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WAR *and*
MORAL INJURY

A Reader

that Western military
injury.

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Gregory Is My Friend

Opening note: Because the subject of this essay is so complex, because it occurs so relatively rarely, because it is so difficult—in my experience—to obtain free consent to share the stories of veterans experiencing this form of disorientation, and because it is so important for caregivers to protect intimacy gained in current and former relationships with these veterans at all costs, I am not able to provide a single illustrative vignette for discussion, as I would prefer to do. The individual whom I will call “Gregory” below is mostly based on a single veteran with whom I worked for more than seventy-five sessions, but his name and some very significant details of his story have been changed. I still write in the hope that readers will find “Gregory’s” story valuable, as it is related here, because all of the commentary on my personal relationship with him is quite accurate, and is shared as something that I treasure deeply—and which has changed my life and work in important ways.

I first met Gregory while working as a psychosocial consultant near a major military installation, and I will likely never be able to forget the elusive and ethereal quality of his presence when he entered the room.¹ His long hair and beard were in disarray, his clothing hung loosely from an emaciated frame, his hands were tense and clawed, and his eyes—hung under

1. Gregory’s name and some very significant details of his story have been changed. This has been done in order to provide both a robust illustration for discussion and protection for his identity.

arched eyebrows as if he were perpetually surprised—were at the same time intense and hollow. At first he simply stood in the doorway as if he had seen a ghost—or rather as if he had long been seeing ghosts. He stood as if a third of him had remained in the parking lot, a third wished to come in and sit down, and another third was somewhere quite far away.

By the time I met him Gregory he had been unable to maintain almost any kind of relationship since his service during the Vietnam War. He had suffered from chronic insomnia, had not worked steadily during all of that time, and had carried a diagnosis of post-traumatic stress disorder (PTSD) with accompanying psychopharmacological prescriptions and various forms of psychotherapy in various settings for nearly thirty years. His most recent psychiatrist—assigned by a government agency—had discussed with him the concept of “Moral Injury” after seeing him for a few months, and suggested that he work concurrently with someone who could explore the moral dimensions of both his experiences in the war and his homecoming. I became the recipient of that referral, being a combat veteran myself and having worked with a number of complexly disoriented combat veterans in psychotherapy and psychosocial support in previous years.

Gregory and I met almost weekly over the following two years, and there is no possibility of summarizing the work that we did together in the scope of an essay such as this. There is also no magic formula to be provided, no complete cure to relate, and no set of techniques to offer for “manualization.” Because of the increasingly clear tendency for theorists and caregivers to interpret and analyze the aspects of their client’s most complex forms of trauma-related disorientation in a way that corresponds with their central theoretical presuppositions, it will not be helpful for me to lead with mine, lest I alienate readers whose presuppositions differ.² Rather, I will privilege Gregory’s description of his own suffering to set the stage for a few suggestions in caring for persons experiencing one of the most unusual features of disorientation among combat veterans. In any case, the love itself which knits the lives of two people together for so many hours is theoretically neutral, and there was only (for one of us) the persistent love of self-offering which suffered many attacks but which struggled constantly to refrain from retaliation, and (for the other) an eventual expansion of the ability to respond to the call of loving friendship that makes the bearing of responsibility for one’s part in the hell of war more possible.

2. Susan Johnson has added some helpful commentary on this caregiver phenomenon in her 2005 work *Emotionally Focused Couple Therapy with Trauma Survivors*, noticing that creative collaborations across theoretical lines begin organically in trauma work once caregivers see the limits of their orientation in caring for the most disoriented clients.

When we met, Gregory's features of combat-related trauma have been seen over the course of his life by the dominant psychological theory of disconnection from reality or disconnection from retaining memory of the past, persistent, socially determined, often combined with a radical dissolution of meaning-attribution and societal norms; (4) occasional rage in which no human being can be activated with little absorption of evil present in the veteran's actions.⁴ None of these in fact caregivers would recognize some or all of these five features are common with varying levels of intensity with just one of these features the rarest and most intense.

