

RAWLINGS SCHOOL OF DIVINITY
LIBERTY UNIVERSITY

**A Therapeutic Pastoral Counseling Program Designed to Reveal and Treat Combat Events
of Homeless Veterans in Wake County, North Carolina**

A Thesis Project Submitted to
the Faculty of the Rawlings School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

by

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Knightdale, North Carolina

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**A Therapeutic Pastoral Counselling Program Designed to Reveal and Treat Combat
Events of Homeless Veterans in Wake County, North Carolina**

Thesis Project Approval Sheet

GRADE

Mentor, Dr. Mark Holland
Assistant Professor

Project Abstract

Title: A Therapeutic Pastoral Counselling Program Designed to Reveal and Treat Combat Events of Homeless Veterans in Wake County, North Carolina

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Liberty University Rawlings School of Divinity, 2019

Mentor: Dr. Mark Holland

This thesis project researched homelessness among male veterans in Wake County, North Carolina to determine if they experienced a combat event that caused spiritual injury caused by moral injury and shame, which contributed to their homelessness. Joshua's Conquest, the spiritual formation treatment program is used to treat the spiritual injury. The need for this program is explicated, along with the development of Joshua's Conquest, and how it will treat this odious event, so the homeless male veteran will be able to obtain housing normalcy. Personally, this thesis project was fueled by experiences with homelessness and limited service in the military. The supportive research data for this thesis project was collected from interviews with homeless male veterans in Wake County, North Carolina. The potential value of this thesis project is a nationally treat homeless veterans that bravely served this great nation, so that they may acquire housing normalcy.

Abstract Length: 150

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Chapter 1

Introduction

The Word of God speaks in Hebrews 4:16, “Let us therefore come boldly to the throne of grace, that we may obtain mercy and find grace to help in time of need.”¹ As Christians, when a need is witnessed, the love of God, our Heavenly Father, should compel Christians to attempt, by the power of The Holy Spirit, in The Name of Jesus Christ, to address the need. Therefore, as Christians, when a desire to help humanity becomes saturated with the love and grace that Lord Jesus Christ birthed within that reflects unselfishness and a strong desire to help in a time of need, we can reach out to others. Philippians 2:4, “Let each of you look out not only for his own interests, but also for the interests of others.”

As Christians, we cannot remain idle while our needs and interests are satisfied yet ignore the needs and interest of others. We are commanded to care for our neighbors in love. While most Christians sit comfortably in their homes, we must consider those that are homeless. Especially, the brave men and women that served in the United States Military to protect that comfort we enjoy. They have earned the right to housing normalcy and a therapeutic program tailored to treat moral injury and shame associated with PTSD (Post Traumatic Stress Disorder) that may have been caused by a traumatic event they experienced while engaged in military combat. They have earned this right.

These brave men and women have engaged in domestic and foreign combat zones and fought in hostile territories for the freedom this country enjoys. When they return to the United States, they deserve to right to reside in a house full of comfort. Also, if they became diagnosed

¹ Heb 4:16, New King James Version (NKJV). Unless otherwise noted, all scripture references in this thesis project will be from the New King James Version of the Bible.

with PTSD due to moral injury and shame, they deserve a program to help them eradicate this illness, so that they may maintain permanent housing comfort. Homeless veterans deserve to receive treatment for moral injury and shame. In many cases, these illnesses restrict their ability to maintain housing normalcy.

Respectfully, women veterans have served in vital roles in the United States military. However, Joshua's Conquest, the therapeutic pastoral counseling program to treat moral injury and shame, was designed for homeless male veterans due to the limited research data available for homeless female veterans in Wake County, North Carolina. Therefore, the research data of this thesis project will reflect statistical information on the homeless male veteran population in Wake County, North Carolina.

This thesis project reported data recorded collected from primary resources and secondary resources on homeless male veterans. Research utilizing these resources concluded that a traumatic event or events encountered during combat were a major factor that led to moral injury and shame led to their homelessness. A therapeutic pastoral counseling program to reveal the traumatic event or events, and to treat the moral injury and shame caused by this traumatic event will be discussed in the thesis project. The therapeutic pastoral counseling program was designed to serve as a national therapeutic program for homeless male veterans throughout the United States.

Interest in this topic was fueled by a personal experience with being homeless, enrollment in the Reserve Officers' Training Corp (ROTC) at a University in North Carolina and serving in the United States Army for one year. In addition, there were many personal encounters with homeless male veterans sleeping on the streets of Wake County, North Carolina. These honorable soldiers had no shelter or coverings over themselves as they slept on the streets. Also,

as a transit manager, this author personally witnessed homeless veterans riding on transit buses all day for shelter from the cold of the day and the heat of the day. Veterans of the United States military do not deserve residence and comfort in these unfavorable conditions. They have earned the right to be respected and comfortable.

Ministry Context: Moral Injury and Shame in Homeless Male Veterans

Personally, witnessing the suffering of veterans from being homelessness and the profound moral injury and shame caused by their time in the military has convicted this author of a desire to minister to them, in the form of a communal outreach. Unfortunately, no ministerial organization or military program was available for help, which led to personal emotions of betrayal. These feelings of betrayal help to define moral injury.

Current research reports that an individual experience moral injury “when these three parts are experienced; 1) a betrayal of what is right 2) by someone who holds legitimate authority 3) in a high stakes situation, and the body reacts as if it has been physically attacked.”² In addition, Gaudet, Sowers, Nugent, and Boriskin state,

In addition to PTSD (Post Traumatic Stress Disorder), combat can result in what has most recently become known as moral injury. A field survey given by the Mental Health Advisory Team (MHAT-V) to soldiers deployed revealed 27% faced ethical situations during deployment to which they did not know how to respond. Veterans forced into ethical dilemmas may struggle with the consequences of their decisions, often leading to negative self-judgment and feelings of shame.³

Gaudet, Sowers, Nugent, and Boriskin add, “Current military training does not fully prepare military personnel for the complexity of war. The horrors of war can challenge the person’s sense of understanding of human nature and instigate self-judgment, thereby leading to feelings

² Dee Blinka and Helen Wilson, “Moral Injury in Warriors and Veterans: The Challenge to Social Work.” *Social Work & Christianity*, 43, no. 3 (2016): 8.

³ Camille M. Gaudet, Karen M. Sowers, Williams R. Nugent, and Jerry A. Boriskin, “A Review of PTSD and Shame in Military Veterans.” *Journal of Human Behavior in the Social Environment*, 26, no. 1 (2016): 56.

of shame.”⁴ The authors add, “Soldiers struggling with shame may punish themselves with internal criticism and become a barrier to the support that is often available to them.”⁵

It is important to understand that PTSD, moral injury, and shame may be grouped as mental disorders that combat Veterans acquire; however, they are not the same and should be treated independently. Research reports that PTSD is defined as a mental disorder that requires diagnosis but defines moral injury as a “dimensional problem,” with no threshold. Moral injury is a significant risk factor for the development or worsening of PTSD and PTSD has responded to treatments for moral injury.”⁶ In addition, moral injury, in the military context, “results when soldiers violate their core moral beliefs, and in evaluating their behavior negatively, they feel they no longer live in a reliable, meaningful world and can no longer be regarded as decent human beings.”⁷

It must be declared that “PTSD and moral injury are not the same. They are different combat injuries that should be treated individually.”⁸ The difference between moral injury and PTSD is “partly physical because PTSD occurs in prolonged, extreme trauma and is a fear-victim reaction to danger, which produces hormones that affect the brain’s amygdala and hippocampus that controls responses to fear and regulated emotion, and connect fear to anger.”⁹

⁴ Ibid., 57.

⁵ Ibid.

⁶ Dee Blinka and Helen Wilson, “Moral Injury in Warriors and Veterans: The Challenge to Social Work.” *Social Work & Christianity*, 43, no. 3 (2016): 9-10.

⁷ Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston: Beacon Press Books, 2012), xv.

⁸ Ibid., xv.

⁹ Ibid., xiii.

However, the traumatic combat event may have initially caused moral injury and shame, which led to PTSD. Therefore, moral injury and/or shame can cause PTSD.

Along with moral injury, shame is another mental disorder a veteran may have experienced during combat. Shame is an “emotion that can emerge in response to the same kind of wrong act and violation of standards. Shame points the responsibility to self that is at fault, not the commission of the act.”¹⁰ Also, Gaudet, Sowers, Nugent, and Boriskin state “shame is a strong predictor of symptom severity in PTSD. The criteria that compose the framework of PTSD all have associations with shame.”¹¹

Moral injury, shame, are mental disorders that have been placed under the umbrella of PTSD because they are symptoms of PTSD. However, understanding more about moral injury and shame will reveal that they are a separate mental disorder. PTSD can be a result of moral injury and shame. This thesis project supported this revelation and developed a therapeutic pastoral counseling program to treat moral injury and shame through spiritual formation by the power of the Holy Spirit, in the name of Jesus Christ. The thesis project concluded that moral injury and shame produced spiritual injury, which led to PTSD. Thus, spiritual formation is needed to repair the spiritual injury.

Spiritual injury is defined as a “break in the spiritual connections between persons and their inner-selves, others, nature, or their highest power.”¹² Then, the next goal of this thesis project was to present the therapeutic program developed to treat spiritual injury caused by

¹⁰ Peter N. Sterns, *Shame: A Brief History*, (Chicago: University of Illinois Press, 2017), 3.

¹¹ Gaudet, Sowers, Nugent and Boriskin, “Review of PTSD,” 61.

¹² Stine, Oscar C. "A Jungian interpretation of spiritual injury." *The Journal of Pastoral Care & Counseling: JPCC* 62, no. 3 (2008): 287-288. (accessed June 11, 2018). *MEDLINE with Full Text, EBSCOhost*

shame and moral injury through a program based on spiritual formation by the power of the Holy Spirit in the Name of Jesus Christ. With the spiritual injury healed, this will enable the homeless veterans to regain housing normalcy. A presentation of the problem is necessary to understand the positive impact that the therapeutic pastoral counseling program, Joshua's Conquest, will have on the homeless veteran populations in Wake County, North Carolina.

To reiterate, this thesis project created a program to treat a spiritual injury caused by moral injury and shame, which was the result of a traumatic combat event or events a homeless veteran encountered during combat. Joshua's Conquest was designed to reveal and treat this spiritual injury through spiritual formation. Then, the homeless veteran can return to housing normalcy. Now, an explication of the problem will be presented.

Problem Presented

During their military career, a veteran that engaged in combat may have experienced a traumatic event or events, which may have contributed to the spiritual injury, which led to their homelessness. Therefore, the problem this thesis project addressed was the gap in therapeutic programs to treat spiritual injury associated with PTSD, which was caused by moral injury and shame of a homeless veteran in Wake County, North Carolina due to a traumatic event during military combat. This thesis project presented a therapeutic pastoral counseling program to treat the spiritual injury associated with PTSD caused by moral injury and shame, so that they may obtain housing normalcy. The therapeutic pastoral counseling program is Joshua's Conquest. It was developed using the collected research data recorded from the research participant group, the homeless male veteran population in Wake County, North Carolina.

The population of homelessness veterans in Wake County and across the nation is increasing so there is an urgent need to attempt to reduce and to eradicate veteran homelessness.

It is a priority of the United States Department of Veteran Affairs and the Veterans Administration. Montgomery, Hill, Culhane, and Kane concur, “A desire for Congress and The United States Department of Veteran Affairs is to eliminate homelessness by 2015.”¹³ The article continues, “The methodology that will be utilized to accomplish this goal involves the Veterans Administration increasing its resources, transforming its service model to focus on homelessness prevention and permanent housing, increasing partnerships at both the federal and local levels, and implementing research-informed best practices.”¹⁴

To assist homeless veterans to acquire housing, the Veterans Administration has decided “to adopt a Housing First approach for the United States Department of Housing and Urban Development-Veterans Administration Supportive Housing (HUD-VASH) program.”¹⁵

Montgomery, Hill, Culhane, and Kane reports, “This program is a joint effort between Housing and Urban Development (HUD) and the Veterans Administration to move veterans and their families out of homelessness into permanent supported housing” and, “permanent supported housing ends homelessness for individuals and families that come from backgrounds that require the most intensive, long-term assistance to obtain housing stability.”¹⁶

However, research contends that many homeless veterans experienced four categories of health and mental factors that may have led to their homelessness. An “alarming statistical report

¹³Ann Elizabeth Montgomery, Lindsay L. Hill, Vincent Kane, and Dennis P. Culhane. 2013. "Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH. *Journal of Community Psychology* 41, no. 4 (2013): 506.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

echoes that fourteen percent of the nation's homeless populations is composed of military veterans."¹⁷ Creech continues,

Data in a study, which involved gathering data on four categories of health and mental health factors (substance use, mental health problems, medical problems, pain problems) and the variances between first-time or single episode homeless veterans and those with a history of chronic or recurrent unstable homelessness, revealed risk factors that attribute to homelessness among veterans may be linked to substance abuse, serious mental illness (SMI), and exposure to childhood trauma."¹⁸

Creech adds, "Other risk factors such as bad health, unemployment, and having a permanent or partial disability lead to homelessness among veterans" and, "Risk factors such as pay grade at the time of military discharge, substance use, and psychotic disorders have encompassed a large sample of veterans who served in recent conflicts."¹⁹ Creech concludes,

Findings in their study suggest that chronic and repeat homelessness in their sample of veterans is associated with the traditional risk factors for homelessness such as substance abuse and SMI, and attention to these factors needed to be addressed throughout the spectrum of services offered to this group of homeless veterans. In contrast, first-time homelessness was significantly associated with housing costs, being post-incarceration, and self-reported diagnosis of some other mental health disorder (such as TBI (Traumatic Brain Injury) or psychotic disorder), as well as a variety of health problems such as heart disease, hypertension, and joint-pain disorder."²⁰

Respectfully, the research data presented by Creech, Montgomery, Hill, Culhane, and Kane conclude that their research "adds to the body of works that suggest the need and modifiable risk factors for homelessness among veterans may be heterogeneous (e.g., Tsai, Kaspro, and Rosenheck, 2013), and they argue for continued work to match specialized services to veteran's

¹⁷ Creech, Suzannah K., et al. "Identifying Mental and Physical Health Correlates of Homelessness Among First-Time and Chronically Homeless Veterans," *Journal of Community Psychology* 43, no. 5 (July 2015), 620.

¹⁸ Ibid., quoted in resource from O'Connell, Kaspro, & Rosenheck, 2013; Schinka, Casey, Kaspro, & Bossarte, 2012; Tsai & Rosenheck, 2013.

¹⁹ Ibid.

²⁰ Ibid., 624.

unique needs.”²¹ Therefore, creating a specialized therapeutic program for homeless male veterans in Wake County, North Carolina, to address the spiritual injury these veterans experienced is a “specialized service to help their unique needs.” However, obstacles must be overcome before these homeless veterans can reach the goal of spiritual healing caused by shame and moral injury.

The therapeutic pastoral counseling program developed in this thesis project addressed moral injury and shame within the population of homeless male veterans in Wake County. The therapeutic program helped the veteran reveal the event that caused moral injury and/or shame, then address the traumatic event. After this event is uncovered, the tailored therapeutic program, Joshua’s Conquest, aimed to resolve it, so that the homeless veteran may obtain to housing normalcy.

To note, the term, *housing normalcy*, is specific to this thesis project. The term is defined as a permanent resident occupancy for twelve months or greater in the same location. For, research reports that “twelve months after moving into HUD-VASH housing, 93% of veterans were stably housed, and the housing retention rate for Housing First was 98%.”²² The residential location may be an apartment, a single occupancy room in a multi-housing building, or a single-family home, but the therapeutic program, Joshua’s Conquest, was administered at Joshua’s House, a temporary housing complex that will request funding from the Veterans Administration and the Department of Housing and Urban Development Housing First initiative. These programs were designed to assist homeless veterans locate housing.

²¹ Ibid., 625.

²² Montgomery, Hill, Kane, and Culhane, "Housing," 511.

Gaudet, Sowers, Nugent, and Boriskin report, “Veterans returning home from the recent wars in the Middle East, should be offered the most effective treatments our mental health system can provide. Veterans often struggle with PTSD.”²³ Contained within the dynamics PTSD is a moral injury. To note, the moral injury was attributed to a “field survey given by the Mental Health Advisory Team (MHAT-V) to soldiers revealed 27% face ethical situations during deployment to which they did not know how to respond (MHAT-V, 2008a, 2008b).”²⁴

Researchers added, “Veterans forced into ethical dilemmas may struggle with consequences of their decisions, often leading to negative self-judgment and feelings of shame (Blum, 2008; Gilbert, Pehl, & Allen, 1994; Gilbert & Procter, 2006). Shame has been found to be a strong predictor of PTSD symptoms severity in addition to the cause of PTSD (Brewin, Andrews, Stewart, Philpott, & Hejdenberg, 2009; Seal et al., 2009).”²⁵ Thus, “the horrors of war can challenge the veterans’ sense of understanding of human nature and instigate self-judgment, which leads to feelings of shame (Blum, 2008; Gilbert et al., 1994; Gilbert & Procter, 2006).”²⁶ Therefore, “veterans that struggle with shame may punish themselves with internal criticism and shame may become a barrier to the support that is often available to them and shame is a strong predictor to the severity in PTSD.”²⁷ This Thesis Project explored this problem through a research study to develop a therapeutic pastoral counseling program to treat PTSD associated

²³ Gaudet, Sowers, Nugent and Boriskin, “Review of PTSD,” 56.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid., 57.

²⁷ Ibid., 61.

with spiritual injury caused by moral injury and shame. Research states that currently Adaptive Disclosure (AD) is used to treat shame.

In addition, “Gray et al. 2012 developed AD treatment for active-duty service members. AD consist of six 90-minute weekly sessions aimed at correcting cognitive appraisals and promoting new learning particularly in the areas of forgiveness, compassion, and shame.”²⁸ The AD treatment “has shown promise in reducing the negative thoughts that come with depression and shame.”²⁹ Research revealed that therapeutically addressing these two components of PTSD, shame and moral injury, is vacant in the treatment of PTSD.

Also, research revealed that the correlation between “religiosity and trauma that generates an unfavorable situation. Tran, Kuhn, Waiser, and Drescher report a Fontana and Rosenhack research study (2004) that contends traumatic combat experiences, mediated by guilt, weakened the religious faith of veterans.”³⁰ This is another gap in the treatment of PTSD in veterans. A treatment should be designed to increase religious faith. For, “several studies have supported the relevance of spirituality with veterans.”³¹ The Researchers state,

An example of this is when controlling for combat exposure, negative religious coping (Ogden et al. 2011; Witviliet et al., 2004) and negative concepts of God (Tran et al., 2012) were each linked with greater psychiatric problems (e. g., PTSD, depression). Bormann and colleagues (2012) also found that spiritual well-being (defined by meaning in life and sense of faith) was associated with more reductions in PTSD symptoms in the context of a meditation-based intervention. In another study with veterans presenting for

²⁸ Ibid., 64.

²⁹ Ibid.

³⁰ C. T. Tran, Kuhn, E., Waiser, R. D., & Drescher, K. (2012). “The Relationship Between Religiosity, PTSD, and Depressive Symptoms in Veterans in PTSD Residential Treatment.” *Journal of Psychology & Theology*, 40(4), 313.

³¹ J. M. Currier, Drescher, K. D., Holland, J. M., Lisman, R., & Foy, D. W. (2016). “Spirituality, Forgiveness, and Quality of Life: Testing a Mediation Model with Military Veterans with PTSD.” *International Journal for the Psychology of Religion*, 26(2), 169.

PTSE treatment, Fontana and Rosenheck (2004) reported that the weakening of religious faith was linked with greater mental health service utilization.³²

Research revealed that there is a gap in Christian based treatment programs to address shame and moral injury in victims of PTSD.

This thesis project is to address the moral injury and the shame deeply embedded in the human spirit of the homeless veterans in Wake County causing spiritual injury. Then, this program will aim to reveal it, address it, and resolve it through spiritual formation program led by the power of the Holy Spirit, in the authority of the name of Jesus Christ. This will provide the homeless veteran the opportunity to return and maintain housing normalcy.

