory of Soul Injury

A *soul injury* is an overlooked, unassessed wound that separates a person from his or her authentic self, corrupting their identity and sense of “being.”<sup>2</sup> The concept of soul injury applies to veterans and nonveterans, traumatized and nontraumatized, alike. Soul injury can be experienced by victims of sexual assault, crime, accidents, natural disasters, bullying, abuse, and neglect; people who have experienced heartache, loss of personal health or a loved one’s health, death of a loved one, or betrayal by a significant other; minorities and marginalized members of a society, culture, or group; and veterans, first responders, and civilians living in war-ravaged countries.<sup>2</sup>

Soul injury is a spectrum of wounds that range from traumatic to insidious. “Traumatic soul injury” might accompany PTSD in veterans if the trauma changed how they perceive themselves. For example, a combat veteran’s action or nonaction harms a comrade, he subsequently feels ashamed, and he no longer feels like a person of worth. Less apparent is “insidious soul injury,” which occurs more

gradually and becomes chronic before it becomes obvious. For example, a veteran has an unfair military administrative action taken against him or is labeled as “weak” when unable to maintain a stoic façade. Over time, this might cause the veteran to feel defective or inadequate—hallmarks of soul injury. Unmourned loss, unforgiven guilt or shame, and diminished self-compassion often keep the soul injury alive throughout a lifetime.

Moral injury is a specialized subcategory of soul injury that is primarily associated with combat veterans. It is especially relevant for veterans as they prepare for the end of life. The term originated with VA psychiatrist, Jonathan Shay. Shay sought a name that could describe the moral damage experienced by veterans during dangerous military assignments. He believed that much of the distress that veterans suffer represents an inner conflict between their moral beliefs and their actions during military service, such as killing children. He called this ethical conflict “moral injury.”<sup>11</sup> The term has subsequently been adopted by both the VA and the Department of Defense: “Events are considered morally injurious if they transgress deeply held moral beliefs and expectations.”<sup>12</sup>

Experiencing or witnessing violence can be disturbing for anyone, but the difference with veterans is that they also *committed* violence. This might cause a moral injury, as this case example depicts.



### Case Study: A Patient with Moral Injury

Jim, a World War II vet, was weak with a cancer that would take his life in a few days. The palliative care nurse introduced herself and asked if there was anything from the war that might still be troubling him. He said there was, but he was too ashamed to say it out loud. Motioning the nurse to come down close to him, he whispered, "Do you have any idea how many men I've killed?" The nurse shook her head, remained silent, and met his Jim's gaze. He continued, "Do you have any idea how many throats I've slit?" The nurse remained silent, but her eyes began to tear, as did Jim's. They remained silent, sitting together, sharing his suffering. No words were needed. This was a sacred moment that words would only interrupt.

After several minutes, the nurse asked, "Would it be meaningful if I said a prayer asking for forgiveness?" Jim nodded. The nurse placed her hand on Jim's chest, performing the anchoring heart technique and said: "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 he did this. 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 beyond 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.<sup>9</sup>

### Soul Injury Interventions

Whereas PTSD affects a person's brain (especially the amygdala, the part of the brain that reacts to real or perceived threats), a soul injury affects a person's sense of being. Soul injury interventions, including the subcategory of moral injury, focus on learning how to mourn losses, forgive self and others, and cultivate love and compassion. These interventions are not routinely taught in healthcare or trauma curricula. However, providing these interventions at the end of life, when soul injuries tend to surface, can have a dramatic impact on a dying person's quality of life, as well as that of their family. It is essential that clinicians know how to create a safe emotional environment that allows soul injuries to surface. This includes not dismissing or minimizing guilt with well-intentioned platitudes such as: "You were following orders" or "You were being a good soldier; we have our freedom because of you." Instead, the clinician needs to create a safe emotional environment so guilt and shame can be revealed *if the veteran so chooses*. However, this needs to be done cautiously. At no time should the clinician overtly, covertly, or subtly convey that the veteran "needs to forgive," for example, saying, "You need to forgive \_\_\_\_\_ so you can have peace." This can actually add another layer of damage by causing additional guilt about the inability to forgive themselves or others. Rather, the clinician should simply offer the consideration of forgiveness and invite the veteran to stay open to its possibility. "Now is a time to look back over your life. Is there anything that might still be troubling you? Anything about the war that might still haunt you?" Then, sit quietly. These are not the kind of answers that can be hurried.

A tool has been developed to self-identify soul injuries (Box 44.2).<sup>13</sup>

It can be a useful tool for initiating conversations about unresolved issues that might complicate peaceful dying. This self-awareness tool should not be understood as providing any type of diagnosis or healthcare recommendations. Self-administered screening tools such as the Soul Injury Self-Awareness Inventory are designed to enhance awareness of one's own experiences for the purpose of raising awareness of feelings and experiences related to possible soul injuries. Highlighting these experiences may offer an opportunity to reflect on them at greater length or to consider their relevance in a broader life context. It provides an opportunity to consider seeking the advice of counseling professionals (such as physicians, mental health counselors, clergy, social workers, or others) who specialize in grief, loss, forgiveness, and self-compassion.