Gregory lived with the presence of evil within him, which was not another human being but a this evil entity, but clearly within, ready to emerge when triggers might accompany various exercises in journaling and presence within, as he was and when he was alone he was otherwise feeling the presence of its emergence was the presence of anything living, and was

3. Editors' note: A "signature"

4. This five-point form was developed in a Philosophy dissertation at the University of Essex, and the list of features is from *Activated Thymic Disorder*.

5. The quotations from

A Sight Picture on a Living Hell³

When we met, Gregory was experiencing each of the five most complex features of combat-related distress among contemporary veterans that I have seen over the course of my work and that cannot be easily approached by the dominant psychiatric discourse in trauma care: (1) a conscious loss or disconnection from emotion, inner vitality, and bodily sensation, while retaining memory of what it was once like to feel alive and embodied; (2) persistent, socially debilitating mistrust of people in authority and precious others, often combined with an intense longing to want to relate again; (3) a radical dissolution of moral intuition and narrative coherence, interrupting meaning-attribution and severely impeding a veteran's ability to relate to societal norms; (4) occasional moments of uncontrollable, lustful, exhilarating rage in which no humanity or compassion is accessible, and which seem to be activated with little or no warning; and (5) self-horror after the perceived absorption of evil present on the battlefield, usually accelerated by the veteran's actions.⁴ None of these five features represent a new discovery, and in fact caregivers working with veteran populations will undoubtedly recognize some or all of them from work with their own clients. Some of these five features are commonly discussed within the Moral Injury discourse, with varying levels of success. I will briefly address Gregory's experience with just one of these five features, as it is the one that, in my experience, is the rarest and most inadequately addressed of the five.

Gregory lived with the constant sense that there was a personal form of evil within him, which he had absorbed either during or soon after killing another human being. He did not claim to be constantly in contact with this evil entity, but claimed that he always had a sense that it was "lurking" within, ready to emerge at a moment's notice.⁵ He had no sense of what triggers might accompany its emergence, and at the time we met, previous exercises in journaling had not revealed any potential triggers. This evil presence within, as he understood it, would emerge both in social situations and when he was alone, both at home and when he was traveling, when he was otherwise feeling better or feeling worse. The most painful aspect of its emergence was the feeling of overwhelming hatred towards himself and anything living, and violent urges to harm himself and other living things,

3. Editors' note: A "sight picture" is what is seen through a sniper rifle scope.

4. This five-point formulation was originally designed as a part of my Doctor of Philosophy dissertation at the Centre for Trauma, Asylum, and Refugees at the University of Essex, and the list is taken from chapter 2 of that work, Alexander, "Combat-Activated Thymic Disorientation."

5. The quotations from Gregory may not have captured his exact words.

with very palpable suggestions that he experienced as coming from outside of his mind. He felt that he "coupled" with something evil during his service, and described his connection with this evil as a sort of "dark marriage" that took place when he pulled the trigger of his weapon all of those decades ago.⁶

Gregory and I first discussed his sense of this "dark marriage" while exploring a more common form of disorientation—what I noted at the time as a surprisingly incomplete ability to make coherent and cohesive meaning of his life's experiences both during and after Vietnam. This did seem to be strongly connected with his description of faith in God. Gregory had believed deeply in God as a boy, and had been taught by his father that God is very active in the world, and that God's energies are active in every area of life. For some of Gregory's life this deeply-held belief stood as a monument in his inner landscape. In contrast, his years in Vietnam contain only confused language about God—at times he wondered aloud where God was when his comrades were injured or killed, and how sometimes "you just can't blame God, because all of the problems of the world are not his problems." At times he spoke about his singular act of killing in the war as the moment when he lost God, "as if I lost hold of the hand I'd been holding all my life, and kept feeling around without finding it again." And on at least one occasion he mentioned that God never came too close to Vietnam.