Three Proposed Problem Statements

There are three proposed research problem statements this thesis project will address. These researchable problem statements are critical to the design of the therapeutic program to treat spiritual injury in homeless veterans. These three researchable statements declare the problem, reports the researchable question associated with the problem, provides a hypothesis to solve the problem statement, and finally, reports the methodology this thesis project utilized to address the problem statement.

The first proposed problem statement is that during their military career, while engaged in combat during a military conflict, the homeless veterans may have experienced moral injury and/or shame. The two research questions related to this proposed problem statement are first, during their military career, did moral injury and/or shame contribute to their spiritual injury? Secondly, what was the event caused moral injury and/or shame veteran? The hypothesis associated with the proposed problem statement is that moral injury and/or shame is the contributing factor for the spiritual injury the homeless veterans experienced. The approach

³² Ibid., 169.

taken in this project to answer these questions will be a survey question that will ask if the homeless veterans have been diagnosed with PTSD because of spiritual injury.

The second proposed problem statement is that the development of a therapeutic pastoral counseling program to reveal and to treat the traumatic event experienced by the homeless male veteran causing moral injury and shame, which led to spiritual injury is relevant. The research question associated with this proposed problem statement that is directed to the homeless veteran is, “what area of your moral spiritually belief system was damaged, and/or what shameful act penetrated you spiritually?” The hypothesis associated with this purposed problem statement is that due to a military command, the veteran experience shame and/or moral injury that became embedded deep within the spirit of the homeless veteran and violated their spiritual belief system. The method utilized to uncover this event will be a survey question that asks if the veteran was commanded to carry out a military order that caused conflicted with their moral belief system and brought shame.

The third proposed problem statement is the implementation of a spiritual formation therapeutic program centered on the power of The Holy Spirit, in the name of Jesus Christ that will heal the spiritual injury because of the moral injury and the shame associated with that combat event that came from military orders. The research question associated with this purposed problem statement is how the therapeutic spiritual formation program will heal the moral injury and shame embedded within the spirit of the homeless veterans so that they will be able to regain housing normalcy? The hypothesis associated with this proposed statement is the spiritual formation therapeutic program, Joshua’s Conquest will instruct the veterans on how to develop a loving relationship with Jesus Christ and an encourage them to allow the power for the Holy Spirit to heal their moral injury and shame. Also, Joshua’s Conquest will teach how to

strengthen their relationship with our Lord and Savior Jesus Christ. The spiritual formation therapeutic program, Joshua's Conquest, will take twelve weeks. It will reference Living into the Life of Jesus by Klaus Issler along with other texts.

These three research questions and findings laid the foundation for the development of the therapeutic program for this thesis project. However, there are limitations associated with this thesis project.

Basic Assumptions

Unfortunately, many assumptions label homeless veterans as lazy, unwilling to attempt to make a change in their life, and "do not really want help; therefore, society should leave them homeless." Levy states, "To say that many homeless persons do not want our help is a myth for our convenience. It is always easier to do nothing while blaming others."³³

Definitions Essential to This Thesis Project

There are seven terms that are significant to this thesis project. They are veteran, moral injury, shame, PTSD, housing normalcy, therapeutic, and spiritual formation. For this thesis project, a homeless veteran is defined as a male that served in any military branch and experienced combat.

The term moral injury is defined as "the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. It often includes guilt and shame about

³³ Jay S. Levy, *Homeless Narratives & Pretreatment Pathways: From Words to Housing*, (Ann Arbor, MI: Loving Healing Press, 2010), 11.

one's actions." Moral injury can produce a "number of other detrimental reactions, such as moral outrage, anger, feelings of betrayal, loss of faith, and grief."³⁴

Shame is described as, "an impotence-making experience because it feels as though there is no way to relieve the matter, no way to restore the balance of things."³⁵ Sterns adds that shame is a global emotion that can emerge in response to some kind of wrong act and violation of standards."³⁶

PTSD (Post Traumatic Stress Disorder) is "a condition common to soldiers who have experienced combat operations. PTSD consists of intrusive thoughts of trauma, avoidance of reminders related to the trauma, negative self-judgment and feelings of shame."³⁷

In reference to this thesis project, housing normalcy is the "ability of the homeless veteran to locate housing with a focus on affordability and supporting transition into new settings."³⁸ It is obtaining the "ability to get out of homelessness and into permanent housing."³⁹ The term, *housing normalcy*, is specific to this thesis project. The term is defined as permanent resident occupancy for twelve months or greater in the same location because research reported that "twelve months after moving into HUD-VASH housing, 93% of veterans demonstrated

³⁴ Blair E. Wisco, Brian P. Marx, Casey L. May, Brenda Martini, John H. Krystal, Steven M. Southwick, and Robert H. Pietrzak, "Moral Injury in U. S. combat veterans: Results from the national health and resilience in veteran study," *Depress Anxiety* 34, (2017): 341.

³⁵ Gershan Kaufman, *Shame: The Power of Caring* (Rochester, VT: Schenkman Books, Inc., 1992), 9.

³⁶ Peter N. Sterns, *Shame: A Brief History* (Chicago: University of Illinois Press, 2017), 3.

³⁷ Gaudet, Sowers, Nugent and Boriskin, "Review of PTSD," 56.

³⁸ Jay S. Levy, *Homeless Narratives & Pretreatment Pathways: From Words to Housing*, (Ann Arbor, MI: Loving Healing Press, 2010), 119.

³⁹ Montgomery, Hill, Kane, and Culhane, "Housing," 506.

stable housing and their housing retention rate 98%.⁴⁰ Thus, this benchmark is being used based on this statistical information. The residential location may be an apartment, a single occupancy room in a multi-housing building, or a single-family home.

Three researchable problem statements will be addressed and analyzed to develop a therapeutic pastoral counseling program to address PTSD associated with spiritual injury causes by moral injury and shame. This program will be designed based on the research analysis of this Thesis Project to develop a therapeutic pastoral counseling program to help homeless veterans return to housing normalcy and remain in housing normalcy. To develop a therapeutic counseling program, it is important to define the term therapeutic for a development reference point.

The definition of the term therapeutic program in this thesis project will be congruent with the definition of therapeutic residential care because both involve the housing of program participants. Thus, a therapeutic program is defined as the “plan full use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and collaboration with a full spectrum of community-based formal and informal helping resources.”⁴¹

“A fourfold definition of spiritual formation is (1) a process (2) of being conformed (3) to the image of Christ (4) for the sake of others.”⁴²

⁴⁰ Montgomery, Hill, Kane, and Culhane, “Housing,” 511.

⁴¹ James K. Whittaker, Jr.; et al. , “Therapeutic Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care.” *Residential Treatment for Children & Youth*, 33, no. 2 (2016), 94.

⁴² M. Robert Mulholland Jr. *Invitation to a Journey: A Road Map for Spiritual Formation*, (Downers Grove: Ill: InterVarsity Press, 1993), 15.

The implementation of this thesis project will require funding from the United States Department of Veterans Affairs to construct or renovate a facility for the housing of the program, Joshua's Conquest, and temporary housing for the homeless veterans while they are enrolled in the program. Also, additional funding from the United States of Housing and Urban Development will be requested.

Limitation in the thesis project was caused by the fact that to accomplish this goal permanent housing "means that the Veterans Administration will have to increase its resources, transforms its service model to focus on homelessness prevention and permanent housing, to increase partnerships at both the federal and local levels, and implementing research-informed best practices."⁴³ This may cause unexpected hardship on the Department of Veterans Affairs and reduce monetary resources for this program, but this program is designed to reduce the homeless veteran population. Another limitation is the limited research data on female homeless veterans in Wake County, North Carolina.

The design of the therapeutic pastoral counseling program in this thesis project will be based on the result of the analyzed data in this thesis project to treat a traumatic event a homeless male veteran in Wake County, North Carolina experienced during his military service or during a federal vocation. This is not to insult or to diminish the valuable service and the tremendous role that female veterans have served in the United States Military, but personal interaction with homeless veterans on the streets of Wake County, NC did reveal two homeless female veterans. According to Wake County veteran homeless population statistical report, there are only two homeless veterans in Wake County, NC that are female."⁴⁴ Therefore, the research data

⁴³ Montgomery, Hill, Kane, and Culhane, "Housing," 506.

⁴⁴ "CONTINUUM OF CARE: HOMELESS COUNT; Emergency Shelters, Transitional Housing, and Unsheltered Count North Carolina Point-in-Time Count; January 27, 2016," accessed May 10, 2018.

presented in this thesis project was used to develop a therapeutic pastoral counseling program that will be limited to the homeless male veterans in Wake County, North Carolina. However, the analysed data in this thesis project can be developed for utilization by any homeless veteran regardless of race or gender. Also, it can be used for civilians that have experienced a traumatic event. To emphasize, the development of the therapeutic program will be based on research data from the male homeless veteran population in Wake County, North Carolina and their response to research questions.

The selected population group was homeless male veterans in Wake County, North Carolina. Statistically, the “general population of Wake County, North Carolina is 1, 024, 198.”⁴⁵ It is the second largest population in the state. Unfortunately, a survey “conducted in January 2012 counted 1,116 homeless and over the course of a year more than 4,000 people experienced homelessness.”⁴⁶

Research reported that “the homelessness in North Carolina declined in 2017, according to an annual count. Wake County, however, saw its homeless population increase.”⁴⁷ This information is important because the research for this thesis project will be conducted in Wake County, North Carolina. This information supports the need for a program for homeless veterans. Also, this statistical information reflected “a “point-in-time count” of homeless people around the state one night in January 2017 and was announced the following Wednesday.

⁴⁵ “North Carolina Population. (2018-11-30)” World Population Review, accessed November 30, 2018.

⁴⁶ “Addressing Homelessness in Wake County,” Wake County Humans Services Department, accessed May 7, 2018.

⁴⁷ “Wake County bucks North Carolina’s Homeless Trend.” *The News and Observer*, accessed May 07, 2018.

Homelessness in the state declined 6.2 percent from 2016 to 2017 and is down more than 26 percent from 2010.”⁴⁸ Even though there was a decline in homelessness statewide, “more homeless people were counted in Wake County in 2018. The total increased about 8 percent to 884.”⁴⁹ In addition, “North Carolina saw an uptick in homeless veterans, from 888 in 2016 to 931 in 2017. Terry Allebaugh, community impact coordinator with of the NC Coalition to End Homelessness, said the increase comes from better counting.”⁵⁰

Research uncovered that “the Asheville/Buncombe region had the highest proportion of veterans (39%), more than four times the statewide rate of veterans in the homeless population. The second highest veteran proportion was in Raleigh/Wake County: 18%.”⁵¹ The demographics reported that in “2016 there were seventy-seven male homeless veterans in Wake County without children, and two females homeless veterans without children who reported to Wake County Emergency Shelters, transitional housing, and unsheltered homeless veterans.”⁵² This thesis project will only focus on homeless male veterans without children. To note, the research group was not limited to a specific race or military branch.

The therapeutic pastoral counseling program constructed in this thesis project was developed by data collected from interviews with seventy homeless veterans in Wake County, North Carolina. The interviewee was asked a series of ten questions. Their responses to these questions and data received from research sources will be the foundation for the development of

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Rebecca Tibbett, “Homelessness in North Carolina,” *UNC-Carolina Population Center: Carolina Demography*. October 24, 2013, accessed May 7, 2018.

⁵² “CONTINUUM OF CARE”

the counseling program. In addition, this professional counseling program will be biblically-based and examine the life of King David. Also, this professional counseling program will consist of a case study that will reflect a personal traumatic life experience that led to homelessness and a personal journey to recovery.

Thesis Statement

Even though it minimal, there is a homeless population of veterans in Wake County, North Carolina. These veterans deserve the opportunity to choose a program to address symptoms of spiritual injury caused by moral injury and shame based on a spiritual formation treatment plan founded on Biblical Scriptures and empowered by the Holy Spirit.

Currier, Drescher, Holland, Lisman, and Foy state, “Particularly during times of conflicts, serving in the military can demand men and women to negotiate extremely stressful and traumatic conditions that may lead to physical, psychological, and spiritual injuries.”⁵³ Also, the authors add, “The link between these types of stressors and risk for posttraumatic stress disorder has been well documented.”⁵⁴ Currier, Drescher, Holland, Lisman, and Foy report, “Bormann and colleagues (2012) found that spiritual well-being (defined by meaning in life and sense of faith) was associated with more reductions of PTSD.”

⁵³ Currier, Drescher, Holland, Lisman, and Foy. “Spirituality,” 167

⁵⁴ Ibid.

Chapter 2

Conceptual Framework

The foundation of the thesis project is laid by a theological focus on God, our heavenly Father, with Biblical Scriptures that serve as the support beams. The homeless veterans who are the research study group, deserve the opportunity to have a therapeutic pastoral counseling program based on spiritual formation empowered by the Holy Spirit program and based on Christian values. Presently, to assist homeless veterans and other homeless persons, programs based on Christian principles implement a model tailored to providing resources and a temporary residence. They fail to dig beneath the surface and get to the core of the problem that has been injured, the spirit of the homeless veteran. However, before an explication of this problem is developed, a presentation on literary resources that had helped shape this thesis project will be elucidated.

Review of Literature

The Holy Word of God speaks, “Let each of you look out not only for his own interests, but also for the interests of others” (Philippians 2: 4). In effort to “look out for the interest others,” the homeless veteran population in Wake County, NC suffering from Post-Traumatic Stress Disorder (PTSD), this section of the thesis project examines literature that helped to define PTSD, report national statistical information on the homeless veteran population, and present current treatments for PTSD. Also, this research demonstrated that there is a large homeless veteran population, and PTSD is a behavioral disorder that requires the “regeneration of the mind,” so that the homeless veterans may achieve housing normalcy. Finally, the accumulation of literature helped to reveal that shame, a traumatic military experience, and not being able to

manage successfully manage the memories of the traumatic military experience contribute to the unsuccessful treatment of PTSD.

Post-Traumatic Stress Disorder: Recovering Hope by Jeremy Lelek.

Lelek defines post-traumatic stress disorder. He states,

Post-Traumatic Stress Disorder (PTSD) is described by psychiatry as the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person, and presents a treatment plan based on a series of questions.⁵⁵

Dr. Lelek, "President of The Association of Biblical Counselors and Metroplex Counseling in Dallas, TX," provides a profound definition of PTSD that was used to develop survey questions to clarify if the homeless veteran is suffering from PTSD.

To support Lelek's definition of PTSD, Johnson in the "The DSM-5 Definition of PTSD" state that "PTSD is a severe, life-disrupting disorder that may develop by exposure to one or more traumatic events which may occur over months or even years."⁵⁶ She adds, "PTSD can have detrimental effects on quality of life and the ability to sustain meaningful relationships and employment."⁵⁷ Also, in the article, Johnson describes four treatment models for PTSD. In addition, Johnson reports,

The American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and included PTSD in a new category in DSM-5, Trauma, and Stressor-Related Disorders.

⁵⁵ Jeremy Lelek, *Post-Traumatic Stress Disorder: Recovering Hope* (Phillipsburg, NJ: P&R Publishing, 2013), 7-8.

⁵⁶ Kim Johnson, "The DSM-5 Definition of PTSD," *Journal of Legal Nurse Counseling*, 28, no. 3 (Fall 2017): 6.

⁵⁷ *Ibid.*, 26.

All conditions included in this classification require exposure to at least one traumatic or stressful event as a diagnostic criterion.⁵⁸

In order to develop a spiritual formation treatment plan for the veterans suffering from spiritual injury, it is important to know the classification of the disorder; It provides a reference point to locate information to help develop the program. For, this article “summarized the DSM-5 Criteria for PTSD for adults and children over six.”⁵⁹ This information was useful to develop a survey for the homeless veterans experiencing PTSD to determine the classification of their traumatic event for the development of the treatment program. The article was very instrumental in the development of the survey and the treatment program

Counseling Survivors of Traumatic Events: A Handbook for Pastors and Other Helping Professionals by Andrew J. Weaver, Laura T. Flannelly, and John D. Preston.

This resource presented an excellent counseling plan for individuals experiencing a traumatic event. The book focuses on reality by understanding that “an individual must *realize* that the nature of the PTSD will be normalized by teaching survivors that their symptoms are not unusual following severe trauma.”⁶⁰ This literary source enhanced the definition of PTSD and recommended that “the reality of the event must be addressed before the release of the event can occur.” This book assisted in the development of the counseling program for this thesis project.

Research uncovered group therapy as a methodology to treat PTSD. This research revealed that “group-based exposure therapy (GBET), showed promising results in reducing

⁵⁸ Ibid., 27.

⁵⁹ Ibid.

⁶⁰ Andrew J. Weaver, Laura T. Flannelly, and John D. Preston, *Counseling Survivors of Traumatic Events* (Nashville: Abingdon Press), 39.

PTSD severity and maintaining high retention rates in a veteran population.”⁶¹ Therefore, it was important to incorporate the family into the treatment plan.

The Cognitive Behavioral Coping Skills Workbook for PTSD by Matthew T. Tull, Kim L. Gratz, and Alexander L. Chapman.

The authors present another adequate counseling program for individuals dealing with PTSD. Along with the other literary resources referenced in this thesis project, this book provides an examination of the symptoms of PTSD and becoming aware of PTSD symptoms. It provides descriptive questions to reveal PTSD and methodical outlined processes to treat PTSD. This is another literary resource that aids with the creation of the professional counseling plan for this thesis project.

“Migration by Veterans Who Received Homeless Services from the Department of Veterans Affairs,” Stephen Metraux, Dan Treglia, and Thomas P O’Toole.

This journal article presented “the migration patterns of 113, 400 homeless veterans utilizing the United States Department of Veterans Affairs (VA) process of tracking homeless veterans by their use of health care and homeless services that the VA supplies.”⁶² This article presented data on the migration of homeless veterans based on the Veteran’s Integrated Services Networks (VISN). It provided research data on the movement of homeless veterans across the United States. It provided evidence that the homeless population of veterans is increasing in large metropolitan areas.

⁶¹ Roy John Sutherland, Juliette M. Mott, Stacy Holmes Lanier, Wright Williams David J. Ready, and Ellen J. Teng, “A Pilot Study of a 12-Week Model of Group-Based Exposure Therapy for Veterans With PTSD,” *Journal of Traumatic Stress* 25, (April 2012): 150.

⁶² Stephen Metraux, Dan Treglia, and Thomas P O’Toole, "Migration by Veterans Who Received Homeless Services from the Department of Veterans Affairs," *Military Medicine* 181, no. 10 (October 2016), 1212, accessed March 19, 2017 from Liberty University Library Data Base.

This article is relevant to the topic of this thesis project because it supports the expedient need for an effective spiritual biblically supported pastoral counseling program to help homeless veterans obtain housing normalcy by a regeneration of the mind. The article pointed out that many homeless veterans are beginning to journey into large metropolitan areas where services for them are abundant. A therapeutic pastoral counseling program tailored to help regenerate the mind and the spirit so that they may return to housing normalcy is the focus of Joshua's Conquest.

“Identifying Mental and Physical Health Correlates of Homelessness Among First-Time and Chronically Homeless Veterans,” by Susan Creech.

Creech's article addresses “recent estimates that suggest an alarming statistic pertaining to homeless veterans. The statistical data reports that fourteen percent of the Nation's homeless populations is composed of military veterans.”⁶³ This article reports that there are two segmented groups of homeless veterans. They are classified as first-time homeless veterans or chronic repetitive homeless veterans. Each group has shared, and distinctive risk factors, but research suggest the longer a veteran is homeless the risk factors increase vertically and horizontally. Thus, the challenge is to focus on a traumatic factor present in first-time homeless veterans and develop a specialized program for veterans to maintain housing was the goal of this thesis project.

For, the Department of Veteran Affairs desires to see an end to homelessness among veterans. “Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH,” by Ann Elizabeth Montgomery, Lindsay L. Hill, Vincent Kane, and

⁶³ Creech, Suzannah K., et al. "Identifying Mental and Physical Health Correlates of Homelessness Among First-Time and Chronically Homeless Veterans," *Journal of Community Psychology* 43, no. 5 (July 2015): 619-627, *Academic Search Complete*, EBSCOhost (accessed March 26, 2017), 620.