### Honoring Veterans: A Portal for Healing

Honoring veterans and thanking them for their service to their country is a simple act that often precipitates the story-telling process. Bearing witness to a veteran's story can begin the healing 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. If the veteran served in Korea or Vietnam and they express sentiments about not being welcomed home or being mistreated by the American public, it is not too late to apologize: "I am so sorry for the indignities you've had to suffer because of our nation's ignorance about war. I want you to know that you *are* a hero. And *unsung* heroes are the *most* worthy kind."

### Fallen Comrade Ceremony

Ceremonies are an effective way to respond to soul injuries, even long after they occur. Native Americans have long recognized the soul injury of war and designed rituals that help warriors "decontaminate" their hostile energy before reintegrating into the tribal community.<sup>14</sup> The ceremony acknowledges the hardships, provides information about how to face the challenges, and integrates the experience symbolically. Well-designed ceremonies are effective because they access the *unconscious*; they access the deepest levels of the soul.

Opus Peace, an organization dedicated to tending to soul injuries, has developed ceremonies that respond to the hardships incurred by veterans and their families. The Fallen Comrade ceremony originated when Opus Peace was providing consultation services for a long-term care facility to assist staff in caring for the unique needs of aging veterans. One veteran was asked, "Is there anything from the war that might still be troubling you now?" The veteran started crying, saying, "My brother and I both went to Vietnam, but I was the only one who came back." Then, he added, "I didn't even get to go to his funeral." A memorial service was subsequently provided for him, as well as all the veterans at the facility who held similar losses. Unmourned loss and unforgiven guilt were finally liberated and the result was visibly evident.<sup>2</sup>

The Fallen Comrade ceremony is carefully designed to provide a safe sanctuary where losses are acknowledged, honored, mourned, and redeemed. Such losses might include the loss of comrades who

**Box 44.2** Soul Injury Self-Awareness Inventory

Many people have acquired soul injuries at one time or another. The definition of soul injury is:

1. An overlooked, unassessed wound that separates one from one's "real" self, causing one to feel less than whole
2. An aching wound perpetuated by unmourned loss, unforgiven guilt/shame, and diminished self-compassion that is often manifested as a sense of emptiness, loss of meaning, or a sense that a part of self is missing
3. A long-lasting response to a person or situation that causes one to feel personally defective, inadequate, or incomplete

Circle the answer that most closely reflects your experience most of the time:

1. I am not able to be my real self.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
2. I engage in some activities to help me avoid uncomfortable feelings.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
3. When I avoid uncomfortable feelings, it often causes problems with people in my life.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
4. I have a hard time facing loss, change, disappointments, or transitions.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
5. Guilt and/or shame haunt me.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
6. I feel defective, inadequate, or unworthy.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
7. Self-compassion is difficult for me.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
8. I struggle to find meaning in my life.  
1 Always true   2 Often true   3 Sometimes true   4 Never true
9. Have you identified a possible *soul injury*?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
10. Do you think a past *soul injury* is affecting your life now?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Score of 8–16: Consider consulting a professional who specializes in loss, grief, forgiveness, and self-compassion.

Score of 17–24: Explore [www.OpusPeace.org](http://www.OpusPeace.org) and/or [www.SoulInjury.org](http://www.SoulInjury.org) websites for more information about the impact that soul injury might be having on your life.

Score of 25–32: You have probably worked hard to achieve and maintain a strong sense of self.

died in battle, loss of physical and mental health, or the loss of their prewar self. Family members are encouraged to attend because they are secondarily impacted by their loved one's trauma, and they are the ones providing support on a regular basis. Civilians and staff are encouraged to attend so they can learn how to provide care that supports the unique needs of veterans. Opus Peace is now training leaders to provide Fallen Comrade ceremonies throughout the nation so the wounds that veterans sustained in the public's name can be healed together.

## Bereavement for Families of Veterans

Stoicism can affect whole family systems.<sup>15</sup> Grief might be hidden by a silent or angry facade. If the veteran was "career military," the family may have lived in numerous places for short periods of time. This can have different effects on bereavement. Because they

have no established roots, there may not be a network of support that facilitates effective grieving. On the other hand, because of frequent moving, families of veterans may readily reach out for support because they have learned how to ask for help and form new bonds quickly.

PTSD does not exist in isolation; it affects whole family systems—even generations of family systems. Living with someone who is easily triggered, suspicious, and wary is difficult. If the PTSD becomes exacerbated during the dying process, the family caregivers may be exhausted and not have the energy required for grief work. They may have become so consumed with caregiving that they have lost their own life or sense of self, which makes grief recovery more difficult.

If PTSD is identified for the first time as a veteran is dying, the impact on the family needs to be factored into their bereavement needs. Some feel relieved, saying, "I'm so glad to know it has a



name. I knew something was wrong but I didn't know what. Now this makes sense." Others might feel guilty. "I wish I would've realized this sooner, I would have (listened more carefully, gotten him help, been more patient and understanding, etc.)."

All of these factors need to be taken into consideration when providing bereavement care to families of veterans. They, too, have unique needs because of their loved one's military service.

## Conclusion

Healthcare providers need to become sensitized to how military service influences veterans in ways that can sometimes complicate peaceful dying. Stoicism, PTSD, and soul injury are a few of the issues that healthcare professionals need to consider when intervening with veterans. Responding to the unique needs of this underserved population helps to ensure that the men and women who served our country will receive the honor they earned.

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