

You can remove a person from the war, but not the war from a person

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The following case description touches on a painful chapter in the Netherlands' national history: the deployment of Dutch soldiers in the Dutch East Indies. The description deals with an army chaplain's home visit to 89 years old Mr Klaas², a veteran of World War II as well as of the Dutch East Indies. Just like many Dutch East Indies veterans, Mr Klaas has got PTSD related symptoms only later in life. He has had extensive treatment for this, but eventually it became clear that the PTSD was untreatable. He has many residual complaints, including frequent nightmares. In the past, Mr Klaas had contacted his own minister in order to be able to tell his story, but this came to nothing – according to Mr Klaas because the minister was not familiar with military lingo. The chaplain contacted Mr Klaas at the request of the care coordinator of ABP (the pension fund from which Mr Klaas receives a Military Disability Pension). The care coordinator had sent an email in which he described Mr Klaas as a veteran who could not be treated any further, but who had an urgent need to talk about his past; however, he had no one in his environment who would be able to understand his story.

The chaplain is 57 years old and has been a chaplain for almost 30 years, initially with the Navy and the Marines, with whom he has been deployed regularly, and since four years with the care for veterans. His involvement with veterans is nourished by his own experiences of being deployed: he knows what kind of impact deployment has, also on relatives and friends. In his work with veterans the chaplain uses - first and foremost because of the size of his field of activity - criteria for engaging or not engaging in conversations. For the 'old generation veterans' (WW II, Dutch East Indies, Korea), one criterion is that the conversations should touch on the 'deeper layers' of moral damage, working through and meaning making (for low-threshold conversations there are trained prevention workers in the care for veterans). The chaplain has specifically emphasized this 'depth component' in the first conversation with Mr Klaas. They agree that feelings of loneliness, guilt and shame, etc. will not be avoided in the conversations, but that Mr Klaas himself always can determine when and how he will raise his painful experiences, without the chaplain 'digging' for them. Afterwards the chaplain visits Mr Klaas in principle every four weeks, the theme of the first couple of conversations being to gain his trust.

In the present case description, the conversation during the seventh home visit is central. In this conversation, several painful episodes in Mr Klaas's life are raised explicitly. First, through a casual question from the chaplain about Mr Klaas's exact age, his difficult childhood emerges, in particular his problematic relationship with his mother:

Mr Klaas: 90 years ago I still was inside the woman who put me into the world.

Ch (Chaplain): Your mother...

Mr Klaas: That was no mother.

Ch: No?

Mr Klaas: No, she was a bitch.

Ch: You talked a bit about it last time.

Mr Klaas: She was a rotter.

Ch: And why...?

Mr Klaas then talks about his mother's physical and mental violence towards himself and his younger brother, and about his parents' violence towards each other. The chaplain comments that it was no "loving nest" in which Mr Klaas was born. Mr Klaas acknowledges this and a little later he goes on talking about the

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² Mr Klaas is a pseudonym of this veteran, who has filled in an informed consent form for the use of the anonymised case for publication. The fragments of the conversations come from the verbatim reports that the chaplain wrote from memory after the conversations.

theme of 'love', which turns out to be a bridge to talking about his relationship with his wife and, via describing the impact of his war past on this relationship, also about his war trauma:

Mr Klaas: My dad has had a difficult life with her too. And he was so mad, so unbelievably mad about her. And when I think back of that: he didn't know what love was. And it has left me with quite some problems. Because you tell me, what *is* love actually? Yes, when you're mad about someone. I was mad about my wife, but with her too I didn't know what love was.

Ch: And yet you always talk very lovingly about your wife, with loads of love.

Mr Klaas: Yes, my wife, she *was* love. She has had to swallow so much from me. She was such a good girl. I've never laid a finger on her, but I've done wrong to her mentally. I've been a rotter to her. That's what I heard later in [name of a treatment centre he's been in].

Ch: To go a whole step further now: you've been diagnosed with PTSD quite late in life. But did you know at that time that something was wrong with you?

Mr Klaas: I just had tropical madness.

Ch: And that made you react towards your wife the way you did.

When, after this, Mr Klaas's complaints and treatment are mentioned in the conversation, he comments that, prior to his treatment, he 'always has had to do everything on his own'. He did not talk about his war experiences, not with his wife and neither later with his children:

Mr Klaas: But about the Indies... not a word!

Ch: Never talked about.

Mr Klaas: I was the ideal husband and that's how it had to stay. And for the children I was the ideal dad. It's only now that I'm starting to tell them a teeny little bit.

Ch: But you already did have the nightmares. Were you able to explain that to her?

Mr Klaas: I always just said that it was OK. I don't know how to explain it. At the moment itself you don't experience it all that much. You thought it was normal. Just like shooting someone is very normal too. These are separate things.

Ch: Didn't it make you very lonely not to be able to share all of this?

Mr Klaas: Yes, terribly, that's exactly the right word! And yet I wasn't. You're also keeping the feeling that you're being guided. You're walking there, but you could as well have been walking somewhere else. And then maybe that would have been the end of you. I've been spared after all. But so did I do all these things? I can't explain it.