Dennis P. Cuthane, reports an “express desire from Congress and The United States Department of Veteran Affairs to eliminate homelessness by 2015.”⁶⁴ The article journeys into a discussion about the methodology approach that will be implemented to accomplish this goal; for example, the article informs the reader that the “Veterans Administration is increasing its resources, transforming its service model to focus on homelessness prevention and permanent housing, increasing partnerships at both the federal and local levels, and implementing research-informed best practices.”⁶⁵

In addition, “Incarceration Histories of Homeless Veterans and Progression Through a National Supported Housing Program”⁶⁶ was aimed to examine homeless veterans with “a history of incarceration”⁶⁷ and the “success of housing supported programs they utilized.”⁶⁸ Also, the article reports,

There is evidence that past incarcerations are a major risk factor for homelessness and adults with a history of incarceration have a difficult journey exiting homelessness. However, “within a nationally supported housing program, veterans with a history of incarceration were just as successful at obtaining housing in similar time frames when compared to a veteran without any past incarceration. The data in the article shows that, supported programs, like HUD-VASH, appear to be able to overcome impediments faced by formerly incarcerated homeless veterans and therefore should be considered a good model for housing assistance programs.”⁶⁹

⁶⁴ Montgomery, Hill, Kane, and Culhane, “Housing,” 506.

⁶⁵N. Tejani, R. Rosenheck, J. Tsai, W. Kaspro, and J. F. McGuire, “Incarceration Histories of Homeless Veterans and Progression Through a National Supported Housing Program,” *Community Mental Health Journal* 50, no. 5 (July 2014), 506.

⁶⁶ *Ibid.*, 514.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

“Comparison of Homeless Veterans with Other Homelessness Men in a Large Clinical Outreach Program,” by Richard Tessler, Robert Rosenheck, and Gail Gamache.

The article, reports, “Since the dramatic increase in urban homelessness in the United States in late 1970, large numbers of veterans have been observed. Recent research has reported that homelessness was not higher than expected among Vietnam era veterans.”⁷⁰ This article aims to “report a comparison between homeless veterans with homeless non-veterans from different eras to better understand the connection between military service and urban homelessness.” The article surveyed over four thousand homeless men who enrolled in a national outreach program for persons suffering from serious mental illness.⁷¹

The survey consisted of two questions. The article states, “The first question, “Does homeless male veterans have more personal resources than other homeless men?” The research reports that “in fact, homeless veterans have more resources than other homeless men.”⁷² Therefore, the homeless veteran population has resources. The follow up to that is the question, “Are there enough to help homeless veterans sustain housing?” This thesis project will not address this question directly, but it will address the use of a behavioral therapy program as part of the resources available to maintain housing and employment.

The second question, “Is there a difference between homeless veterans during the era of an all-volunteer force, or the draft era?”⁷³ The article reports, “Those who served in the military

⁷⁰ Richard Tessler, Robert Rosenheck, and Gail Garmache. “Comparison of Homeless Veterans with other Homeless Men in a Large Clinical Outreach Program.” *Psychiatric Quarterly* 73, no. 2 (June 2002), 110

⁷¹ *Ibid.*, 109.

⁷² *Ibid.*, 111.

⁷³ *Ibid.*

during the era of the all-volunteer force are disproportionately black, never married, homeless for less than one year, and working for pay.”⁷⁴

The research concluded of the homeless veterans, “their lack of stable housing, they have fallen through the safety net that veteran status is supposed to provide, veterans who become homeless have more personal resource than other homeless men. However, due to their higher resources, instead of seeking adequate housing, these resources are used to promote a “higher level of alcohol dependence and abuse.”⁷⁵ Homelessness veterans need housing, and they need to maintain housing. PTSD is a barrier that has prevented many veterans from using their earned Governmental recourses to obtain and sustain housing normalcy.

This researcher discovered that there are a variety of treatment programs available for veterans with PTSD. It also revealed that there is a large population of homeless veterans suffering from PTSD. In addition, research uncovered that shame and moral injury contributes to PTSD which leads to homeless. This information was crucial in the development of the therapeutic program for homeless veterans suffering from PTSD. Not only does PTSD effect previous generation of veterans it has a profound grip of present era veterans as well. However, research did not reveal a treatment plan for spiritual injury.

“A Review of PTSD and Shame in Military Veterans.” By Gaudet, Sowers, Nugent, and Boriskin.

They report, “Veterans returning home from recent wars in the Middle East, must be offered the most effective treatments our mental health system can provide. For, veterans often

⁷⁴ Ibid., 115.

⁷⁵ Ibid., 117.

struggle with PTSD.” In addition to the struggle with PTSD, veterans experience “moral injury.”

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To determine the extent of moral injury on combat soldiers, a “field survey given by the Mental Health Advisory Team (MHAT-V) to soldiers revealed 27% face ethical situations during deployment to which they did not know how to respond (MHAT-V, 2008a, 2008b).⁷⁷

Moral injury surfaced because many

Veterans were forced into ethical dilemmas that forced them to struggle with the consequences of their decisions, often leading to negative self-judgment and feelings of shame. Shame has shown to be a strong predictor of PTSD symptoms severity, in addition to the cause of PTSD. Thus, “the horrors of war can challenge the veterans’ sense of understanding of human nature and instigate self-judgment, which leads to feelings of shame.”⁷⁸

Therefore, “veterans that struggle with shame may punish themselves with internal criticism, which may become a barrier to the support that is often available to them.”⁷⁹ This article contends that shame is currently treated by Adaptive Disclosure (AD).

“Adaptive Disclosure (AD), developed, for active-duty service members, is a treatment that consisted of six 90-minute weekly sessions aimed at correcting cognitive appraisals and promoting new learning particularly in the areas of forgiveness, compassion, and shame” and the treatment “has shown promise in reducing the negative thoughts that come with depression and shame.”⁸⁰ This information was utilized to help create a therapeutic program for this doctoral Project.

⁷⁶ Gaudet, Sowers, Nugent and Boriskin, “Review of PTSD,” 56.

⁷⁷ Ibid. 56.

⁷⁸ Ibid., 57.

⁷⁹ Ibid.

⁸⁰ Ibid., 64.

“The Relationship between Religiosity, PTSD, and Depressive Symptoms in Veterans in PTSD Residential Treatment” by Christy T. Train, Eric Kuhn, Robyn D. Waiser, and Kent D. Drescher.

This study revealed that there is a correlation between religiosity and trauma that generates an unfavorable spiritual condition. Tran, Kuhn, Waiser, and Drescher reports that “traumatic combat experiences, mediated by guilt, weakened the religious faith of veterans.”⁸¹ This is a gap in the treatment of PTSD in veterans. It is the failure to help homeless veterans rediscover their faith and their relationship with Jesus Christ. A treatment plan designed to increase their religious faith will help them succeed in maintaining housing normalcy and positivity in life.

“Spiritually, Forgiveness, and Quality of Life: Testing a Mediational Model with Military Veterans with PTSD.” Joseph M. Currier, Kent D. Drescher, Jason M. Holland, Ross Lisman, and David W. Foy

This is another study that supported the relevance of spirituality with veterans. The researchers conclude,

Veterans experienced greater psychiatric problems (e. g., PTSD, depression) from combat exposure when they felt negative concepts of God and a negative attitude toward religion. Also, Bormann and colleagues discovered that spiritual well-being (defined by meaning in life and sense of faith) was associated with more reductions in PTSD symptoms in the context of a meditation-based intervention. In another study with veterans presenting for PTSD treatment, Fontana and Rosenheck reported that the weakening of religious faith was linked with greater mental health problems.⁸²

⁸¹ Christy T. Train, Eric Kuhn, Robyn D. Waiser, and Kent D. Drescher, “The Relationship between Religiosity, PTSD, and Depressive Symptoms in Veterans in PTSD Residential Treatment.” *Journal of Psychology & Theology*, 40, no. 4, (2012): 314.

⁸² Currier, Drescher, Holland, Lisman, and Foy. “Spirituality,” 169.

Therefore, a therapeutic pastoral counseling program that focuses on repairing the “negative concepts of God” by healing moral injury and shame is needed. This program will help the veteran to heal by strengthening him spiritual in Jesus Christ so that they can go from homelessness into housing normalcy.

How to Think Theologically by Howard W. Stone and James O. Duke

This resource was utilized to help develop the segment of the therapeutic program to help homeless veterans rediscover their faith. The book provides a theme the veterans need to realize that “if you practice your religion, live according to your Christian faith, or even take the spiritual dimension of life seriously, inescapably you think theologically.”⁸³ This book will help to begin the journey to “renew the mind.”

Renewing the mind of the homeless veteran is the center of this therapeutic program. Embarking in this journey requires that the “first order of business must be to address the uncontrolled displays of emotions that evoke feelings of shame and vulnerability for veterans with PTSD.”⁸⁴ This process begins with the “renewal of the mind.”

“Symptom Benchmarks of Improved Quality of Life in PTSD,” by Paula Schnurr and Carole Lunney

Measuring the effectiveness of this therapeutic program was challenging. However, Schnurr and Lunney provided a model of design. For, the researchers “operationalized PTSD symptom change in terms of four progressively stringent mutually exclusive definitions and

⁸³ Howard W. Stone and James O. Duke, *How To Think Theologically*, (Minneapolis: Fortress Press, 2006), 1.

⁸⁴ Weaver, Flannelly, and Preston, *Counseling Survivors*, 39.

examined how these definitions related to meaningful improvements in domains of clinician-related and self-reported quality of life.”⁸⁵

“Diagnostic accuracy of Posttraumatic Stress Disorder Checklist in blast-exposed military personnel.” William C. Walker, MD; Scott D. McDonald, Ph.D.; Laura Manning Franke, Ph.D.

This study provided “a questionnaire specifically used to identify distressing combat and not combat events that met the DSM-IV Criterion A for PTSD (qualifying stressor).”⁸⁶ The research information presented in this article was used to help develop the survey for this thesis project.

To develop an effective Christian therapeutic pastoral counseling program to treat a post-traumatic event in homeless veterans is a duty of Christian ministry. Research demonstrated that “a trauma-informed ministry seeks to bear upon those suffering from trauma wisdom, insights, and resources of the religious faith and tradition of those who have been traumatized and utilize these cultural attributes for the sufferer’s benefit.”⁸⁷

Crisis Counseling: A Guide for Pastors and Professionals by Scott Floyd

In order to develop a therapeutic pastoral counseling program structured on spiritual formation program based on Biblical principles, traumatic events seen from a Biblical perspective had to be examined. In his book, Floyd states, “The Greek word τραυμα, or trauma, appears in various

⁸⁵ Paula P. Schnurr, Ph. D., and Carole A. Lunney, M. A., “Symptom Benchmarks of Improved Quality of Life in PTSD.” *Depression and Anxiety*, 33, (2016): 248.

⁸⁶ William C. Walker, MD; Scott D. McDonald, PhD; Laura Manning Franke, PhD., “Diagnostic accuracy of Posttraumatic Stress Disorder Checklist in blast exposed military personnel.” *Journal of Rehabilitation Research & Development*, 51, no. 8, (2014): 1205.

⁸⁷Frederick Streets, “Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda.” *Social Work & Christianity*, ” 42, no. 4, (2015): 478-479.

forms in the New Testament, twice in the Book of Luke and once in the Book of Acts.”⁸⁸ It means “wounded.” Also, the book states that “according to physician Michael Lyles, “PTSD is a big deal because it is not just an emotional issue. People who develop PTSD get sick a great deal” and, “how a person interprets a traumatic experience, what the person concludes about God, about self, and about the nature of the world, greatly influences how he or she will cope in the days to come.”⁸⁹ Floyd states that when he encounters a person that experienced a traumatic event, he offers a silent prayer.”⁹⁰

Theological Foundation

The foundation of this thesis project was laid by a theological focus on God, our heavenly Father, with biblical Scriptures that serve as the support beams. In developing a therapeutic counseling program that focuses on spiritual formation based on Christian values, it is obvious that these components (theology and Scripture) are applied throughout the program. Presently, many programs implement this model to assist homeless veterans and homeless persons based on Christian principles.

Biblical Scriptures about Shame

While serving in military combat or engaged in a non-combat military directive, research uncovered that “Veterans forced into ethical dilemmas may struggle with the consequences of their decisions, often leading to negative self-judgment and feelings of shame.”⁹¹ Shame is experienced, “when the self feels exposed both to itself and to anyone present. It is this sudden

⁸⁸ Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids: Kregel Publications, 2008), 44.

⁸⁹ *Ibid.*, 59

⁹⁰ *Ibid.*, 60.

⁹¹ Gaudet, Sowers, Nugent and Boriskin, “Review of PTSD,” 56.

feeling of exposure and accompanying self-consciousness that characterizes the essential nature of the effect of shame” and, “contained in the experience of shame is the piercing awareness of ourselves as fundamentally deficient in some vital way as a human being.”⁹² Shame is described as “an impotence-making experience because it feels as though there is no way to relieve the matter, no way to restore the balance of things.”⁹³ Sterns adds that shame is a global emotion that can emerge in response to some kind of wrong act and violation of standards.”⁹⁴ Even in the Old Testament era shame was prevalent among men engaged in a military conflict. King David, a valiant warrior in combat, experienced shame.

King David, a great military veteran, a man that God declared “was a man after His own heart,” experienced shame. In Psalms 69: 7, King David cries out to God, “Because for Your sake I have borne reproach; Shame has covered my face.” However, twelve verses later King David declares to God, our heavenly Father, “You know my reproach, my shame, and my dishonor; my adversaries are all before You” (Psalms 69: 19). King David understood that he had to surrender his shame to God, our heavenly Father, because this action results in double honor.

The Word of God speaks, “Instead of your shame you shall have double honor...” (Isaiah 61: 7a). Even though the veteran may have experienced shame, God, in the name of Jesus Christ, by the power of the Holy Spirit, can remove the shame that they had experienced. They are encouraged to know that when a person releases the shame in their lives to Jesus Christ, they will receive “double honor” in their life, in their relationships, and their new vocation.

⁹² Kaufman, *Shame*, 8-9.

⁹³ *Ibid.*, 9.

⁹⁴ Sterns, *Brief History*, 3.

Biblical Scriptures about Moral Injury

Joshua was another great biblical military warrior and an outstanding military leader. He was chosen by God to lead the people of Israel after the death of Moses. The Word of God speaks, “Moses My servant is dead; now therefore arise, cross this Jordan, you and all this people, to the land which I am giving to them, the sons of Israel” (Joshua 1: 2). However, this great military leader experienced moral injury. Wood defines moral injury, “a term first used by Veterans Administration psychiatrist Jonathan Shay, as an essential part of any combat trauma that leads to a lifelong psychological injury and psychologist Litz says that it is uniquely and significantly unaddressed war zone harm.”⁹⁵ Brock and Lettini simply define moral injury “as a wound of war that violates the core moral beliefs of the soldier.”⁹⁶ They suggest, “Life amid the violence, death, horror, trauma, anxiety, and fatigue of war erodes moral being undoes character and reduces decent men and women to savages capable of incredible cruelty that would have never been possible before having been victimized by and sacrificed to war.”⁹⁷

After the men of Ai defeated the Israelites, the Word of God speaks, “the men of Ai struck down thirty-six Israelite soldiers. Then, Joshua tore his clothes and fell to the earth on his face before the ark of the Lord and cried out to God, Our Heavenly Father” (Joshua 7: 5-6).” For, Joshua believed they would win every military battle and not experience defeat, because they were morally upright in the eyes of God, Our Heavenly Father. However, consciously, his moral compass was shattered by this event, so Joshua cries out, “Alas, O Lord why did You ever bring

⁹⁵David Wood, *What Have We Done: The Moral Injury of Our Longest Wars* (New York: Hachette Book Company, 2016), 19, 119.

⁹⁶Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston: Beacon Press Books, 2012), xiii.

⁹⁷ *Ibid.*, 109.

this people over the Jordan, only to deliver us into the hand of the Amorites, to destroy us? If only we had been willing to dwell beyond the Jordan” (Joshua 7: 7). Nevertheless, he did not realize that Ai defeated them due to Israel’s sin.

God, in all His tender mercy, instructed Joshua to, “Stand and rise up,” God reminded Joshua that Israel had sinned, and they needed to consecrate themselves. God reminded them that to remove the things God banned for them to possess, then they will be able to defeat their enemies” (Joshua 7: 10-13). The people of Israel had to make a change. They renewed their minds by changing their attitude towards the “banned items.” Then, when Joshua’s saw the hearts of his people repent, and “renew their minds,” his shattered moral injury was repaired.

Theological Foundation for the Therapeutic Pastoral Counseling Program

A therapeutic program is defined as a program aimed to “use change techniques based on research with animals and humans and used such established learning principles as reinforcement (positive and negative), punishment (aversive control, extinction (weakening a behavior through no reinforcement), and counterconditioning (substituting one behavior for another.”⁹⁸ This thesis project uses a biblical approach; therefore, Christian cognitive therapy definition will be its foundation. Christian cognitive therapy program “focuses more specifically on unbiblical thinking as the root of the problem feelings and behaviors and emphasizes the need to identify the problem thinking and replace it with biblical thinking to deal with problem behavior and problem feelings.”⁹⁹ This will be the core of this behavior therapy program, to

⁹⁸ W. Brad Johnson and William L. Johnson, *The Minister’s Guide to Psychological Disorders and Treatments* (New York: Routledge, Taylor, and Francis Group, 2014), 21.

⁹⁹Tim Clinton and Ron Hawkins. *The Popular Encyclopedia of Christian Counseling* (Eugene, Oregon: Harvest House Publishers, 2011), 481.

replace unbiblical thinking with biblical thinking through the renewing of their mind by the power of the Holy Spirit.

Like the people of Israel, homeless veterans will begin the journey to recovery by the renewal of their mind. Then, they will strive to develop a mind that will reflect Jesus Christ. Theologically, this concept is supported by this Bible verse; “And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is that good and acceptable and perfect will of God” (Romans 12: 2). This verse will be recited at the beginning of every team meeting.

In addition to Romans 12: 2, the next Bible verse that will be recited at each team meeting is “and be renewed in the spirit of your mind, and that you put on the new man which was created according to God, in true righteousness and holiness” (Ephesians 4: 23-24). The Bible verse, “Let this mind be in you which was also in Christ Jesus,” (Philippians 2: 5), will be a significant verse for the development of the spiritual formation program. The therapeutic homeless veterans’ program will attempt to help the homeless veterans will realize that “There is therefore now no condemnation to those who are in Christ Jesus, who do not walk according to the flesh, but according to the Spirit” (Romans 8: 1).

Spiritual Formation through the Power of the Holy Spirit

The therapeutic pastoral counseling program will be designed to help homeless veterans know that, “Likewise, the Spirit also helps in our weaknesses. For we do not know what we should pray for as we ought, but the Spirit Himself makes intercession for us with groaning’s which cannot be uttered” (Romans 8: 26). Therefore, the Holy Spirit is needed to instruct the veterans on how to begin the road to recovery by guiding them in the power of prayer. The Holy

Spirit will help them to realize “that if you confess with your mouth the Lord Jesus and believe in your heart that God has raised Him from the dead, you will be saved” (Romans 10: 9).

Spiritual formation is “a process of being conformed to the image of Christ for the sake of others.”¹⁰⁰ Ortberg adds, “Spiritual formation is the process by which your inner self and character are shaped. For, everyone has a spirit.” And he continues, “Everyone’s inner life is being formed for better or worse. We flourish when our spirits are rooted in and shaped by the Spirit of God, and God wants to do that in a way that uniquely fits us.”¹⁰¹

The spiritual formation program will aid the veterans to understand that God, Our Heavenly Father, has a good work in us for the Kingdom of Jesus Christ, “For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them” (Ephesians 2: 10). Together, we will pray “that the God of our Lord Jesus Christ, the Father of glory, may give to you the spirit of wisdom and revelation in the knowledge of Him, the eyes of your understanding being enlightened; that you may know what the hope of His calling is, what are the riches of the glory of His inheritance in the saints (Ephesians 1: 17-18).