After the war, Gregory's understandings of the safety of the world, the dependability of the world, and the activities of God in the world were chaotic and difficult to follow. This confusion of the meaning of life and its relative structure and safety was not a simple difficulty with meaning-attribution. Gregory would often display paranoid behavior and bizarre thinking in the moments that he believed God was not watching or involved. He was more erratic with friends and neighbors, and occasionally crossed social norms in seemingly unwitting but striking ways. After these occasions he would demonstrate surprise at being confronted by fellow citizens or the authorities—sometimes as surprised with them for being offended as they were at his offense.

6. I comment on this phenomenon at length in my dissertation, "Combat-Activated Thymic Disorientation," citing work with three of my own clients and similar first- and second-person accounts from the writings of Amaya Muruzábal ("The Monster as a Victim of War"); Robert McLay (*At War with PTSD*); Leah Wizelman (*When the War Never Ends*); D. C. Hoop (*PTSD: The Struggle Within, from Saigon to Baghdad*); Arthur Egendorf (*Healing from the War*); John Wilson, Matthew Friedman, and Jacob Lindy, eds. (*Treating Psychological Trauma and PTSD*); Victoria Beckner and John Arden (*Conquering Post-Traumatic Stress Disorder*); Scott Blake (*A Journey with P.T.S.D.*); Tim Segrest (*Reflections of PTSD*); and Michael Boal ("Death and Dishonor").

Before I comment further on its surprising opening into him, it may be helpful to mention certain mindful techniques and persons who have encouraged me. I find that this allows us to move forward in a way, allowing thoughts and feelings to be accepted as they are, and not to be other at a pace and in a manner that is not a relationship in "real time." This relationship in "real time" allows me in a more integrated way to become a part of a new process. To the point, however, that I can begin and end sessions calmly when our time together ends, even when this intensity is unexpected arousal, which will interrupt the rest of the session.

Keeping this simple in mind, Gregory and I were relating to God's presence changed dramatically when he had the enemy captured. His body clearly changed, and the intensity" as described above for a few minutes, which was sometimes. When we opened our eyes, breathing a little heavier than before to this effect: "If I tell you I'm pulling my trigger on you, you know he was able to speak to me after all that he had endured. Who have endured acute trauma, been perpetrators or empowered caregivers warnings before that remain within them, for a few weeks, Gregory began to experience of feeling as if an evil presence always present. It was a veil around this reality, as any

In essence, however, Gregory was not on his experiences of

Before I comment further on our exploration of this phenomenon and its surprising opening into a discussion on a sense of evil lurking within him, it may be helpful to some readers to note that I often make use of certain mindful techniques in my work with complexly disoriented veterans and persons who have endured extreme forms of adversity. In simple terms, I find that this allows us to begin and end sessions in a more embodied way, allowing thoughts and bodily sensations to be experienced together and accepted as they are, and preparing us for a real encounter with each other at a pace and in a manner that can be examined in the context of living relationship in "real time." If my clients can relate to themselves and to me in a more integrated way when we are together, then our friendship can become a part of a new possibility for them in every other area of life. More to the point, however, the simple practices of inner attention with which we begin and end sessions can bring us the added benefit of a point of return when our time together reached a place of extreme intensity—especially when this intensity is unexpected and threatens a state of diffuse physiological arousal, which will interrupt our ability to relate to one another for the rest of the session.

Keeping this simple explanation in mind, there came a time when Gregory and I were relating about how his sense of the predictability of God's presence changed during the war, and we came close to the moment when he had the enemy combatant he killed in the sights of his assault rifle. His body clearly changed and he quickly entered such a place of "extreme intensity" as described above, and we returned to one of our simple practices for a few minutes, which as I mentioned was our practice together in such times. When we opened our eyes and looked at each other, he told me, still breathing a little heavier than usual, and with a grim expression, something to this effect: "If I tell you what happened when I pulled that trigger, I will be pulling my trigger on you too." I cannot relate here how grateful I was that he was able to speak to me so clearly, and to be capable of such care for me after all that he had endured over so many years. In my experience, people who have endured acute forms of adversity, and especially those who have been perpetrators or empowered actors within the adversity, often give their caregivers warnings before allowing them to tread into the depths of the hell that remain within them, but these warnings are rarely so direct. In the next few weeks, Gregory began to painfully relate to me his decades-long experience of feeling as if an evil presence resided within him, often dormant but always present. It was a very sobering experience for both of us to connect around this reality, as any reader could imagine.