Ch: You clearly feel the need to talk about it now.

Mr Klaas: Yes, with you. From soldier to soldier. You're not an ordinary reverend.

In this fragment, for the first time in the conversation Mr Klaas touches on the question how to interpret the war actions carried out by himself. He does this rather indirectly; he doesn't name concrete, personal experiences but talks in rather general terms and indicates that he is unable to explain 'it'. The ambivalence in Mr Klaas's story is striking, 'you thought it was normal' yet obviously at the same time that's not what he thinks, 'so did I do all these things?' In the description of his role as a husband he is ambivalent too: 'I've been a rotter to her' in the previous fragment (for that matter, the same designation that he uses for his mother in the first fragment) versus 'I was the ideal husband' in the present fragment.

The chaplain's way of working in this conversation can be described as gently moving with the story and carefully considering every time what to react to and what not. For instance, he consciously opts for letting pass, for now, the question about responsibility for other people's deaths during the war. In these considerations, the chaplain uses, amongst other things, his knowledge of processing strategies and problems around traumas. Twice he proffers 'existential language' – through the words 'loving' and 'lonely' – and in so doing he makes a movement towards what he calls the 'deeper layer', in particular the layer of the working through of war experiences. When Mr Klaas talks about 'love' as something unfathomable (on the one hand, 'he didn't know what love was' with his wife, on the other hand, 'his wife *was* love'), this appears to open a way towards talking about events that are difficult to fathom - 'separate things' - in his war past. Mr Klaas labels the term loneliness as 'exactly the right word', after which he gives a religious charge to that loneliness, in that way downplaying it: he was lonely and 'yet he wasn't'. From this religious

perspective, he appears to be able to look warily at painful moral questions around his war past. What the chaplain expressly does not do is to proclaim value judgements regarding the narrative, or to keep asking about the ambivalences in it. When Mr Klaas's religiosity, as a committed member of the Protestantse Kerk in Nederland [Protestant Church in the Netherlands], surfaces – 'you're being guided', 'I've been spared' –, the chaplain does not capitalise on it in a 'missionary' way. Yet at the same time, the chaplain is being seen by Mr Klaas as a church office holder; Mr Klaas addresses him as 'padre' and is able to introduce religious language fairly indirectly, in the knowledge that this will be understood.

Most of the chaplain's interventions in the conversation as a whole are 'small' questions or remarks, close to the narrative, encouraging Mr Klaas to tell more about his life or to nuance what he has told. This is typical of the chaplain's biographical way of working, in which stimulating the telling and re-telling of the life story, including painful episodes, is central. During a large part of his life, Mr Klaas has not spoken about his painful past. When eventually he did, it was in the setting of trauma treatment, often painful for him. The chaplain understands the problems in Mr Klaas's life story not primarily through the 'massive' diagnosis of PTSD, but rather through the relatively new theory about 'moral injury'. This theory provides a different and broader explanatory model for the problems with which veterans are struggling when returning home: the moral impact of war results in a loss of trust in the world and in themselves. According to the chaplain, in order to regain trust mildness is crucial. Hence, the aim of the guidance is not only that the life story can be told, including painful episodes, but also that it will be told with mildness and gentleness towards oneself and others. In this conversation, the latter aim can be seen e.g. when the chaplain labels 'the woman who brought him into the world' as mother; when, reacting to Mr Klaas's assertion that with his wife 'he didn't know what love was', he counters that he always talks about his wife with lots of love; or when, after Mr Klaas's harsh self-reproaches about the negative impact of his problems on his wife, he interprets them in terms of PTSD. Within this conversation, these interventions don't seem to have the effect of a milder perspective. The chaplain does not press the issue when Mr Klaas does not react to the encouragement to be milder.

A result of the guidance that is visible in this conversation, though, is that Mr Klaas, albeit still somewhat indirectly, enunciates moral questions around his war past outside of a treatment setting. This appears to be related to a second outcome: Mr Klaas talks about painful events in his life without physically tensing up. In previous conversations, moments of tensing up regularly occurred, when Mr Klaas was unable or unwilling to go on talking. In the conversations, Mr Klaas regularly reports that they give him strength. These outcomes obtain more (and sometimes: only) meaning in light of the guidance as a whole. They appear not completely explainable through the interventions within this one specific conversation, but rather also through the preceding guidance, including the building of trust in the first couple of conversations. The later conversations too turned out to give more meaning to the above-mentioned outcomes: a few conversations after the one described here, Mr Klaas tells the chaplain in detail about his personal war experiences and his own actions in the Dutch East Indies. The fact that the chaplain is a representative of the military as well as the religious life is a condition for these outcomes. A second condition is the time that the chaplain takes, the fidelity with which he visits again every couple of weeks. It is the chaplain's experience that a minimum of ten conversations is needed for the life story to come up. Stories around events about which silence has been kept for decades, and that are coloured by guilt and shame, are not waiting to be told. The present case description shows the kind of specific and time-intensive attention demanded of the guidance of the rapidly shrinking (because of their age) group of 'elderly veterans'.

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