Furthermore, we will come to understand that “For the law of the Spirit of life in Christ Jesus has made me free from the law of sin and death” (Romans 8: 2). Through the power of The Holy Spirit, we can realize this verse. Also, we can realize that “For to be carnally minded is death, but to be spiritually minded is life and peace” (Romans 8: 6). This scriptural understanding will help the homeless veteran to conquer moral injury and shame by informing

¹⁰⁰ M, Robert Mulholland, Jr., *Invitation to a Journey: A Road Map for Spiritual Formation* (Downers Grove, Ill: Intervarsity Press, 1993), 15.

¹⁰¹ John Ortberg, *The Me I Want to Be: Becoming God’s Best Version of You* (Grand Rapids: Zondervan, 2010), 29.

them that life and peace in being spiritually minded in Christ Jesus. In addition, the spiritual formation program will help the veteran accept that “for if you live according to the flesh you will die; but if by the Spirit you put to death the deeds of the body, you will live (Romans 8: 13). Therefore, we must learn to “discipline my body and bring it into subjection, lest, when I have preached to others, I will be disqualified” (1 Corinthians 9: 27), and this will let the veteran know that “no temptation has overtaken you except such as is common to man; but God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it” (I Corinthians 10: 13).

The spiritual formation program will teach that “the fruit of the Spirit is love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, self-control. Against such, there is no law. And those who are Christ’s have crucified the flesh with its passions and desires. If we live in the Spirit, let us also walk in the Spirit” (Galatians 5: 22-25). The program will teach that the homeless veterans to discipline themselves through living by the fruit of The Holy Spirit because the Holy Spirit lives in them who believe in Christ. Also, as “Joshua fell on his face to the earth and worshiped, and said to Him, ‘What does my Lord say to His servant?’” (Joshua 5: 14b), The homeless veterans in the program will become disciples of Christ, and as disciples of Christ, they learn to will worship Lord Jesus Christ in all we do and ask for His directions and guidance daily.

All disciples of Christ are asked in difficult circumstances to “choose for yourselves this day whom you will serve, whether the gods which your fathers served that were on the other side of the River, or the gods of the Amorites, in whose land you dwell. But as for me and my house, we will serve the LORD” (Joshua 24: 15), Christians choose to serve Lord Jesus Christ. This

verse will serve as the Scriptural reference for Joshua's House. The name of the facility the men will reside.

When a person accepts Jesus Christ as their personal Lord and Savior, they seek the baptism of the Holy Spirit of God, our heavenly Father. For, "But if the Spirit of Him who raised Jesus from the dead dwells in you, He who raised Christ from the dead will also give life to your mortal bodies through His Spirit who dwells in you" (Romans 8: 11), "Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new" (II Corinthians 5: 17). All Christians members of the body of Jesus Christ "For in Christ Jesus neither circumcision nor uncircumcision avails anything, but a new creation" (Galatians 6: 15). There is no segregation in the Body of Jesus Christ. Christians must love all Christian brothers and sisters. Christians must love all humanity.

Theoretical Foundations

In this section, a list of programs to treat PTSD will be identified to support this statement, then a discussion of current Christian treatment programs for homeless veterans that correlate to the topic of this thesis project, obtained from an online web search will be presented.

Current Christian Programs to Assist Homeless Veterans

The web search reported a variety of Christian ministries that provide therapeutic services for homeless veterans and other victims of homelessness. Their focus was to treat substance abuse or substance addiction. One of these organization was The Combat Veterans Christian Ministry located in Honey Grove, Texas.

The Combat Veterans Christian Ministry

The vision statement for The Combat Veterans Christian Ministry (CVCM) is to “apply a faith-based and self-sufficient way of treatment and recovery for homeless and less fortunate veterans who suffer from a chronic disability.” Their primary mission statement is to Provide housing, shelter, and food for homeless veterans (currently we are placing them in local veteran's homes). Provide Transitional Residential (TR) housing for those veterans who complete a rehabilitation program at the VA and do not have anywhere to go. Also, for them to participate and continue in a sober living environment. Rehabilitation and to grow physically positive, emotionally positive, and even spiritually by relieving the worries of place to sleep and food to eat.

The Lighthouse Ministries

The Lighthouse Ministries located in Lakeland, Florida, is a current ministry that aims to provide services to homeless veterans. Their approach to serving the veteran homeless community is as follows:

Lighthouse Ministries takes a unique holistic approach to meeting the needs of an individual's mind, body, and soul, providing food, clothing, shelter, education, referral services, on-site job training, career advancement training, counseling, case management, discipleship, and structured classes in budgeting, parenting, and spiritual growth all within one central location. There are no fees associated with the program since all the resident's needs are met free-of-charge and the program is 14-24 months.¹⁰²

Lighthouse Ministries offer homeless veterans, The Emmanuel Program, “Which is designed to help men overcome their addictions and live their lives under the leadership of Jesus Christ.”

Also, Lighthouse Ministries offer a ministry that services the homeless veterans and homeless

¹⁰² “Lighthouse Ministries – Men’s Gospel Rescue Mission (for Men)” Shelter Listings, (accessed on May 7, 2018).

non-veterans entitled The Lighthouse Ministries Men's Rescue Mission. This component of the Lighthouse Ministries is equipped to serve the homeless and at-risk men in West Central Florida.

Doors open at 3:30 p.m. daily to serve those who need a meal, a hot shower, and a warm bed.

The following is an outline of the program:

During their stay, there is an evening chapel service where local pastors share the gospel message. All are served two hearty snacks, a hot dinner, and breakfast, along with a new change of clothes during their stay. Overnight guests receive three free nights a month, normally taken the first three nights of the month. The nightly fee is \$7 per night after that, though dinner and chapel services are served at no charge. Women and children are welcome to attend our chapel service and dinner, but only men may stay overnight. Counseling and discipleship are available.¹⁰³

The Catholic Charities of Diocese of Camden, New Jersey

The Catholic Charities of Diocese of Camden provides that the current ministry practice that closely resembles the topic of this thesis project. Their primary focus is homeless military veterans. Their mission statement is the following:

At Catholic Charities we are honored to serve the men and women who have sacrificed so much for our country: our nation's veterans. Our VeteranH Services program is designed to assist homeless veterans in leaving homelessness through meaningful, competitive employment and permanent housing. Veterans will also be connected to a host of other services provided by Catholic Charities with the goal of helping them attain self-sufficiency.¹⁰⁴

These programs aim to assist homeless veterans inclusive with homeless men in programs that address housing, budgeting, and behavior counseling. The information on their websites suggests these programs utilize a model based on Christian principles to assist homeless veterans.

¹⁰³ Ibid.

¹⁰⁴ "Veteran Services," Catholic Charities Camden, (accessed on May 7, 2018.)

“By His Stripes We Are Healed” – Joshua’s Conquest: A Therapeutic Program

Healing moral injury and shame in the spirit require renewal of the mind through the power of the Holy Spirit in the name of Jesus Christ. This is the foundational principle of the therapeutic pastoral counseling program for the homeless veteran’s, which is entitled Joshua’s Conquest. The data revealed in this thesis project will be utilized to create this program. Therefore, when embarking on this journey, the “first order of business must be to address the uncontrolled displays of emotions that evoke feelings of shame and vulnerability for veterans with PTSD.”¹⁰⁵ The process to address these uncontrollable emotions begins with the “renewal of the mind.”

Measuring the effectiveness of Joshua’s Conquest was challenging. However, “Symptom Benchmarks of Improved Quality of Life in PTSD,” by Schnurr and Carole A. Lunney provided a model assessment to measure the success of Joshua’s conquest. For, the researchers “operationalized PTSD symptom change in terms of four progressively stringent mutually exclusive definitions and examined how these definitions related to meaningful improvements in domains of clinician-related and self-reported quality of life.”¹⁰⁶ Also, “Diagnostic Accuracy of Posttraumatic Stress Disorder Checklist in blast-exposed military personnel provides a questionnaire specific to their study that identified distressing combat and non-combat events that met the DSM-IV Criterion A for PTSD (a qualifying stressor).”¹⁰⁷ The research information presented in this article was used to help develop the survey for this thesis project.

¹⁰⁵ Weaver, Flannelly, and Preston, *Counseling Survivors*, 39.

¹⁰⁶ Schnurr and Lunney, “Symptom Benchmarks,” 248.

¹⁰⁷ William C. Walker, MD; Scott D. McDonald, PhD; Laura Manning Franke, PhD., “Diagnostic accuracy of Posttraumatic Stress Disorder Checklist in blast exposed military personnel.” *Journal of Rehabilitation Research & Development*, 51, no. 8, (2014): 1205.

To develop an effective Christian therapeutic pastoral counseling program to treat a traumatic military event or military related vocation event in homeless veterans, a Christian program that focuses on spiritual formation can be effective because it aims to focus on curing the spirit through the power of the Holy Spirit in the name of Jesus Christ. For, the researcher gleaned that “a trauma-informed ministry seeks to bear upon those suffering from trauma wisdom, insights, and resources of the religious faith and tradition of those who have been traumatized and utilize these cultural attributes for the sufferer’s benefit.”¹⁰⁸ The components of the ministry of Joshua’s House will work harmoniously together to treat homeless veterans effectively.

Also, to develop a Christian therapeutic counseling program to treat a traumatic event from a biblical perspective, the definition of the term trauma from the original biblical text had to be established, so the true meaning of this term will be understood. This understanding of the original meaning of the term will aid in the development of this program. An etymological examination, in the biblical context of the New Testament, of the word trauma reveals that the “Greek word τραυμα, trauma, appears in various forms in the Book of Luke and once in the Book of Acts.”¹⁰⁹ However, “how a person interprets a traumatic experience; what the person concludes about God, about self, and the nature of the world, greatly influences how he or she will cope in the days to come.” Floyd stated that when he encounters a person that “¹¹⁰experienced a traumatic event, he offers a silent prayer.”

¹⁰⁸Frederick Streets, “Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda.” *Social Work & Christianity*, ” 42, no. 4, (2015): 478-479.

¹⁰⁹ Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids: Kregel Publications, 2008), 44.

¹¹⁰ *Ibid.*, 60.

Chapter 3

Methodology

It is important that “a researcher in the humanities opting for test as an instrument of data collection has technical and ethical issues to resolve, for a successful and moral research project.”¹¹¹ When a research study involves human beings, it is important to realize that the researcher must “walk with special care and attention. The researcher should be aware of how to proceed in the practice of virtue.”¹¹² Therefore, the research should be conducted ethically with a researcher with a moral conscious.

Establishment of the research methodology can serve as a reference to ensure that the research is ethical and conducted with a moral conscience. Chapter Three states the research purpose along with the ethical and moral methodology used in the research for this thesis project. An examination of the research methodology utilized begins with a statement of the research questions and then proceeding to a discussion of the selection of the research participants and the location the research data was collected. Finally, the research design of this thesis project will be explicated.

Research Questions

Research determined that moral injury “violates an individual’s conscience, even if the act was unavoidable or seemed right at the time, can cause devastation. Responses include

¹¹¹ Stephen Billy Olajide. “Test as Tool for Effective Research in the Humanities.” *Bulgarian Journal of Science & Education Policy* (August 2018) 12 (2), 416, accessed February 4, 2019.

¹¹² J. Philip Wogamam and Douglas M. Strong, eds., *Reading in Christian Ethics: A Historical Sourcebook*, (Louisville, Kentucky: Westminster John Knox Press, 1996), 156.

overwhelming depression, guilt, and self-medication through alcohol or drugs.”¹¹³ In fact, “moral injury can cause veterans to feel worthless, remorse, and despair.”¹¹⁴ In addition, “they feel as if they have lost their souls in combat and no longer know who they were. Connecting emotionally to others becomes impossible for those trapped inside the walls of such feelings,”¹¹⁵ because “social trust is destroyed, it is replaced by the settled expectancy of harm, exploitation, and humiliation.”¹¹⁶ These research questions address the shame, which accompanies spiritual injury.

Research defined shame as “a self-directed emotion, a powerfully negative feeling aimed at oneself. Bernice Andrews defines shame as “a particularly intense and often incapacitating negative emotion involving inferiority, powerlessness, and self-consciousness.” Wright states, “In the context of combat, trauma breaks down a veteran’s psychological defenses, such as notions of masculine invulnerability, allowing shame to rush in like water through a ruptured dam and shame does greater psychological damage.”¹¹⁷ Shame provides barriers to social trust,

Research reports that “individuals with shame have a heightened sensitivity to the world around them, and the anger they foster toward others forges a barrier between them and securing the support of others, and shame has been identified as one of the primary factors associated with social anxiety.”¹¹⁸ Shame has been linked to being a “risk factor serious problem such as

¹¹³ Nakashima Rita Brock, and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War*, (Boston: Beacon Press, 2012), introduction xv.

¹¹⁴ *Ibid.*, introduction xv.

¹¹⁵ *Ibid.*, introduction xvi.

¹¹⁶ Jonathan Shay, “Moral Injury,” *Psychoanalytic Psychology*, Vol. 31, No. 2, (2014):186. accessed November 11, 2018..

¹¹⁷ Geoffrey Wright, “The Anatomy of Shame: Combat Trauma and the Undoing of the Self in Iraq War Memoirs,” *PsyArt Journal*, v21 (2017): 164, accessed November 12, 2018.

¹¹⁸ Gaudet, Sowers, Nugent and Boriskin, “Review of PTSD,” 64.

interpersonal violence, depression, and suicide. Shame correlates with higher severity of symptoms in every cluster of PTSD.”¹¹⁹

This thesis project aims to address the three research questions that explore the effects of moral injury and shame to spiritual injury associated with PTSD. Also, the research questions explore how moral injury and shame effect the human spirit by causing a self-directed separation from self, society and Lord Jesus Christ. This separation can only be healed by the power of The Holy Spirit, in the Name of Jesus Christ.

Boone states, “Spiritual wounds that do not show up on the balance sheets of war are real and enormously costly.”¹²⁰ Therefore, a therapeutic pastoral counseling program designed to repair this spiritual wound by the power of the Holy Spirit is the proposed purpose of this thesis project. The three research questions lay the foundation for the cure of the spiritual wound injury. The development of this therapeutic pastoral counseling program was based on three research questions.

The three research questions are as follows: During a homeless veteran's military career, did they experience a traumatic military event where they experienced moral injury, shame or both that contributed to their spiritual injury associated with PTSD? What was this traumatic event? How did the moral injury and/or shame associated with this traumatic event impact the homeless veteran spiritually? It is important for the veteran to remember the event and disclose the event, so that the journey to healing may begin. The Word of God speaks, “Now Joshua said to Achan, ‘My son, I beg you, give glory to the LORD God of Israel, and make confession to

¹¹⁹ Ibid.

¹²⁰ Boone, Jason. “Moral Injury, and a New Way of Making Peace,” *Vision* (Fall 2013): 63.

Him, and tell me now what you have done; do not hide it from me” (Joshua 7: 19). Confession is good to begin the healing.

In order to facilitate the research data collection to address the three research questions, the research study group participants had to be identified and located within the research area. The research group and research location, based on the three research questions and the goal of this thesis project, were homeless male veterans in Wake County, North Carolina. The data collected and analyzed from this research study group will address the three research questions, and the data will help the development of the therapeutic pastoral counseling program designed to treat spiritual injury caused by a traumatic combat or military event, so that they may achieve housing normalcy. Their ability to walk in the way Jesus Christ would have them to walk and their desire to stay committed to Him will demonstrate that their spiritual injury has been healed. Also, their ability to achieve and maintain housing normalcy will be another strong measure of the effectiveness of “Joshua’s Conquest,” the therapeutic pastoral counseling program developed from the research data.

Identification and Selection of Research Study Participants

Approval was obtained by the Liberty University Institutional Review Board (see Appendix B) to select the participants of this study. The participants in this study were homeless, male veterans. They were selected by walking the streets of downtown Raleigh, North Carolina, and engaging in face to face solicitation with potential research group participation. The potential research participants were identified by any military insignia displayed on their clothes or personal property. During some occasions, randomly selected potential research participants were identified and asked if they served in any branch of the armed forces. The research participants were again identified through any military insignia or an identifying armed services

marker that may have identified them as a homeless veteran; they were randomly asked if they served in the United States Armed Forces.

When a potential male homeless veteran was identified, the individual was asked if they were a homeless male veteran in Wake County, North Carolina. If they responded “yes,” they were given a recruitment letter to read. If they agreed to participate in the research study, a discreet, safe location was identified. They were given a consent form to sign. The signed consent form was immediately scanned and stored into a password locked laptop computer. Then, the researchers administered an initial research questionnaire to the research participants to determine their eligibility to continue participation in the research study.

The veteran’s response to the initial screening questionnaire determined if they qualified to participate in the research study. The initial screening questionnaire was administered by the principal researcher. The initial screen questionnaire was implemented to determine if the potential research participant was a homeless veteran, honorably discharged, experienced a traumatic event in military combat or another military event, and was diagnosed with PTSD. The initial research questionnaire is in Appendix D.

When it was determined that the homeless veteran qualified to be a research participant in this research study, the research participant was administered the Moral Injury Assessment, the PTSD assessment, and the Shame Assessment where administered by the researcher to determine if the homeless veteran had experienced these injuries to personal consciousness. Copies of the initial questionnaire, the moral assessment, and the Shame Assessment are in Appendix A. The research study participants were not videographed, nor was there any audio recording.

Data Collection Locations

The data collection process from the research study group occurred in safe and confidential public locations with public access located in downtown Raleigh, North Carolina. When a potential research group participant was identified, they were presented a letter describing the purpose of the research study. If they agreed to participate in the research study, the researcher provided each of them with a consent form. Then, the researcher disclosed a secure location in streets of downtown Raleigh, North Carolina. This location was the Raleigh Times Coffee House located in downtown Raleigh, North Carolina, and/or the public transit bus shelter while no customers were present. These locations were selected because of the number of homeless veterans that congregate in downtown Raleigh.

Another public transit bus shelter that was utilized to collect data was the transit bus shelter on Wilmington Street, in downtown Raleigh. This bus shelter was located across the street from the Wilmington Street Center. The Wilmington Street Center is a male homeless shelter. The Wilmington Street Center is a location where homeless veterans stay overnight. They have accommodations that were reserved for them there.

Research Intervention Design

The focus of the research intervention design of this thesis project was to collect research data that will answer the three research questions, which serves as the foundation for this thesis project. The three research questions are; during a homeless veteran's military career, did they experience a traumatic military event where they experienced moral injury, shame or both that contributed to their spiritual injury associated with PTSD? What was this traumatic event? How did the moral injury and/or shame associated with this traumatic event impact the homeless veteran spiritually?

Therefore, the research design of this thesis project was “qualitative. For research design in this thesis project was aimed to explore the nature of the homeless veterans combat experience,”¹²¹ which led to spiritual injury caused by shame and/or moral injury. The qualitative data recorded from their responses to the thesis project Initial Assessment and the three administered assessments led to the development of the therapeutic pastoral counseling program to treat the homeless veteran’s spiritual injury, so that they may continuously walk with Jesus Christ, and achieve and maintain housing normalcy.

The research intervention design was tailored to guide the researcher to locate and provided materials for the researcher to engage the research participants in their daily environment. It was designed so that the researcher would be able to obtain a genuine response to the research assessments and observe the research participants demeanor. This was helpful to determine the sincerity of the research participant and validate their authentic response to the thesis project Questionnaire and the three assessment.

While immersed in their environment, the researcher aimed to record their responses to the thesis project Initial Questionnaire, the Trauma Stress Assessment, the Experiences of Shame assessment, and the “Moral Injury Symptom Scale – Military Version” assessment. For the collection of the research data for this thesis project, the research participant had to meet the qualifications outlined in the “Thesis Project Initial Questionnaire” that determines if they are eligible to be administered the three additional assessments.

¹²¹ “Research Design – Types of Research Design,” Research Fellow, accessed November 11, 2018.