In essence, however, my work with Gregory over the next year centered not on his experiences of evil *per se*, but rather on his sense of what had

allowed the "absorption" of this evil to occur—a single action, which was both the central experience of his life and the apparent underlying trauma of almost all of the various forms of disorientation he had experienced for forty years: the killing of another human being. After he had killed another person in combat—which had been justified according to the rules of engagement, which he felt had been tactically necessary, and which contained no obviously complicating factors such as a subsequent desecration of the body of an enemy—he had, according to his own conscience, engaged in fratricide, because of the humanity of the enemy. More than this, or perhaps intrinsically linked with this, his act of fratricide had been for him an act of existential suicide. After killing another human person, he had not been able, in his own words, to "feel any damned thing at all" for God or for anyone else. And in this act, which had opened for him this void of inner vitality, he had also experienced something very uncommon. He felt that God had left him, that evil had entered him, and that afterwards the times he felt anything strongly for other people, it was an evil impulse to hurt them or to damage their property.

The psychiatric paradigm cannot adequately account for the complexity, uniqueness, and totality of this most painful feature of Gregory's disorientation, and no criterion in either the DSM-5 or the ICD-10 approaches his experiences in an organized and manner.⁷ Gregory's experiences do not fit cleanly within the scope of criteria for psychiatric delusions, which might otherwise make him a candidate for diagnosis in the Schizophrenia Spectrum according to the DSM-5.

Perhaps equally important, especially given the topic of this book, is that the Moral Injury paradigm and its public discourse has not often attempted to engage with and to give an adequate account of this phenomenon, beginning with the earliest work of Jonathan Shay. In *Achilles in Vietnam*, Shay does make mention of a soldier who sensed that a "monster" had entered him in combat and remained afterwards, acting suddenly within him outside of his consent.⁸ He mentions a second soldier

7. Here DSM-5 refers to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association, and ICD-10 refers to the psychiatric section of the latest edition of the *International Statistical Classification of Diseases and Related Health Problems* published by the World Health Organization. Please note that I owe a key formulation in this sentence (uniqueness, complexity, and totality) to my teacher and supervisor in both systemic family psychotherapy and psychosocial support to traumatized populations, Dr. Renos Papadopoulos, with whom I studied at the Tavistock Clinic in London and the Centre for Trauma, Asylum, and Refugees in Essex, United Kingdom.

8. Shay, *Achilles in Vietnam*, 95.

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9. *Ibid.*, 33.

10. *Ibid.*, 95.

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that described a time when “evil entered into him.”⁹ Another soldier he quotes describes “evil” as an entity that came into his life and that made him “turn into something” he wasn’t before.¹⁰ Shay does not treat any of these accounts directly, even while taking seriously his clients’ own language in reporting their own experiences of complex suffering. This is perhaps most remarkable because of his extraordinary openness to exploring philosophical and literary ideas outside of the psychiatric paradigm in order to better account for the extreme and unusual features he was seeing in his work with veterans.¹¹ Although much good has been accomplished in development of the Moral Injury paradigm since Shay’s earliest writings, I do not believe that there exists within this paradigm today an organized response to this most rare of disorienting features among veterans—many of whom also suffer from disorienting features more commonly discussed within the paradigm.