Step One: Consent Form and the Initial Questionnaire

Once a participant for the research study was identified, the potential research participant was provided a formal letter explaining the nature of the research study. If the participant agreed to participate in the research study, the homeless veteran was provided a consent form to sign. Once they signed the consent form and returned it to the researcher, the researcher then scans it into a password locked computer. After the consent form was signed by the research participant, the first apparatus administered to the research study participant was the Thesis Project Initial Questionnaire.

The research participants were asked twelve questions that were outlined in the thesis project Initial Questionnaire. Fifteen minutes was allocated for the administration and the recording of the responses of the research participants to the thesis project Initial Questionnaire. The thesis project Initial Questionnaire is in Appendix D.

Step Two: The Three Assessments

Once the researcher administered the questions on the thesis project Initial Questionnaire and recorded the responses from the participants, the research participants were verbally administered three assessments, which are the Trauma Stress assessment, the Experiences of Shame assessment, and the Moral Injury Symptom Scale – Military Version assessment. The administration of these assessments was not based on any hypothetically analytical methodology. The order of the assessment administration was randomly selected.

The researcher designated ten minutes for the completion of the Trauma Stress Assessment. The researcher allocated ten minutes for the completion of the “Experiences of Shame Assessment.” Also, the researcher scheduled ten minutes for the completion of the “Moral Injury Symptom Scale – Military Version.” Next, this thesis project will examine the

administration of the three assessments. The three assessments were administered in a safe and secure location.

The Trauma Assessment

After the initial questionnaire determined the research participant's eligibility, the research participants were verbally administered the first assessment, the Trauma Stress Assessment, by the researcher. The purpose of the Trauma Stress Assessment was to determine if the research participant had experienced a traumatic event while serving in the United States military. The military event could have been a combat or non-combat event.

During research, the researcher was introduced to the "fact that traumatic events were highly susceptible to cause a veteran to experience symptoms of PTSD."¹²² The fact that most homeless veterans who have been potentially exposed to traumatic events develop symptoms of PTSD was evident in this research study group. The researcher recorded each research participant's response and then scanned them into a password locked computer. Again, the researcher allocated ten minutes for the completion of the Trauma Stress Assessment.

The researcher asked the research participant to respond to ten questions presented in the Trauma Stress Assessment. This assessment consisted of ten questions. The research participants were required to respond, "yes or no" to the questions presented in the "Trauma Stress Assessment." The researcher recorded each research participant's response to this Assessment. Then, as each response to the Assessment was completed, the researcher scanned it to a password locked computer. The "Trauma Stress Assessment" is in Appendix E. The

¹²² Eve B. Carlson, Donn W. Garvert, Kathryn S. Macia, Josef I. Ruzek, and Thomas A. Burling. "Traumatic Stressor Exposure and Post-Traumatic Symptoms in Homeless Veterans." *Military Medicine* 178, no. 9 (September 2013), 972, accessed February 4, 2019.

researcher allocated ten minutes for the completion of this assessment. Next, the research participant was administered the Shame Assessment.

The Shame Assessment

Secondly, the research study participant was administered the Experiences of Shame Assessment. Before the assessment, the research participants were taught the definition of shame as it relates to a traumatic military event and the content of this thesis project. The researcher verbally administered the “Experiences of Shame Assessment” to each research participant in determining if the research participant had experienced shame because of the traumatic military event. The researcher asked the veteran the questions contained in the “Experiences of Shame Assessment,” and the researcher recorded their responses. The researcher recorded each research participant’s response. Then, the researcher scanned the response to a password locked computer.

The “Experiences of Shame Assessment” consisted of seven questions. The research participants were asked to respond to the questions by verbally acknowledging a rating from “1 (strongly agree) to 5 (strongly disagree).” The researcher allocated ten minutes to obtain all the responses to this assessment. The veteran’s responses to the “Experiences of Shame” assessment is in Appendix F.

The Moral Injury Assessment

The final assessment administered was the Moral Injury Symptom Scale – Military Version assessment. The research participants were provided with a definition of moral injury, then asked to respond to ten questions in this assessment. Their responses to this assessment determined if the research participant experienced moral injury because of their traumatic military event.

The researcher verbally asked the research participants ten questions. The research participants were asked, “to score specific question relating to their present feelings about their traumatic military event on a scale from 1 to 10.” This assessment was verbally administered to the participants, and their responses were recorded by the researcher. Then, the researcher scanned their responses and uploaded them to a password secured computer. The researcher allocated ten minutes for the completion of this assessment. The Moral Injury assessment is in Appendix G.

Research Dates and Recording Equipment

The researcher interviewed the research participants from September 29, 2018, to October 30, 2018. Due to the residential status of the research participant, the daily time frame the research was conducted varied. However, research was primarily conducted between the hours for three o’clock until seven o’clock in the afternoon.

There were no audio or visual recording of each research participant responses. Also, there were no audio or visual recordings of the research participants’ responses to the initial thesis project questionnaire, or the three assessments. The time of the interview varied, but the location was consistently Wake County, North Carolina in downtown Raleigh.

The research participants’ verbal responses were recorded by the researcher then scanned to a password secured computer. The tools utilized for the interview were the paper questionnaire, the Trauma Assessment, the Moral Injury Assessment, the Shame Assessment, a pen, a remote battery scanner, and a password locked laptop computer. The hard copies of the three assessments, the consent forms and the initial questionnaire are stored in a combination safe in a secure location. There was no utilization of electronic recording devices of any type.

Analysis of Data

For the research data in this Thesis Project to be analyzed, a data collection methodology should be classified. The research study participants were the homeless male veteran population in Wake County, North Carolina; therefore, the research methodology used to obtain the data is classified as typical field research methodology.

The data collected will be analyzed based on the research participants' responses to the verbally administered Thesis Project Initial Questionnaire and verbally administered Thesis Project PTSD Assessment, the Thesis Project Shame Assessment, and the Thesis Project Moral Injury Assessment. Each research participant's responses to the questionnaire and the three assessments were entered in an Excel spreadsheet then, converted to graphs and charts to display the analyzed data vividly. This data was limited to homeless male veterans due to the limited number of female homeless veterans in Wake County, North Carolina.

The data in this Thesis Project reports the correlations between each research participant's response to the questions in the Trauma Assessment, the Moral Injury Assessment, and the Shame Assessment. Then, these three research assessments were analyzed to determine the percentage of research participants' response to questions in the Trauma Assessment, the Shame Assessment, and the Moral Injury Assessment. A detailed analysis of this data was conducted to determine the similarities between the research participants' responses to the exposure to trauma, to moral injury, and to shame, and how they closely share the same responses to each assessment. This data was analyzed to reveal reoccurring themes in the research participants' responses to uncover the percentage of research participants that experienced PTSD, moral injury, or shame and were not aware they experienced spiritual injury associated with PTSD caused by a traumatic combat or military event.

Analytical Themes in the Data

The research participants' responses to the verbally administered questionnaire, the Thesis Project PTSD Assessment, the Thesis Project Shame Assessment, and the Thesis Project Moral Injury Assessment were analyzed to determine congruent responses. In addition, their response was used to determine the percentage of research participants that experienced spiritual injury associated with PTSD caused by moral injury, and shame. The analytical methodology reported themes in each participant's research, which revealed the research participant's identification with PTSD, moral injury, and/or shame. However, the Initial Questionnaire, the Thesis Project PTSD Assessment, the Shame Assessment, and the Moral Injury Assessment did not report the how long the veteran had been homeless, or any medical diagnosis.

Slippage in Data

The research participant's response to the questionnaire and the three assessments were analyzed to determine congruent responses by each research participants to each question in the three assessments. Their responses to the PTSD assessment, the Moral Injury Assessment, and the Shame Assessment were analyzed to determine their identification with PTSD, moral injury and/or shame.

The research group was not asked about their medical history, or current physical or mental health. While conducting the research and recording the research groups responses to the initial questionnaire and the three assessments, the researcher detected minimal mental or physical issues. Due to the generalized violent psychological cognitive behaviors of homeless veterans diagnosed with PTSD, there was a concern for the safety of the researcher. However, while conducting the research, the researcher did not encounter any violent homeless veterans. The homeless veterans were polite, cordial, and respected the researcher. In fact, they had a

designated sleeping area in a Wake County homeless shelter and eight of the ten homeless veterans in this research group were employed.

In addition, the data was analyzed to determine slippages in the research data. A known slippage in the data was the research study group was limited to male homeless veterans, due to the minimal record population of homeless female veterans. Another slippage in the data was the length of time the veteran has been homeless in Wake County, North Carolina.

Application of Research Data

The results of the data analysis were utilized to create the therapeutic pastoral counseling program, “Joshua’s Conquest.” For, the data analysis concluded that the research participants did experience a traumatic military event where they experienced moral injury and shame, which contributed to their spiritual injury associated with PTSD. They were able to recall the traumatic event vividly, and they felt shame and morally injured due to this event. These injuries dilapidated them spiritually, causing spiritual injury. Therefore, this data analyzed in this research served as intentional building blocks to develop “Joshua’s Conquest.” “Joshua’s Conquest” will serve as the “ministry intervention” that will be used to address the three research questions analyzed in this thesis project.

Chapter 4

Results

The researcher engaged twenty-five potential research candidates. Ten candidates were eligible to participate in the research group study. This data was collected and scanned on a password secured computer. To note, during the administration of the initial questionnaire and the three assessments, the researcher recorded personal notes on each form. These notes include the research participants' feelings during the interviews and personal information they wanted to share with the researcher. This was recorded to assist the researcher in engaging the research participants.

The candidates that were interviewed and found not to be eligible for this research study were not military veterans, were dishonorably discharged, or did not meet the criteria documented in the invitation letter. The ten research participants were administered a consent form to sign. Next, they were administered the PTSD assessment, the Moral Injury Assessment, and the Shame Assessment.

After the researcher administered the initial questionnaire, an analysis of the data reported that seven of the ten homeless veterans that were interviewed for this thesis project were diagnosed with PTSD caused by a traumatic military event. One of the seven homeless veterans that was diagnosed with PTSD acquired PTSD from a non-military traumatic event. This traumatic military event occurred after he retired from the military and was employed as a civil service worker on a military base. In addition, seven of the ten research participants admitted in the initial questionnaire that they experienced moral injury due to their traumatic military event. Also, one of the ten research participants administered the initial questionnaire insisted that he had no feelings associated with PTSD; yet, the PTSD assessment revealed a different result.

Two of the ten research participants informed the researcher that they did not experience a traumatic combat or military event and did not have PTSD. Furthermore, eight out of the ten research participants that experienced a traumatic military event felt shame and moral injury because of this traumatic military event. Seven out of the ten research participants responded that this traumatic military event “violated their religious belief.” Nine of the ten research participants “believed in the power of forgiveness, and seven of the ten believed that God was sovereign. However, only one of ten questioned His sovereignty.” Finally, six of the ten desire to be healed from their spiritual injury. Table 1 shows the results of the initial thesis project questionnaire.

Table 1: Results from the initial thesis project questionnaire

Initial Thesis Project Questionnaire Results			
Question	Response		
Military Branch	Army: 7	Air Force: 2	Navy: 1
Honorably Discharged	Yes: 9	No: 0	Other: 1
Homeless	Yes: 10	No: 0	
Experienced Traumatic Event (ETE)	Yes: 7	No: 3	
ETE Resulted in PTSD	Yes: 7	No: 3	
Experienced Moral Injury	Yes: 7	No: 3	
Experienced Shame	Yes: 7	No: 3	
Violated Religious Beliefs	Yes: 4	No: 6	
Belief in Forgiveness	Yes: 9	No: 1	
Belief in God’s Sovereignty	Yes: 7	No: 1	Other: 2
Question God’s Sovereignty	Yes: 1	No: 7	Other: 2
Desire Spiritual Healing	Yes: 6	No: 2	Other: 2

Insightfully, each interviewee responded to the questions with the pride of having served the United States honorably. They were respectful and proud to have served in the United States Military. Also, they vividly recalled their military service and verbally expressed a vivid description of the traumatic event. This response was universal and not restricted to the age of the research participant or the length of their homelessness, or military branch. The data and their responses were recorded, scanned, and stored to a password secured computer.

However, the researcher observed one phenomenon in the research data. A noticeable analysis in the research data was that seven of the research participants believe in the power of forgiveness, believe in the sovereignty of God, Our Heavenly Father, and they do not question His sovereignty. Nevertheless, they feel shame due to the traumatic military event; they feel that they have been morally injured due to the traumatic, and they want to be spiritually healed. This analysis suggests that an embedded spiritual injury caused by shame and moral injury has caused a numbing pain in their lives. For, they believe God is sovereign, therefore, “on the surface” they believe the traumatic event was not their fault. They believe in the power of forgiveness, but as the Moral Injury Assessment reported that five of the seven homeless veterans had not forgiven themselves for the traumatic military event.

An analysis of the results points to the fact that they believe in forgiveness, know that God is sovereign, do not question His sovereignty, but spiritually they are injured and feel a disconnect from God, Our Heavenly Father due to their spiritually. Yet, they can be spiritually healed through the power of The Holy Spirit. The therapeutic pastoral counseling program, Joshua’s Conquest, is designed to help them, with the power of The Holy Spirit, to be spiritually healed.

The results of the research show that seven of the ten homeless veterans attributed their PTSD, moral injury, shame, and spiritual injury to a betrayal by the system. The systems were identified as a religious system, a governmental system, or a social system. The expressed their concern of being dedicated and loyal to the respective system but expressed the system (religious, governmental, or societal) failed to provide, protect them and/or support them when they were discharged from the military. The veterans felt that these systems abandoned them when they needed help to cope with the challenges of military combat and separating from military service.

The analyzed data collected from the questionnaire and the three assessments determined that the nine research participants were homeless male veterans that experienced military-related trauma and verbally confirmed that they were honorably discharged. The ten research participants experienced a combat or military-related traumatic event that caused PTSD associated with spiritual injury, which was the result of moral injury, and shame. Table 2 shows the results of the thesis project trauma questionnaire.

Table 2: Results from thesis project Trauma Assessment¹²³

Thesis Project Trauma Assessment		
Questions	Responses	
Upsetting thoughts or memories	Yes: 7	No: 3
Upsetting dreams	Yes: 6	No: 4
Reoccurring traumatic experience	Yes: 4	No: 6
Upset by reminders of the event	Yes: 6	No: 4

¹²³ C. R. Brewin , S. Rose, B. Andrews, J. Green, P. Tata, C. McEvedy, S. Turner, and E. B. Foa. “Brief Screening Instrument for Post-Traumatic Stress Disorder.” *The British Journal of Psychiatry.*” 181 no. 2, (2002): 161, accessed November 12, 2018.

Bodily reactions	Yes: 7	No: 3
Difficulty sleeping	Yes: 7	No: 3
Irritability/Anger	Yes: 5	No: 5
Difficulty concentrating	Yes: 5	No: 5
Heightened awareness	Yes: 5	No: 5
Feeling jumpy	Yes: 6	No: 4

Langberg states, “Trauma involves “intense fear, helplessness, loss of control, and the threat of annihilation.”¹²⁴ Langberg adds, “Traumatic events are extraordinary, not because they occur rarely, but because they overwhelm the ordinary human adaptations to life.”¹²⁵ Traumatic events damage the emotional spirit of a person.

The results of the thesis project Trauma Assessment revealed that homeless veterans interviewed experienced military-related trauma. Unfortunately, they are still experiencing emotional damage to their spirit because of the traumatic military event; for example, they are currently having “upsetting thoughts or memories, reminders of the event, and bodily reactions” due to the traumatic military event. The homeless veterans have been discharged for over five years and still are experiencing these emotional disturbances.

The research data concludes that the spiritual-emotional foundation that they took with them into the military has been shaken due to the traumatic military event. They feel the impact of this traumatic event to the core of their spirit because the research reported that the homeless veterans are experiencing a range of emotional behavior that has damaged their self-worth

¹²⁴ Diane Mandt Langberg, *Counseling Survivors of Sexual Abuse* (United States: Xulon Press, 2003), 60.

¹²⁵ *Ibid.*, 60-61.

spiritually, has brought physical problems and has landed them into homelessness. However, it is important for the veteran to remember that “we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them” (Ephesians 2:10).

They need to return to the “Author of Life,” and they must allow Him to heal their injured spirit.

Table 3 shows the results of the Moral Injury Assessment.

Table 3: Research participant’s response to the Moral Injury Assessment¹²⁶

Moral Injury Assessment					
Moral Injury/ Feeling Assessed	Responses				
	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
Betrayal by trusted leaders	4	0	0	1	5
Guilt for not saving a life.	4	1	0	1	4
Ashamed about what happened	6	0	0	2	2
Troubled by their actions	4	1	0	1	4
Most people are trustworthy	4	1	1	1	3
Has a good sense that life is meaningful	Absolutely Untrue	Mostly or Somewhat Untrue	Somewhat True	Mostly True	Absolutely True
	4	3	0	2	1
Forgiven self for the event that happened	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
	5	2	0	1	2
Feel like a failure	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree

¹²⁶ H. G. Koenig, Ames D., Youseff N, Oliver JP, Volk F, Teng EJ, Haynes K, Erickson Z, Arnold I, O’Garro K. Pearce MJ (2018). Screening for Moral Injury – The Moral Injury Symptom Scale – Military Version Short Form. *Military medicine* 183(86) March 2018 accessed November 12, 2018.

	4	3	0	0	2
I what I did for God to punishment for the act committed	Great deal	Quite a bit	Neutral	Somewhat	Not at all
	1	0	1	4	4
	Weakened a lot	Weakened a little	Strengthened a little	Strengthened a lot	
Compared to when I initially entered the military my religious faith	2	3	3	2	

It has been recorded that “researchers from the VA describe “moral injury” as “involving an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness.”¹²⁷ The analysis of the Moral Injury Assessment supports “Guntzel proposes that defines moral injury as having three important components: (1) betrayal of what the soldier knows is right, (2) by someone who holds authority, and (3) occurs in a high-stakes situation.”¹²⁸ The participants in this research study echo these definitions. Seven of the homeless veterans in this research study have no sense of life’s meaning due to the traumatic military event.

Furthermore, the analytical result of the Moral Injury Assessment reports that the homeless veterans in this research study group report that ten research participants are split on the moral impact the traumatic event had on their relationships with the “leaders they trusted, the guilt feeling of not saving a life, and if they were ashamed about what did or did not concerning saving a life.” However, pertaining to their relationships with other people, they were split on how moral injury spoke to shame, how moral injury troubled by their actions with other people,

¹²⁷ Tyler Boudreau. “The Morally Injured.” Massachusetts Review 52, no. 3/4 (Autumn/Winter 2011), 748.

¹²⁸ Patricia J. Bartzak. “Moral Injury Is the Wound: PTSD Is the Manifestation.” MEDSURG Nursing, May 2, (2015), 10

or to determine their level of trust in people. To note, five of the seven participants that experienced a traumatic military event felt betrayed by their military leaders. However, when the moral injury reflected personally, the scale was tipped to the seven of the ten research participants that experienced a traumatic military event.

When the Moral Injury Assessment examined the inner being of the research participants, the seven research participants that experienced a traumatic military event, had similar responses to the Moral Injury Assessment. Personally, the Moral Injury Assessment revealed that these seven did not have a “sense of life’s meaning, had forgiven themselves for the traumatic event, and felt like a failure.” Therefore, their inner spirit is injured. As a veteran of involved in combat in Iraq in 2004, he stated, “What began for me in Iraq in 2004 is that my perception of good and evil became eroded and I lost a world that makes moral sense.”¹²⁹

Yet, they “do not feel that God is punishing them.” They still believe in God, but according to the results of the Moral Injury Assessment, they feel personal despair. This means that within them, their spirit is injured, but they still honor God, Our Heavenly Father. They feel disconnected from Him, for if they felt connected to Him, they may have “more meaning for life after the traumatic event, forgiven themselves for the traumatic event, and not feel like a failure.” Table 4 shows the results of the Shame Assessment.

¹²⁹ Michael Yandell . “The War within: A Veteran’s Moral Injury.” *The Christian Century* 132, no. 1 (January 7, 2015), p. 12.

Table 4: Research participant’s response to the Shame Assessment¹³⁰

Shame Assessment					
Emotion Assessed	Responses				
	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
“Felt self-exposed because of the traumatic military event.”	5	1	1	0	3
“Felt rage because of the traumatic military event.”	4	0	1	0	5
“As a result of the traumatic military event the felt contempt.”	4	0	1	0	5
“As a result of the traumatic military event, I strive for power.”	3	0	1	0	6
As a result of the traumatic military event, I strive for perfection.”	5	0	1	0	4
After the traumatic event, I blame someone else.”	8	0	1	0	1
“After the traumatic event, I experience internal withdrawal.”	2	0	2	0	6

The data from the Shame Assessment reports that many of the research participants did not feel self-exposed due to the traumatic military event but felt rage and disrespected because of the traumatic military event. Also, they experienced a desire to strive for perfection, even though they were homeless. This explains their neatly dressed attire and strong military persona during

¹³⁰ Kaufman, *Shame*, 9.

the interview process. Nevertheless, they “blame themselves for the traumatic event and experience internal withdrawal.” It is as if shame has “attached itself to their humanness for shame is arguably a human problem.”¹³¹ Other researchers concluded their results indicated “that in comparison to the other two cohorts, patients carrying a PTSD diagnosis score higher on shame characteristics than did the substance abuse cohort.”¹³² Shame is another emotional disorder that is linked to PTSD.

In addition, the research results indicated that three of the ten homeless veterans reported that the traumatic combat event violated their religious belief system. Eight out of ten veterans interviewed expressed a religious affiliation. However, they felt that God was still sovereign, but they felt that they were spiritually injured due to this traumatic event. Also, research reports that these veterans experienced moral injury and shame because of this traumatic event. Research reveals that seven of the ten homeless veterans surveyed in this research wanted to be healed from their spiritual injury.

Unfortunately, many veterans that “suffer from moral injury have souls in anguish, not a psychological disorder.”¹³³ Their “feelings of guilt, shame, and contrition were considered by a psychologist as feelings of a normal ethical person, but secular approaches view them as psychological neuroses or disorders that inhabit individual self-actualization and interfere with “authentic” feelings and urges.”¹³⁴ However, “many veterans do not believe their moral struggles

¹³¹ Edward T. Welch. *Shame Interrupted: How God Lifts the Pain of Worthlessness and Rejection*. (Greensboro, NC: New Growth Press, 2012), 10, 11.

¹³² Martin R. Wong and David Cook. “Shame and Its Contribution to PTSD” *Journal of Traumatic Stress* 5, no. 4 (1992): 560

¹³³ Brock and Lettini, *Soul Repair*, 51.

¹³⁴ *Ibid.*

are psychological, but they view their feelings a profound spiritual crisis that has changed them beyond repair.”¹³⁵ The research conducted with homeless veterans in Wake County, North Carolina supports this hypothesis. The veterans that participated in this research study did not display any psychological disorders even with being diagnosed with PTSD. Ninety-two percent exhibited and expressed emotion struggles, and they felt spiritually damaged.

Research recorded that seven of the ten homeless veterans interviewed experience moral injury due to the destruction of their centralized moral values. These are values that they learned as children. This traumatic military event they experienced caused them to lose their moral reference point. These veterans that “suffered from moral injury deal with an injury that is grounded in the basic humanity of warriors.”¹³⁶ The research concluded that their “core ethical values, which they first learned from their families, neighbors, school, religious and community organizations were violated.”¹³⁷ These homeless veterans acknowledged that they are personally associated with religion and acknowledged that their religious moral values were compromised due to the traumatic military event. Another research apparatus supports the findings in this research project.

Many veterans frequently feel a combination of guilt and shame for their actions in a war zone. As demonstrated in Table 5, most of the veteran defendants and veteran participants felt either shame or guilt when asked to describe their feelings within the context of the totality of their military service.¹³⁸

¹³⁵ Ibid., 51.

¹³⁶ Brock and Lettini, *Soul Repair*, xvi.

¹³⁷ Ibid., xvi.

¹³⁸ William B. Brown, Robert Stanulis, and Gerrad McElroy. “Moral Injury as a Collateral Damage Artifact of War in American Society: Serving in War to Serving Time in Jail and Prison.” *Justice Policy Journal* 13, no. 1 (Spring 2016): 16. Accessed January 24, 2019

Table 5: Guilt and shame within the context of military service

Data	Shame	Guilt	Confused	Frustrated	Relieved/Satisfied	Other	Total
Source	37.5 %	18.8%	17.7%	12.5%	10.4%	3.1%	100%
Veteran	(36)	(18)	(17)	(12)	(10)	(3)	(96)
Defendant	38.9 %	25.9%	13.0%	10.5%	9.2%	2.5%	100%
Vet Study	(63)	(42)	(21)	(17)	(15)	(4)	(162)
Participants	38.4%	23.3%	14.7%	11.2%	9.7%	2.7%	100%
Total	(99)	(60)	(38)	(29)	(25)	(7)	(258)

“The military trained them to kill and taught them moral values pertaining to combat through the legal and ethical conduct of war, but this produced a profound inner conflict for them.”¹³⁹ The veterans need to understand that the inner conflict between their foundational moral values and their military learned morality is not their fault. For they were trained to kill by a military morality but were trained not to kill by a foundational morality. This conflict causes moral injury due to the imbalance of a moral foundation. This imbalance exists because,

The average and normal healthy individual, the man that can endure the mental and physical stresses of combat, still has such an inner and usually unrealized resistance towards killing a fellow man that he will not of his own volition take a life if it is possible to turn away from that responsibility...At a vital point, he becomes a conscientious objector, unknowing.”¹⁴⁰

The veterans must understand that the imbalance due to moral injury concerning this traumatic military event is not their fault. They were trained by the military to kill, not by their moral foundation.

¹³⁹ Ibid., xvi, xvii.

¹⁴⁰ Ibid., 17.

A “Vietnam veteran, Karl Marlantes claims that his Marine Corps training taught him how to kill but did not prepare for its deeper emotional and spiritual consequences.” Marlantes adds, “The Corps offered no preparation or guidance on what to do when conscience strikes, whether immediately aftermath of killing or upon returning home.” He hopes that “the military training can include spiritual guidance the will better prepare soldiers to cope with the consequences of their actions while in combat.”¹⁴¹ The research concluded that seven of the ten research participants, as did Marlantes, experienced a traumatic military event which led to spiritual injury caused by moral injury.

Unfortunately, research uncovered that the seven of the ten homeless veterans that experienced moral injury are trapped in a state of unforgiveness. One research participant stated that they felt that God would not forgive them for the immoral decision that was forced upon them by a commanding officer. Another research participant believed that the act they committed against an Iraq village could not be forgiven. The emotional behavior witnessed as these veterans told their stories was felt by the researcher. This component of spiritual is addressed in Joshua’s Conquest (Appendix A).

While conducting research, the researcher observed that the homeless veterans displayed genuine admiration for the military branch they enlisted. When asked the question, “What branch of the military did you serve?” They proudly stood at attention to announce their military branch in which they served. Besides, the researcher observed that eight of the ten homeless veterans that participated in this research study spent the night together in the same homeless shelter. They interacted with each other and not frequently with other homeless men. This suggests that

¹⁴¹ Ibid., 18.

they have a military communal bond that is difficult to sever. They displayed a love for their military brother.

The analytical results concerning the research participants in this thesis project, the researcher concludes that due to the traumatic military event, the homeless encountered moral injury, which violated their moral law or laws that were embedded within their spirit. The researcher contends that this was a moral law that they were taught at an early age at some stage of their life before they enlisted in the military.

In addition, they experienced shame because of this traumatic military event. Due to the research conducted in this thesis project, the researcher would define shame these research participants encountered as an outward negative emotional in response to the impact of the moral law or laws that were violated within their spirit due to this traumatic military event.

Therefore, the researcher argues that PTSD is a result of the moral injury, and the shame the traumatic military event caused, damaging the psychological reference point in the mind of the homeless veteran, which causes the veteran to experience upsetting thoughts or memories, upsetting dreams, bodily reactions, difficulty sleeping, and other symptoms of PTSD. PTSD associated with spiritual injury is the final product of moral injury and shame.

To note, the results of this research were expected, but the method to treat PTSD was a revelation because “medications do not cure PTSD but can help with the symptoms.”¹⁴². In order to treat PTSD associated with spiritual injury and return the homeless veteran to housing normalcy, therapeutic pastoral counseling was developed to treat the spiritual injury associated with moral injury and shame. The healing of the spiritual injury is made possible by the power of

¹⁴² Glenn R. Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth* (New York: McGraw Hill Education, 2016), 72.

the Holy Spirit to renew, help them to grow, and help them maintain their relationship with Lord Jesus Christ and be redeemed back to their Creator. As Boone states, “Spiritual wounds that do not show up on the balance sheets of war are nonetheless real and enormously costly.”¹⁴³ Tozer explains this process of healing spiritual wounds with clarity. He states, “What is the purpose of redemption? Redemption is to restore a person back to God again; to restring that harp, to purge it, cleanse it, and refurbish it by the grace of God and the blood of the Lamb.”¹⁴⁴ The therapeutic pastoral counseling program outlined in Joshua’s Conquest (Appendix A) is tailored to help the homeless veteran be cured of spiritual injury associated with PTSD caused by moral injury and shame, then he will be able to return to housing normalcy.

¹⁴³ Jason Boone. “Moral injury and a new way of making peace.” *Vision* (Fall 2013): 63, accessed January 24, 2019. <http://web.a.ebscohost.com.ezproxy.liberty.edu/ehost/>.

¹⁴⁴ A. W. Tozer, and James L. Snyder ed., *The Purpose of Man: Designed to Worship* (Ventura, CA: Gospel Light, 2009), 45.

Chapter 5

Conclusion

Research Overview

The purpose of this study was to explicate three theoretical questions aimed to find and fill the gap in therapeutic pastoral counseling programs that treat PTSD associated with spiritual injury caused by moral injury and shame due to a traumatic military event. As recorded in Chapter One, the three research questions were as follows: 1) During the military career or associated military vocation did the homeless veteran's experience a traumatic event where they acquired PTSD associated with spiritual injury caused by moral injury and shame? 2) What was this traumatic event? 3) Finally, how did the traumatic event that caused PTSD associated with spiritual injury caused by moral injury and shame impact the homeless veteran?

The results of the research data discussed in Chapter Four answered these three proposed questions by revealing that ten of the seven research participants had PTSD associated with spiritual injury caused by moral injury and shame. Next, each research participant could vividly describe the traumatic event. The administration of the initial questionnaire, the Trauma Assessment, the Moral Injury Assessment, and the Shame Assessment reported that the impact the traumatic event had on the research participants. The analytical study of the research apparatuses uncovered that there was a gap in treatment programs. This gap was a program tailored to treat the spiritual injured of the soldier based on a therapeutic pastoral counseling program that begins with treating moral injury, shame, and trauma through spiritual formation empowered by the Holy Spirit in the Name of Jesus Christ. This program was called Joshua's Conquest (see Appendix A). Research has determined that this is that gap in other therapeutic counseling programs, treating the spiritual injury first then proceed to provide resources. If the

resources are supplied first, they will still not know how to utilize them because their spirit is still damaged. Their spirit must be healed first for them to embark on the road of recovery.

As discussed in the literary review section of thesis project, Chapter Two, the therapeutic counseling programs designed to treat homeless veterans with PTSD associated with spiritual injury caused by moral injury and shame due to a traumatic military or military vocational event, primarily focus on treatment programs designed to treat symptoms but not the core spiritual injury. In addition, these programs focus on providing resources, and not spiritual repair, which this study revealed does not aim to heal the source of PTSD associated with spiritual injury caused my moral injury and shame. To support this hypothesis, researchers state that they “conceptualization PTSD and fail to capture the complexity of moral injury from significant feelings of guilt and shame caused by reappraisals of actions during the initial traumatic military event.”¹⁴⁵

Respectfully, these facilities discussed in Chapter 2 provide resources and other methods of psychotherapy to relieve the pain associated with the PTSD associated with spiritual injury but fail to heal the injury to the spirit. Besides, the programs discussed in the literary review section of this thesis project provides the homeless veteran with a temporary residence and resources on how to obtain military benefits but not a cure for moral injury and shame. It is important to understand that benefits are vital for the homeless veteran to have a “higher quality of life,”¹⁴⁶ and “though their aggression might be directed outward, too often it is focused inward. This could help explain the alarming increases in military suicides, which outpaced combat deaths in

¹⁴⁵ Lisa A. Paul, Daniel F. Gros, Martha Strachan, Glenna Worsham, Edna B. Foa, and Ron Acierno. “Prolonged Exposure for Guilt and Shame in a Veteran of Operation Iraqi Freedom,” *American Journal of Psychotherapy*, Vo. 68, No. 3, 2014, 278.

¹⁴⁶ Chen, Joyce H., Robert A. Rosenheck, Wesley J. Kaspro, and Greg Greenberg. “Receipt of Disability through an Outreach Program for Homeless Veterans.” *Military Medicine* 172, no. 5 (May 2007), 172.

2012.”¹⁴⁷ These programs are not designed to treat the core issue, their disconnect from God, Our Heavenly Father.

As discussed in Chapter Four, research revealed that the core issue these homeless veterans encounter is the spiritual disconnect from their Creator. Therefore, to treat this gap, the data that was collected and analyzed was used to construct the five-step therapeutic pastoral counseling program entitled Joshua’s Conquest. Gill profoundly states, “The self that I am, the self that I have been made to be, is the self-engaged by God in love and now in the process of recreation through the community of Christ and the work of the Holy Spirit.” This statement resonated with this researcher, and it was one of the truths that this researcher gleaned from conducting this research study, a truth that points to the foundation of the therapeutic pastoral counseling program, Joshua’s conquest.

Researcher Insights Gleaned from the Research Data

Also, the researcher gleaned from the research study that moral injury is defined as a violation of a person’s moral law. As a result of the research study, the researcher defined shame as a negative emotional response to the violation of the moral law. Then, the researcher defines PTSD as the negative impact that these phenomena have on the mind of the victim. The biblical account of Adam and Eve is where these definitions are first enacted.

Adam and Eve violated moral law by eating of the “Tree of Good and Evil, because God, Our Heavenly Father, commanded them, a moral law, not to eat of “The Tree of Good and Evil.” The biblical account speaks that they violated His law. The violation of this law caused shame because they came to realize that they violated His command, for the realized that they were

¹⁴⁷ Kevin Sites. “Sufferers of PTSD Not All Ticking Time Bombs.” USA Today. Accessed January 20, 2019.

“naked and ashamed,” they felt exposed. Their emotional response to the exposure of shame was to run and hide from God, Our Heavenly Father. The research discussed in Chapter 4 describes that the homeless veterans felt self-exposed due to the shame the traumatic event, but as God reached out Adam and Eve with compassion and forgiveness, even though they violated His law, and He wants to do the same for these homeless veterans.

Another insight gleaned from the research data was that it revealed that seven of the ten research participants experienced spiritual injury associated with PTSD due to moral injury and shame caused by a traumatic military event. However, the treatment programs and treatment facilities do not aim to treat spiritual injury associated with PTSD caused by moral injury and shame with resources. Therefore, this researcher learned that the gap in these programs is that they do not address the injured spirit of the veteran.

While conducting the research interviews, the researcher learned that all these research participants proudly proclaimed their service in the Iraqi War and other military conflicts. They all were honorably discharged. They felt proud of the service they performed even though it injured them spiritually. It was also gleaned from the research interviews that these men still enjoy the comradery with other soldiers they served with in the military. Joshua’s Conquest will build up this dynamic by letting them know that they belong to a new Army, the Army of The Lord. Research has proven that “improvements in relationships with family and friends may act in concert with satisfactory employment to deter alcohol and drug abuse and mollify angst leading to psychiatric problems.”¹⁴⁸

¹⁴⁸B. Brenda Brent, Frederick A. Diblasio, and Sandra K. Pope, “Spiritual Well-Being, Relationships, and Work Satisfaction in the Treatment of Homeless Veterans with Alcohol/Other Drug Problems,” *Alcoholism Treatment Quarterly*, 24, (2006): 120, accessed January 24, 2019.

While conducting the research study, the researcher learned that the honorable veterans desire to be cured of spiritual injury associated with PTSD, and they desire help to obtain normal housing and a normal life. In addition, research uncovered that spiritual injury is a phenomenon that accompanies PTSD and is prevalent in the research participants in this study. This was the research participants' initial exposure to the term spiritual injury and the emotional symptoms that accompany spiritual injury. However, after the administration of these questionnaires, they understood more about spiritual injury, moral injury and shame and the impact it has on the spirit. The assessments help them to realize that the traumatic military event they experienced caused by shame and moral injury that spiritual injured them.

In addition, the researcher learned that veterans desire to return to normal life, especially housing. They expressed the desire to have adequate living accommodations and not living on the streets of Wake County, North Carolina. For example, a research participant stated that he wanted 'to get back to a normal civilian life, living in comfortable accommodations and not in the streets.' However, he felt trapped in his spiritual, and physical situation. They desire a community that appreciates them, respects them, and loves them for the sacrifice they made for this country. They are honorable men that performed a courageous military action based on a military directive. This event led to a traumatic spiritual injury. The researcher would like to report a traumatic event a research participant shared.

One honorable veteran was involved in the Gulf War. He was a Marine assigned to a Unit in Iraq, and his military job was an M-16 gunner. He stated that he vividly remembers being ordered to fire upon a village infested with ISIS fighters. When he prepared to engage his target, he stared at the target through the magnified scope on mounted on top of his weapon. As he squeezed the trigger on his weapon and starred through the magnified scope, he personally

witnessed the bullets penetrate the flesh of men, women, and children to a climax of total annihilation.

The veteran added that he saw the body parts of these men, women, and children flying in the air. He stated that it has been very difficult for him to forgive himself and remove these images from his mind. He constantly expressed that he was just doing what he was ordered to do, and he felt that his actions morally violated him spiritually and by committing this hideous act he became filled with shame. During the administration of the questionnaires, he constantly asked if he can be forgiven for what happened. He stated that he believed in God but felt that He was distant from him because of the atrocities that he committed. He said that he felt unforgivable, alone, and disgraced.

The researcher learned that these men love their country. Even though some of the seven research participants admitted to having been diagnosed with PTSD, they were calm during the interview and valued that someone would take the time to interview them about their military career. Also, they felt the actions they committed during combat were appropriate and honorable. They felt they were doing as they had been trained and instructed. From the interviews, they did not realize the spiritual impact these actions would have on them. Due to these actions, the majority of these seven men have lived on the streets for the past ten years. It is time for them to return to housing normalcy. As an American citizen, it is an honor to help them.

Applications of Research Data to Other Ministry Areas

The research reported in this thesis project can transcend to others that may have experienced a traumatic event. From recent news headlines, and talking to Christian pastors, Christian counselors, and Christian educators in the community, there are Christians, parishioners in their Church, and non-Christians that have experienced a traumatic event that has

left them spiritually injured caused by moral injury and shame. For example, in Wake County, North Carolina hurricanes can be intense. They can cause extreme flooding, property loss or damage, even loss of life. This trauma can lead to secondary trauma.

The researcher defines secondary trauma as the loss of material possessions, housing status, or family unity as a result of an initial tragic event. For example, due to an initial traumatic event a homeless Veteran that experienced, the Veteran may have lost their housing status, or they may have lost their family. Wright supports this definition, “Many people experience secondary trauma for years; for example, the traumatic impact Hurricane Katrina left on the city of New Orleans, with victims being left homeless and personal material loss.”¹⁴⁹ When event like a hurricane occur, many reach out to the local church “to help their community prepare to respond and to recover from disasters that destroyed the normality of their community. Researched reports that many people turn to faith and the local congregations for answers and assistance when disaster strikes.”¹⁵⁰ If a very intense hurricane hits Wake County, North Carolina, like Katrina, how will the local pastor respond to this natural disaster and counsel the victims of this natural disaster? This thesis project can provide tools to help determine trauma, moral injury, and shame. This thesis project provides an example of the effect of trauma on a human being. When the spirit of a human is injured, the Creator is the only One that can repair it.