There are probably many reasons for this, but in my estimation they probably include (1) a sensitivity to language of the supernatural, and relatedly a sense of hesitation to engage in discussing veterans’ accounts of “evil” that seem to exceed the abstract, necessitating a serious epistemological formulation in response, and (2) the now very wide number of different professionals from the disciplines of psychology, philosophy, theology, and social work engaging the Moral Injury discourse—each with a unique set of presuppositions about the nature of evil and the limitations of the human experience—which limits the collective ability to discuss the phenomenon in a helpful and coherent way as a part of the larger discourse. Indeed, for these very reasons, I will not now move into a principled discussion of the phenomenology of the suffering of veterans like Gregory who are experiencing this disorienting feature, informed by my own ontological and existential presuppositions. I will, however, offer what I think can be offered in spite of the realities contained in the reasons listed above. I will offer three suggestions for caregivers, friends, neighbors, and family members of veterans experiencing this feature, in the hope that it may impact their attempts to love these veterans, no matter their own ontological and existential presuppositions underlying the offering that love.

9. *Ibid.*, 33.

10. *Ibid.*, 95.

11. I discuss this tendency at length in Chapter 4 of “Combat-Activated Thymic Disorientation.”

In Hell, But without Despair

First, I would like to suggest that it is possible for veterans experiencing this presence of evil in and around them to begin to relate to someone in a loving way *before* they experience a sense that the evil within them has left or has been reduced in influence. This is something that veterans in Gregory's situation often assume is impossible, and they will often in fact sabotage relationships and potential relationships from this place of assumption. A sage in the Eastern Orthodox contemplative tradition once received this guidance, in his own spiritual life: "Keep thy mind in hell, but despair not."¹² Although this statement may have myriad applications, one certainly may be that it is possible to begin to bear the worst hell that we have perpetrated, or that has been perpetrated against us, without being crushed under its weight. In essence, this hints at the possibility of experiencing a change not to what has happened in our lives, but how we are able to relate to what has happened in our lives. This change is most likely never possible without loving relationships to support such inner movement, and so for many long-disorientated and essentially isolated veterans, these relationships must be developed from the ground up. They can be. For Gregory, they were.

Second, it follows that in order to develop a loving relationship with a veteran who believes that a relationship of love is impossible for him, a painful reality must be borne by the person offering him love, which may be considered an action of co-suffering with the veteran: a veteran in this position will most likely *attack before accepting* any energies of love from anyone, and for the veteran, this is an almost inevitable act of defensiveness. To ever accept that he is still lovable after what he did in combat, Gregory had no choice but to attack me in many ways as I tried to become his friend, including constantly questioning my motives, belittling my professional work, and even insulting me personally. In addition, as Gregory grew closer to becoming my friend, he attacked to keep me at a distance so that I would not be "contaminated" by the evil he sensed within himself. Nevertheless, however it may be framed, attacks are difficult for caregivers, and it is impossible not to feel spurned and rejected on some level in these moments. However, I do not know of a way in which a caregiver can avoid these feelings and still offer the kind of relational love that such veterans need to heal. What a caregiver or friend *can* do is to expect these attacks, and when they come, to keep loving in humility and to try never to retaliate. The person who can love through the attacks, who can be wounded by the wounded

12. This quote comes from the life of Saint Silouan the Athonite, and it can be found in many places. Chief among them, perhaps, is Archimandrite Sophrony Sakharov's *Saint Silouan the Athonite*.

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and can keep loving—this person can become a living and new possibility for veterans like Gregory.

Third, here is an important epistemological reality that is especially important for caregivers, but also should probably be heard by theorists within the Moral Injury paradigm: It is quite important, in my perspective, to allow these veterans to describe their disorientation in the way that they experience it—even if their language makes us uncomfortable, or challenges our presuppositions. For psychotherapists, this often means maintaining discipline against the systemic or personal pressure to professionally convert our veterans' spiritual or metaphysical language to psychological language when they speak of such a phenomenon as being inhabited by "evil." For some theorists, it would mean maintaining discipline against the pressure to quickly convert veterans' spiritual language into the language pertaining to their own theoretical milieu.