The research results concluded that seven of the ten research participants desire to be healed from their spiritual injury. The healing process begins by a confession of sins, accepting

¹⁴⁹ H. Norman Wright, *The Complete Guide to Crisis and Trauma Counseling: What to Do and Say When It Matters* (Minneapolis: Bethany House, 2011), 188-189.

¹⁵⁰ Jamie D. Aten and David M. Boan, *Disaster Ministry Handbook* (Downers Grove, Ill: IVP Books, 2016), 13.

Jesus Christ as their personal Lord and Savior, then receive the baptism of The Holy Spirit and allowing Lord Jesus Christ to heal them. Jesus heals the wounded by 1) Re-establishing their self-worth through their identity in Lord Jesus Christ, 2) The baptism of the Holy Spirit who heals their spirit, 3) Enabling a new creation to be reborn, 4) Showing them that the traumatic event is no one's fault, and even if it was someone's fault, anyone could find forgiveness from Jesus, 5) Forgiving themselves and others, 6) Loving God, and loving their neighbor, and 7) Knowing that they are not alone, for they now belong to Jesus Christ and to the community of believers. Boone supports, "Healing from moral injury does not primarily depend on the professional expertise of a psychologist or counselor. Rather, a healthy relationship with a community of committed, loving people. A healing community is a central aspect that cannot be replaced."¹⁵¹ These are the steps that are implemented in the therapeutic pastoral counseling program, Joshua's Conquest (see Appendix A).

This program can transfer to others of ministries dealing with individuals that have been a victim of a non-military traumatic event. Research conducted in the research study proves that a traumatic event can injure a person's spirit by a violation of their moral compass and produce an emotion of shame. The road to recovery begins with understanding that to repair the injured spirit of a person, The Creator of that person needs to do the repairing. He needs to create a new spiritual creation.

The Word of God speaks, "For in Christ Jesus neither circumcision nor uncircumcision avails anything, but a new creation" (Galatians 6: 15). Also, the Word of God speaks, "Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new" (2 Corinthians 5: 17). It is Christ Jesus that a person becomes a new

¹⁵¹ Jason Boone, 65.

creation. A new creation receives a new beginning. This is the main goal of the therapeutic pastoral counseling program, Joshua's Conquest; it is to inform that homeless veteran that in Jesus Christ he is a new creature, and "old things have passed away." The "old thing that has passed away" is the spiritual injury associated with PTSD caused by moral injury and shame, now, walk with Jesus Christ, hang on to His hand and never let Him go. The first step to healing a spiritual injury based on the pastoral therapeutic counseling program, Joshua's Conquest, is to establish self-worth through Jesus Christ.

Areas of Further Research

Further research needs to be conducted on the impact a trauma event has on the human spirit, which may cause a person to become complacent. The traumatic military event all the participants in this research study encounter was the killing of other humans. During the research, it was observed that the homeless veterans were spiritually injured but were content to remain homeless understanding that they deserve to live a better life. The traumatic event paralyzed them spiritually, and motivationally, because "killing another human being to protect temporal goods make one culpable before God and erodes the person's virtue."¹⁵² How does a traumatic event paralyze a person? What causes a person to compartmentalize a traumatic event? These are questions that require further investigation.

In addition, further research needs to be developed to understand that "PTSD is the manifestation of moral injury" and shame. PTSD is the final product of the traumatic experience that caused moral injury and shame. Research needs to be conducted to confirm that moral injury and shame are a result of PTSD, but moral injury and shame result in PTSD. To support this hypothesis, the researcher uncovered this statement

¹⁵² Thomas L. Schubeck, *Love that does Justice* (Maryknoll, NY: Orbis Books, 2007), 103.

Other future research required entails studies that distinguish moral injury from PTSD and other mental health outcomes, providing evidence for its unique attributes and construct validity. Longitudinal studies of moral injury are also needed to better understand changes over time and whether (or when) interventions are helpful. Further development of intervention studies that branch out from the traditional fear-based models of war-zone exposure and focus on guilt- or shame-based injuries that directly target moral injury are also important.¹⁵³

Conclusion

During an interview with a research participant, he vividly provided details of the horrors of war upon the spirit of a man. With honor, he announced his enlistment in the United States Marine and with pride for his job in the United States Marine, he barked, “I was a grunt in the Iraq War. My job was to engage the enemy in the scope on my weapon and fire upon them.” He continued, “When I carefully looked through my scope and locked in on my target, I fired.” Then with tears in his eyes, this huge African American soldier softly spoke, “I did not know there were women and children in the village. As the bullets fired from the gun and hit the intended target, I saw body parts flying through the air.” “I could not stop firing, I was instructed to fire until complete annihilation, and if I ran out of bullets, I was to get more.” Then, angrily he shouted, “What was I supposed to do?”

Also, during the research interview, a research study participant shared a traumatic story. He stated that while in Iraq, he and his fellow soldier were performing routine patrol walking side by side when his fellow soldier, his best friend, his “right-hand man” stepped on a bomb and blew up right next to him. He said, “He was my best friend, I watched as his body parts blew up in the air and some blew on me. It is hard for me to forget that scene.” It is important to understand how the new training on the rules on engagement warfare affected military personnel.

¹⁵³ “Featured Articles.” *PTSD Research Quarterly* 23, no. 1 (January 2012): 3, accessed January 24, 2019.

This began in “World War II, almost 75 percent of combat soldiers did not fire directly at the enemy, even when their own lives were at risk.”¹⁵⁴

In his landmark 1947 study, the official U. S Army historian Brigadier General L. S. A. Marshall revealed that despite training, propaganda, and social sanctions, soldiers retained a deep inhibition when it came to taking human lives...Marshall’s statistics surprised and alarmed Army Leadership, so they developed new training techniques to overcome this reluctance to killing, which they called “reflexive fire training.” Soldiers were conditioned to shoot before thinking.¹⁵⁵

The veterans must realize that it was not their fault. They were trained to kill, so the next step is to ask for personal forgiveness in the Name of Jesus Christ, ask for forgiveness of their trainer and their training in the name of Jesus Christ, and these actions of asking for forgiveness will help the veterans fill anew and place them on the journey for spiritual healing. For, the research results concluded that seven of the ten homeless veterans researched did not forgive themselves for the military action they were commanded to engage that led to their PTSD. Szablowinski stated, “An inability to forgive oneself or others not uncommonly results in the strongest and most negative psychological conditions that can arise in human experience.”¹⁵⁶ Szablowinski adds, “When one forgives oneself, one commences an emotional shift away self-blame, guilt, and shame, putting for the first time a person’s offense in the past.”¹⁵⁷ Milam contends, “Self-forgiveness requires one to renounce a person’s action and the beliefs, motives, and attitudes that

¹⁵⁴ Brock and Lettini, *Soul Repair*, 17.

¹⁵⁵ Brock and Lettini, *Soul Repair*, 17-18.

¹⁵⁶ Zenon Szablowinski, “Self-Forgiveness,” *Catholic Theological Institute of Port Moresby, Papua Guinea* 53, no. 4 (July 2012): 678.

¹⁵⁷ *Ibid.*, 680.

prompted the traumatic action as well as to reconcile the offending self with the forgiving self.”¹⁵⁸ Therefore, the concept of forgiving self is incorporated in Joshua’s Conquest.

Many soldiers, male and female, have proudly served this great country, the United States of America. Some have paid the ultimate price, and some have returned to pay another price. The other sometimes it is a battered and wounded body. On other occasions, it is a battered and wounded spirit, as the two examples in the previous paragraphs testify.

Thankfully, various treatment programs are designed to treat the battered and wounded spirit. However, many of these programs’ other resources for the spirit but not the spiritual disconnect that has caused spiritual injury. To elucidate those facts, Stine states, “In an 89-item computerized questionnaire created for VA Chaplains Services by Gary Berg, the results defined spiritual injury as a break in the spiritual connection between persons and their inner selves, others, nature, or their highest power.”¹⁵⁹

The analytical results of this thesis project point to an injured spirit that has been severed from God, Our Heavenly Father. The research data supports that seven of the ten research participants experienced a traumatic military event. This same research pool experienced moral injury and shame. Seven of the seven believe in God, Our Heavenly Father, yet the seven question His sovereignty.

Research has determined that there is “growing evidence that spiritual/religious struggles are strongly correlated with PTSD symptoms in military populations (particularly veterans) and

¹⁵⁸ Per-Erik Milam, “How Is Self-Forgiveness Possible?” *Pacific Philosophical Quarterly* 98. Vol. 1 (Mar 2017): 53.

¹⁵⁹ Stine, “Jungian interpretation,” 287.

appear to impede recovery and adversely affect physical health.”¹⁶⁰ The veterans’ spiritual struggles related to trauma during wartime include feeling punished by God for actions done (violence/killing) or not done (protection of innocents), questioning God’s power and control for not having protected oneself or one’s comrades from assault, injury, or death.”¹⁶¹

Inherently, the veterans do not question their religious beliefs but question the sovereignty of God. It is not their religion that has been injured; it is their spirit. Religion can offer these proud American soldiers the resources they need, but only God, Our Heavenly Father, in The Name of Jesus Christ by the power of The Holy Spirit can repair the spirit. There has been a spiritual disconnect from God, Our Heavenly Father.

The homeless veterans in this research study group desire to reconnect to God, Our Heavenly Father, Lord Jesus Christ. They need to know that by the power of The Holy Spirit they can accomplish spiritual healing. Jones states, “The Holy Spirit is our Counselor. The Holy Spirit provides His presence, His power, consolation, leadership, and direction, and intercession in the Christian life and in the ministry of Christian counseling.”¹⁶² For, it is “God that initiates change.”¹⁶³

Six of the seven research participants declared that they want to be healed from their spiritual injury. With the power of The Holy Spirit, in the Name of Jesus Christ, the research data derived from this research study will be used to create Joshua’s Conquest, a therapeutic pastoral

¹⁶⁰ Harold G. Koenig, MD, “Measuring Symptoms of Moral Injury in Veterans and Active Duty Military with PTSD, 6.

¹⁶¹Ibid.

¹⁶² Ian F. Jones, *The Counsel of Heaven on Earth: Foundations for Biblical Counseling* (Nashville: Broadman and Holeman Publishers, 2006), 159.

¹⁶³ Joseph Umidi, *Transformational Coaching: Bridge Building That Impacts, Connects, And Advance The Ministry And The Marketplace* (United States of America: Xulon Press, 2005), 78.

counseling program designed to treat spiritual injury associated with PTSD caused my moral injury and shame. The homeless veterans deserve the option to have and choose a program specifically designed to treat spiritual injury associated with PTSD caused my moral injury and shame. For, this therapeutic pastoral counseling program is based on the Word of God, and it is only “The Word of God that has the power to build a person up spiritually. In Acts 20: 32, The Word of God speaks, ‘I commend you to God, and to the Word of His grace, which is able to build a person up.’”¹⁶⁴

¹⁶⁴ R. A. Torrey, *The Holy Spirit: Who He Is and What He Does* (Alachua, Florida: Bridge – Logos Foundation, 2008), 282.

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Appendix A

“Joshua’s Conquest: A Therapeutic Pastoral Counseling Program”

From the data collected, a therapeutic counseling program entitled, “Joshua’s Conquest” was created. The goal of this program was to treat spiritual injury associated with PTSD caused by moral injury and shame by, through the power of the Holy Spirit, reestablishing the broken spiritual bond between them and Lord Jesus Christ, and between them and their social context. Research revealed that spiritual injury caused by moral injury and shame damages self-worth and the ability to connect effectively with society. This therapeutic pastoral counseling program involves seven steps to cure spiritual injury caused by moral injury and shame, so that the homeless male veteran may obtain and sustain housing normalcy.

“Joshua’s Conquest”

The therapeutic pastoral counseling program, Joshua’s Conquest, was designed, by the power of The Holy Spirit, to fill this gap by treating and healing the injured spirit of the man in the Name of Jesus Christ by the power of The Holy Spirit. Not only could this therapeutic counseling program be utilized to help spiritually injured homeless veterans that experienced a traumatic event but anyone that experienced a traumatic event that was injured spiritually because of shame and moral injury.

Step One-Reestablishing self-worth through and their Identity in Lord Jesus Christ

God, Our Heavenly Father, speaks in the Holy Scriptures, “Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new” (2 Corinthians 5: 17), so “no matter how difficult life might be or have been, there is great news.”¹⁶⁵ The veteran needs to be reminded that they are not helpless “victims caught between

¹⁶⁵ Neil T. Anderson, *The Steps to Freedom In Christ* (United Kingdom: Gospel Light, 2001), 5.

two nearly opposite heavenly superpowers. Satan is a liar and a deceiver, and the only way he can have power over you is if you believe his lies.”¹⁶⁶ God is the only Supreme Being of the entire universe, and “only He is omnipotent, omnipresent, and omniscient.”¹⁶⁷ There is no other God or no other way a person can be saved but through acceptance of Jesus Christ as their personal Lord and Savior.

God desires for His creation to understand and believe that through the acceptance of Jesus Christ as personal Lord and Savior, the person is a new creation, and “all old things have passed away, and the person is new.” The person has a new beginning, a new outlook, and most importantly a new creation in Christ Jesus, and “in Christ Jesus there is neither circumcision nor uncircumcision, but a new creation” (Galatians 6: 15). Becoming a new creation in Christ Jesus is the foundation design for a therapeutic pastoral counseling program to treat homeless veterans.

The journey to cure spiritual injury begins with reconnecting with the Spirit of The Creator. This “Holistic spiritual awakening is an encounter with the living God, and it is also an encounter with the true person.” It is an encounter that begins with “a renunciation of blatant sins, willful disobedience, unconscious sins, realizing that God loves him, and the child of God is a conquer through Him.” Also, it involves admitting the traumatic event occurred, because to “successfully recover from PTSD the person had to come to terms with the reality of the traumatic event.”¹⁶⁸ “By using a bit-by-bit revisitation of traumatic events helps survivors gradually process their experiences, place things in perspective, and most important, face painful

¹⁶⁶ Ibid., 5.

¹⁶⁷ Ibid.

¹⁶⁸ Weaver, Flannelly, and Preston, *Counseling Survivors*, 40.

realities without being overwhelmed.”¹⁶⁹ In addition, Jesus Christ has given us the power of The Holy Spirit to help along the journey of life, to give the Christian a helper to overcome the obstacles of life.

Jesus Christ commands that “you shall love the LORD your God with all your heart, with all your soul, with all your strength, and with all your mind, and ‘your neighbor as yourself’ ” (Luke 10: 27). Loving yourself through the power of the love that Jesus Christ has for the person is the first step to establishing self-worth and self-confidence. However, this does not open the door for arrogance, because arrogance is the love of self through self, and not through the love of Jesus Christ. Mulholland states,

The English poet William Henley captured the spirit of our culture well when he wrote, “I am the master of my fate, I am the captain of my soul.” But spiritual formation as “being conformed” will reveal that Jesus Christ is the initiator of our growth toward wholeness and we are to be pliable clay in His hand.”

It is through Jesus Christ that “all things were created that are in heaven and that are on earth, visible and invisible, whether thrones or dominions or principalities or powers. All things were created through Him and for Him”(Colossians 1: 16).

Therefore, spiritual formation is the process of the human spirit being reconciled to the image of Jesus Christ, the Creator of all things. For, in Him is love, and when the person is reconciled back to Him, they experience His love, which leads to love for Jesus Christ, love of self, and love for others. Mulholland agrees, “Spiritual formation is a fourfold definition it is the (1) process of (2) being conformed (3) to the image of Christ (4) for the sake of others.” The therapeutic pastoral counseling program in this thesis project adds to this definition by supporting that spiritual formation can only be accomplished through reconnecting with a

¹⁶⁹ Ibid., 41.

relationship with Jesus Christ by the power of the Holy Spirit. It is declared in The Holy Scriptures “that from the very beginning that human wholeness is associated with the image of God. Humanity is created in the image of God (Genesis 1: 26-27). Unfortunately, the spiritual humanistic wholesome image God created in these homeless veterans became injured due to moral injury and shame caused by a traumatic military event.

Step Two: The Baptism with The Holy Spirit to heal the spirit

The healing begins with the baptism of repentance by water, or statement of repentance if they have been baptized, a reconnection with the Holy Spirit in the Name of Jesus Christ by the baptism and be filled abound in the power of The Holy Spirit.

Jesus Christ tells His disciples, “Nevertheless I tell you the truth. It is to your advantage that I go away; for if I do not go away, the Helper will not come to you; but if I depart, I will send Him to you” (John 16: 7). Also, Jesus Christ states, “But the Helper, the Holy Spirit, whom the Father will send in My name, He will teach you all things, and bring to your remembrance all things that I said to you” (John 14: 36). The Gospel of Matthew speaks, “I indeed baptize you with water unto repentance, but He who is coming after me is mightier than I, whose sandals I am not worthy to carry. He will baptize you with the Holy Spirit and fire” (Matthew 3: 11).

The Gospel of Mark speaks, “I indeed baptized you with water, but He will baptize you with the Holy Spirit” (Mark 1: 8). The Gospel of Luke speaks, “John answered, saying to all, “I indeed baptize you with water; but One mightier than I is coming, whose sandal strap I am not worthy I am not worthy to loose. He will baptize you with the Holy Spirit and fire” (Luke 3: 16). There is a spiritual rebirth that occurs with the baptism of water for repentance and the baptism of the Holy Spirit in the Name of Jesus Christ. It is by the power of The Holy Spirit in the Name of Lord Jesus Christ that spiritual injury can be healed.

In the Book of John, Jesus has a conversation with Nicodemus. Nicodemus asked Jesus, “How can a man be born when he is old? Can he enter a second time into his mother’s womb and be born?” (John 3: 4-5). Jesus responded to Nicodemus,

Most assuredly, I say to you, unless one is born of water and the Spirit, he cannot enter the kingdom of God. That which is born of the flesh is flesh, and that which is born of the Spirit is spirit. Do not marvel that I said to you, “You must be born again” (John 3: 6-7).

The Book of Acts speaks,

And it happened, while Apollos was at Corinth, that Paul, having passed through the upper regions, came to Ephesus. And finding some disciples he said to them, “Did you receive the Holy Spirit when you believed?” So they said to him, “We have not so much as heard whether there is a Holy Spirit.” And he said to them, “Into what then were you baptized?” So they said, “Into John’s baptism.” Then Paul said, “John indeed baptized with a baptism of repentance, saying to the people that they should believe on Him who would come after him, that is, on Christ Jesus.” When they heard this, they were baptized in the name of the Lord Jesus. And when Paul had laid hands on them, the Holy Spirit came upon them, and they spoke with tongues and prophesied” (Acts 19: 1-6).

Reconnection with the Holy Spirit through the baptism of the Holy Spirit in the name of Lord Jesus Christ will enable the veteran to be spiritually healed from their spiritual injury. It is important to understand that “Creating Spirit (Creator Spiritus) dwells in us, and we in Him” through the baptism of the Holy Spirit, and every spirit filled believer is baptized with the Holy Spirit. The Holy Word of God speaks, “For by one Spirit we were all baptized into one body—whether Jews or Greeks, whether slaves or free—and have all been made to drink into one Spirit” I Corinthians 12: 13). Therefore, the Christian is in Christ when “Christ lives in them, and the natural life that resides in us has been completed, elevated, transformed and fulfilled by Christ by the Holy Spirit.” But there is “a baptism of the Holy Spirit, which is an operation of the Holy Spirit that is distinct from and additional to the regenerative work of the Holy Spirit.” R. A. Torrey explains the differences.

R. A. Torrey states, “A man may be regenerated by the Holy Spirit and still not be baptized with the Holy Spirit.” Torrey adds, “In regeneration, there is the impartation of life by the Spirit’s power, the one who receives it is saved; in baptism with the Holy Spirit, there is an impartation of power, the one who receives it is fitted for service.” It fits the believer for His service.

Torrey explains that the “baptism of the Holy Spirit may take place now of regeneration like it did in the household of Cornelius, Acts 10: 43,” but “for many believers this promise of a personally transformative experience, which is potentially theirs through faith in Jesus Christ, has not become a reality.” In addition, the baptism of the Holy Spirit is a “wonderful transformation that has taken place in thousands who have been baptized with the Holy Spirit since Pentecost, but the primary purpose of the baptism with the Holy Spirit is efficiency in testimony and service,” and personally, the baptism of the Holy Spirit was a life transformation that gave boldness to speak about Jesus Christ, and a strong desire to be conformed to the image of Jesus Christ. No longer was there a “desire to run to sin, but there was a desire to run from sin,” and the desire to be spiritually reconnected to Lord Jesus Christ. For, “the Spirit of God dwells in the believer” (1 Corinthians 3: 16b).

The spirit in humanity was designed to have connectivity with God, Our Heavenly Father because humanity was created in His image. However, as research revealed, the homeless veterans experience traumatic events caused by a military event placed an obstacle in this connection. However, when they realize they valuable to Jesus Christ, and they have value and worth through Him, and receive the baptism of the Holy Spirit for service and a transformative life, this obstacle can be removed, and the connection is restored. Through the power of the baptism of the Holy Spirit in the Name of Lord Jesus Christ the connection can be repaired,

strengthened, and become more prosperous than previously, so that the homeless veteran will be spiritually transformed for His service, and boldly speak about His goodness.

Step Three: Realize that A New Creation is born

To repair their spirit, they need to understand that they can become a new creation in Christ Jesus, thus become spiritually repaired. To become spiritually repaired they need to become a new creation. The Apostle Paul teaches “if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new.” As a new creation in Christ Jesus the homeless veteran will come to realize that the homeless has become “old and passed away,” and the traumatic military event has become “old and passed away.” “For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them” (Ephesians 2: 10). The new creation begins with being baptized with the Holy Spirit for transformative spiritual repair, His service, to live righteously, and to grow into new spiritual creation.

The beginning step in becoming a new creation in Christ Jesus is to understand that “Jesus Christ never grows two people the same way. He wants to do a new thing in each person. Spiritual growth is hand-crafted, not mass-produced. God does not do “one-size-fits-all.” As the baptism of the Holy Spirit for His service is a personal experience, God, Our Creator, and Savior, “skillfully crafts, mold, and shapes each believer into a special shape and decorates its surface with special brushes.” To grow into His purpose, and to grow spiritually requires spiritual discipline.

Spiritual discipline is defined as “an activity a person engages in to be made fully alive by the Spirit of Life.” Spiritual discipline provides a “sustainable growth that makes a person want to do what they ought to do.” For the homeless veterans, spiritual discipline will be

accomplished by daily prayer, daily reading of His word, and daily fellowship with the believers and the community. Along with these disciplines, the homeless veterans will be administered the Briggs-Meyers assessment to “determine how they perceive the world and make decisions.” This will aid them to locate areas that need spiritual enrichment, and areas that need spiritual enhancement.

Step Four: Not at Fault

The cure for a spiritual injury is to go visit The Creator of the spirit. Insightfully, the veterans need to realize that war has been a part of society since Biblical times and sometimes war is necessary to remove evil. Joshua was a Biblical warrior that fought many battles to remove evil from the presence from the Israelites.

The Holy Word of God records that Joshua participated in many wars to rid Israel of evil people in society and that stood in their path so that they could go and “possess the land which the Lord God had given them” (Joshua 1: 15). To achieve a promise sometimes requires war, because the enemy of the believers is always trying to stop believers from reaching the promises of God. However, if a believer is “careful to do according to all this is written the Holy Word of God, then their way will be prosperous, and they will have success” (Joshua 1: 7) just like Joshua. For, The Lord commanded Joshua to “be strong and courageous! Do not tremble or be dismayed, for the Lord your God is with you wherever you go” (Joshua 1: 8). If the veteran would “fear the Lord and serve Him in sincerity and truth” (Joshua 24: 14a), the veteran would realize that God, Our Heavenly Father, and Lord Jesus Christ stills love them, and desire their heart to return to Him.

Joshua engaged in warfare to get to the people of Israel to the promise land; therefore, sometimes warfare is necessary to destroy evil and achieve a goal for a nation, so sometimes

killing of people must occur. Throughout history “religious and secular authorities view killing under legally and morally conditions justifiable but demanded that killers afterward cleanse themselves by making amends.” This is the gap in modern warfare, because, unfortunately, warfare has gotten personal.

Step Five: Forgiveness

These veterans need to be reminded that “To the Lord our God belong mercy and forgiveness, though we have rebelled against Him” (Daniel 9: 9). They have unwillingly rebelled against God, Our Heavenly Father, but He is ready to forgive. Therefore, they must forgive themselves, and they must forgive their commanding officer for the orders he gave them, because “many spiritual individuals have lost their health, relationships, and purpose in life as a direct result of not following God’s supernatural plan for giving and receiving forgiveness.” Wolterstorff states, “God forgiveness of us, and our forgiveness of each other are intertwined: we imitate God by forgiving those who wrong us, and we pray to God to forgive our wrongdoing towards Him as we forgive those who wrong us.”

God has forgiven the veteran of their sins, for “In Him we have redemption through His blood, the forgiveness of sins, according to the riches of His grace” (Ephesians 1: 7). Therefore, to heal a spirit injured by the moral injury, and shame, forgiveness of self is vital for the journey to spiritual healing. Even though this journey may be difficult, it is not impossible. The design of Joshua’s Conquest is to assist the homeless veterans to embark on a journey of forgiveness for self and others. This will be accomplished by utilizing “two of the seven myths” discussed in *The Healing Freedom of Forgiveness: How to Give and Receive Forgiveness That Lasts a Lifetime* by Dr. Ken Nichols and debunking each myth. This will help the veteran to understand that God wants “to open their eyes, in order to turn them from darkness to light, and from the

power of Satan to God, that they may receive forgiveness of sins and an inheritance among those who are sanctified by faith in Me” (Acts 26: 18). Next, this thesis project will explicate these five myths.

A “myth” about forgiveness is that “I cannot forget the awfulness and hurt the orders the commanding officer instructed to be carried out.” The veteran will be reminded that “forgiveness is not a human act; it is a supernatural, spiritual act of obedience to God.” It is not a human act, because the Prophet Jeremiah reminds humanity that “The heart is deceitful above all things, and desperately wicked; who can know it?” (Jeremiah 17: 9). Therefore, humanity cannot morally forgive in the natural personhood of a “human act.” The Spirit of God must empower the heart of man to perform the loving act of genuine forgiveness.

This statement reinforces that spiritual injury can only be healed by the Holy Spirit, and not by man. For, “God created man in His own image; in the image of God He created him; male and female He created them” (Genesis 1: 27), and within “mankind there is a spirit, And the breath of the Almighty gives him understanding” (Job: 32: 8). It was God that “breathed into the nostrils of man the breath of life; and man became a living being.” (Genesis 2: 7).

Humanity is “hot-wired” with the breath. Thus our spirit yearns to be connected to His Spirit, but sin, sins, traumatic events, and unfortunately unforgiveness place a stumbling between the unity of the human spirit and God’s Spirit. To repair the spirit of mankind, the Spirit of God must be reconnected with the spirit of mankind. This reconnection can begin with forgiveness.

Another “myth” that truly applies to many homeless veteran’s research was “forgiving yourself” for the traumatic military event that was committed. The design of Joshua’s Conquest will be to help the homeless veterans, through Biblical teaching, to understand that “it is time to forgive themselves.” Also, they will be informed that “God has promised to forgive

them, and He has forgiven them. He has removed the transgression for His mind, “as far as the east is from the west.” Therefore, they must forgive,” and be spiritually healed. The Holy Word of God speaks, “But if you do not forgive, neither will your Father in heaven forgive your trespasses” (Matthew 11: 26). They will be reminded that forgiveness begins with asking Lord Jesus Christ to forgive their sins then, they will be reminded to forgive themselves, and finally, they will be reminded to forgive others. Now, they have for chosen to forgive, they will be encouraged to love God, love themselves, and love your neighbor.

Step Six: Love God, and Love their Neighbor

Joshua’s Conquest was designed to assist the homeless veteran to realize that God loves them and respect them as much as they love and respect their fellow soldier. Also, God, Our Heavenly Father, desires to have a loving relationship with them. Therefore, the homeless veterans will be presented with the reality that God, Our Heavenly Father loves them, and they will learn the He desires a loving relationship with them. This therapeutic pastoral counseling program will teach the truth of God’s love, express how Christian are to love God, Our Heavenly Father, how to love themselves in Christ Jesus, and love their neighbor. To accomplish this goal, the homeless veterans will be introduced to the two-principle love model.

Principle One: First, Love God, Our Heavenly Father

Inspired by The Holy Spirit, the Apostle John boldly declares in The Holy Word of God that, “God is love” (I John 4: 16b). Since, God, Our Heavenly Father is Love, He is the source of love, He is the provider of love, and He is the sustainer of love. To know God, Our Heavenly Father, is to know love. In their love for Him, the homeless veteran will be introduced to the truth that “whoever keeps His Word in him the love of God has truly been perfected. By this we know that we are in Him” (I John 2: 5).

Principle one is to first love God, Our Heavenly Father, by keeping the commandments in His word. Jesus made this very simple when He answered the question proposed by the Sadducees that was a lawyer. The lawyer asked, “Teacher, which is the great commandment in the law?” Jesus said to him, “‘You shall love the LORD your God with all your heart, with all your soul, and with all your mind.’ “This is the first and great commandment. “And the second is like it: ‘You shall love your neighbor as yourself.’

“On these two commandments hang all the Law and the Prophets” (Matthew 22: 36-40).

Jesus gave two commandments to His children; love God with all your heart and love your neighbor as yourself.”

It may be suggested that if a person loves their neighbor as their self, they will not injure, steal, or morally violate their neighbor, because they would not want these heinous acts to be enacted on them. Insightfully, if a person loves God with all their heart, the love of God will abide in them by the power of His Holy Spirit, and they will not want to harm their neighbor, but do all they can to help their neighbor. In addition, if a person truly loves God, Our Heavenly Father, “they will walk in the same manner as He walked” (I John 2: 6). In order to accomplish Principal One, the veterans will be encouraged to daily journal why they love God today, and how they may express His love towards their Christian brother or sister, or a neighbor.

Principal Two: Demonstrate Love to Your Neighbor

The Apostle John speaks in The Word of God,

Beloved, let us love one another, for love is of God; and everyone who loves is born of God and knows God. He who does not love does not know God, for God is love. In this the love of God was manifested toward us, that God has sent His only begotten Son into the world, that we might live through Him. In this is love, not that we loved God, but that He loved us and sent His Son to be the propitiation for our sins. Beloved, if God so loved us, we also ought to love one another. No one has seen God at any time. If we love one another, God abides in us, and His love has been perfected in us. (I John 4: 7-12).

God has commanded His children to love their fellow brothers and sisters in Jesus Christ, and to love their neighbors. For, by demonstrating love toward our Christian brothers and sisters, and toward others, the love of Christ within shines outwardly. The veterans will accomplish this task by allowing the Holy Spirit to minister to them as they read and concentrate on I John Chapter Four. This chapter will be exegeted in a course in the program because this it speaks about horizontal love.

Another task for the veterans will be to develop a love list. In addition, the veterans will daily compile a list of people the need to demonstrate love toward and pray for daily for the love of Jesus Christ to enter their heart. Also, there will be the daily prayer to thank God, Our Heavenly Father for His love toward humanity.

Step Seven: Not Alone: Fellowship in Two Communities

The veteran will be introduced to the fact that they belong to two great communities, the Body of Jesus Christ, and the fellowship of veteran soldiers. The veteran will be instructed that they are disciples of Jesus Christ, therefore, and now they must grow in “walk in as He walked in righteousness.” For, Jesus Christ has sent unto us the Holy Spirit to help us on this Christian journey.

In addition, the VIM pattern of personal transformation will be utilized in this therapeutic pastoral counseling program with an emphasis on spiritual formation. In the Book of Ephesians, the Apostle Paul’s prayer is “that out of His glorious riches He may strengthen you with power through His Spirit in your inner being, so that Christ may dwell in your hearts through faith.”

As they embark on the Christian journey, Joshua’s House will assist these veterans with have Bible courses available that will be taught by local pastors. They will daily be encouraged

to engage in daily devotional Bible reading and be assigned a mentor that will be a staff member at Joshua's house to guide them. Also, to walk alongside them on the Christian journey, Joshua's House will have a Bible study on Thursday from 7 pm to 8:30 pm. The veterans will be encouraged to attend a Christian Church service of their choice.

Twice a week for seven weeks, the veterans will meet at Joshua's House to discuss the challenges and obstacles they are facing. Joshua's House will be staffed with one professional counselor to help the veteran, a job placement coordinator, an educational specialist for those seeking a GED, high school diploma, or attend secondary education.

The veterans will be introduced to another community. The community of the Fellowship of Veterans. This will be their community. This will be a community composed of former homeless veterans that were empowered by The Holy Spirit, in The Name of Jesus Christ, and healed from spiritual injury associated with PTSD. They will be encouraged to partake in "The Great Commission" by speaking their testimony to other homeless veterans that experienced spiritual injury associated with PTSD how Lord Jesus Christ healed them and guided them into housing normalcy.

Appendix B
IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

September 25, 2018

Earnest L. Shannon, Jr.

IRB Approval 3423.092518: A Therapeutic Pastoral Counseling Program Designed to Reveal and Treat Traumatic Combat Events of Homeless Veterans in Wake County, North Carolina

Dear Earnest L. Shannon, Jr.,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,



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Appendix C

Consent Form

The Liberty University Institutional
Review Board has approved
this document for use from
9/25/2018 to 9/24/2019
Protocol # 3423.092518

CONSENT FORM

A Therapeutic Pastoral Counseling Program Designed to Reveal and Treat Combat Events of Homeless Male Veterans in Wake County, North Carolina

Earnest L. Shannon, Jr.
Liberty University
Rawlings School of Divinity

You are invited to participate in a research study for the development of a therapeutic pastoral counseling program to treat spiritual injury that contributed to your PTSD because of combat events or event that you experienced in a military conflict. You were selected as a possible participant because you are a homeless, male military veteran, honorably discharged, you engaged in a combat event, and you have experienced spiritual injury associated with PTSD. Please read this form and ask any questions you may have before agreeing to be in the study.

Earnest L. Shannon, a doctoral candidate in the Rawlings School of Divinity at Liberty University, is conducting this study.

Background Information: The purpose of this study is to determine whether homeless veterans experienced spiritual injury associated with PTSD because of a traumatic combat event or events, and whether the combat related traumatic event or events that led to spiritual injury were caused by moral injury and/or shame. The following are the research questions that this study hopes to answer:

1. During a homeless veteran's career, did they experience a traumatic military event where they experienced moral injury, shame, or both that contributed to their spiritual injury associated with PTSD?
2. What was the traumatic event?
3. How did the traumatic event impact the homeless veteran spiritually?
4. How did moral injury or shame, associated with this traumatic event, impact the homeless veteran?

Procedures: If you agree to be in this research study, I would ask you to do the following things:

1. Allow the researcher to use your responses from the screening questionnaire in the research project.
2. Complete a moral injury assessment, a shame assessment, and PTSD assessment. Each assessment will take about thirty minutes to complete.

Risks: The risks involved in this study are minimal, which means they are equal to the risks one would encounter in everyday life. If you become distressed, I will provide you with a card with the number to the Durham VA Medical Center located in Durham, NC to seek helpful resources. Also, I will provide you with a Go Triangle Transit bus pass to get to the Durham VA Medical Center. If the situation requires immediate medical attention, I will call 911.

Appendix D

Thesis Project Initial Questionnaire

1. Where you a member of the United States Military? If yes, what branch did you serve?
2. Where you honorably discharged?
3. Are you homeless?
4. During your military career, did you experience a traumatic event while engage in combat or another military direct command? If so, what was the traumatic event?
5. Did the traumatic event cause PTSD?
6. The term moral injury is defined as “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. It often includes guilt and shame about one’s actions.”¹⁷⁰ As a result of this traumatic event did you experience moral injury? Why?
7. Shame is described as “an impotence-making experience because it feels as though there in no way to relieve the matter, no way to restore the balance of things.”¹⁷¹ Sterns adds that shame is a global emotion that can emerge in response to some kind of wrong act and violation of standards.”¹⁷² As a result of this traumatic event did you experience shame? Why?

¹⁷⁰ Blair E. Wisco, Brian P. Marx, Casey L. May, Brenda Martini, John H. Krystal, Steven M. Southwick, and Robert H. Pietrzak, “Moral Injury in U. S. combat veterans: Results from the national health and resilience in veteran study,” *Depress Anxiety* 34, (2017): 341.

¹⁷¹Ibid., 9.

¹⁷² Sterns, *Brief History*, 3.

8. Do you feel that your participation in this traumatic event violated your religious belief system?
9. Do you believe in the power of forgiveness?
10. Do believe that God is sovereign?
11. Do you question His sovereignty?
12. Do you want to be spiritually healed from the damage of this traumatic event?

Appendix E

Thesis Project Trauma Assessment¹⁷³

The Trauma Assessment was removed to comply with copyright.

¹⁷³ Brewin, Rose, Andrews, Green, Tata, McEvedy, Turner, and Foa. "Brief Screening Instrument," 161. Page: 113

Appendix F

Thesis Project Shame Assessment

Research instructs that “shame is a global emotion, which can emerge in response to the same kind of wrong act and violation of standards. Shame points to the self that is at fault, not the commission of the act.”¹⁷⁴ Also, shame generates emotions that the self feels exposed to both itself and to anyone present. Shame is a sudden, unexpected feeling of exposure and accompanying self-consciousness that characterizes the essential nature or the effect of shame.”¹⁷⁵

The Shame Assessment was removed to comply with copyright.

¹⁷⁴ Sterns, *Brief History*, 3.

¹⁷⁵ Kaufman, *Shame*, 9.

Appendix G

Thesis Project Moral Injury Assessment

Research implies that “moral injury (MI) is a separate syndrome that often accompanies military-related PTSD, and may interfere with treatment plans for PTSD.”¹⁷⁶ The correlation between PTSD and moral injury may be described as the “event (killing, violence to others, witness violence, not protecting, moral compromising position), which transgressed their moral code leading to religious moral injury, or psychological moral injury causing clinical outcomes of PTSD symptoms (depression, anxiety, substance abuse, relational problems, pain).” Based on this information the homeless veterans will be asked to complete the following assessment.

Moral Injury Assessment

“Moral Injury Symptom Scale – Military Version Short Form”¹⁷⁷

Concerning your experience in the combat zone or other traumatic military event, please score the following statements. Please circle the number that most accurately indicates how you are feeling now:

1. I feel betrayed by leaders who I once trusted.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

2. I feel guilt over failing to save the life of someone in war.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

3. I feel ashamed about what I did or did not do during this time.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

¹⁷⁶ Koenig, Harold G. “Measuring Symptoms of Moral Injury in Veterans and Active Duty Military with PTSD,” *Religions* p.1.

¹⁷⁷ Koenig, H.G., Ames D, Youssef N, Oliver JP, Volk F, Teng EJ, Haynes K, Erickson Z, Arnold I, O’Garro K. Pearce MJ (2018). Screening for Moral Injury – The Moral Injury Symptom Scale – Military Version Short Form. *Military Medicine*.

4. I am troubled by having acted in ways that violated my own morals or values.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

5. Most people are trustworthy.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

6. I have a good sense of what makes my life meaningful.									
1	2	3	4	5	6	7	8	9	10
Absolutely Untrue	Mostly Untrue		Somewhat Untrue	Can't say true or false		Somewhat true	Mostly true		Absolutely True

7. I have forgiven myself for what happened to me or others during combat.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

8. All in all, I am inclined to feel that I am a failure.									
1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree	

9. I wondered what I did for God to punish me.									
1	2	3	4	5	6	7	8	9	10
A great deal (very true)		Quite a bit				Somewhat			Not at all (very untrue)

10. Compared to when you first went into the military has your religious faith since then...									
1	2	3	4	5	6	7	8	9	10
Weakened a lot		Weakened a little			Strengthened a little				Strengthened a lot