For this very reason, incidentally, I have often wondered why the Moral Injury discourse has maintained the label of "Moral Injury." Is it not somewhat reductive, and does it not in some way at least implicitly encourage all caregivers and theorists interacting with its ideas to place maximum emphasis on the moral dimension of the suffering of veterans? I believe that adding the moral dimension has been an advantage in veteran care, which before was often locked into a pattern of reducing the suffering of complexly disoriented veterans to its psychological, behavioral, and social dimensions. However, could it be that simply adding the moral dimension of veteran suffering has completed the epistemological demands of encountering such complexly disoriented people and trying to aid in their healing?¹³ This addition certainly does not help to fully account for the feature of disorientation under consideration in this essay, although that feature certainly does have a moral dimension. Gregory experienced an evil within, and he could not conceive of it in any other way.

13. I would encourage a renaming of the "Moral Injury" discourse to something much wider in its epistemological foundations, perhaps along the lines of the admittedly unwieldy title "combat-activated onto-ecological disorientation." The idea of onto-ecological disorientation was developed at the Tavistock Institute in London by Renos Papadopoulos to engage in caring for traumatized persons, accounting for (1) all of the many and various dimensions of a person's being which may be affected by adversity, including but not limited to a person's psychological, social, physiological, emotional, behavioral, cultural, spiritual, and meaning-attributive dimensions, and (2) all of the various elements of a person's environment, which may include but which is not limited to language, surrounding architecture, rhythms of life, familiar sounds, smells, and faces, geographical locations, familiar climate, and so on. For more, see his 2002 work *Therapeutic Care for Refugees: No Place like Home*, and his "Failure and Success in Forms of Involuntary Dislocation: Trauma, Resilience, and Adversity-Activated Development," in *The Crucible of Failure* (2015).

Doing Together and Becoming Together

It would seem terrifyingly simplistic to say that “love is the answer” in aiding veterans like Gregory toward healing, who have experienced a connection with or absorption of evil in combat that has contributed to such personal and relational devastation in the aftermath. And yet that love is the answer is my very suggestion, with the caveat that loving veterans like Gregory will certainly mean co-suffering. In my experience, co-suffering is in fact a part of all of our healing, as none of us can be healed from anything alone. I went into two intense years with Gregory, armed with many therapeutic tools, and some experience as a caregiver, and with my own exposure to combat. However, in the end, the three things I have offered to readers here are the only things I had that made any difference—and of course the way that I “had” them changed along the way.

Gregory still suffers today, a few years after concluding our work together. He still struggles to make new friendships and to relate to his family, although he has grown in both areas. He still has moments of rage that he does not anticipate in time for him to engage them in the way that he would like, and he still has difficulties trusting people in authority—or for that matter, anyone with a gregarious, ingratiating persona. On the other hand, his ability to bear the reality of what he has done in killing another person has grown, and with it his sense of God’s presence has become more steady and his sense of an evil within himself has diminished. He has also been able to begin a small work of repentance that has helped him in many ways, and which has stretched him in terms of relating to others—and this could not have been possible without first more fully bearing his act of killing and its impact on the entirety of his own being.

However, this all began with love: a loving caregiver, with many faults and many failures—but with good supervision and spiritual direction!—trying to offer a call to him and looking for a response, and enduring his attacks as much as possible, with love and attention. And I grew also, especially seeing his capacity to respond to love with love of his own, after so many years enduring so many adversities. His resilience was a miracle to me, and was a source of wonder and challenge.

On our last day together, just before I was to move to another town, I remember seeing Gregory walk in to my office with a warm smile and sit down as if he owned the place. Our time together that day was emotional and difficult, even though—especially given his particular form of suffering—we had spent a lot of time preparing for our parting of ways. As he left the door and walked out to the parking lot I thought to myself—and my notes read—“I am leaving Gregory not as a client, but as a friend, and what

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