

LIBERTY UNIVERSITY

JOHN W. RAWLINGS SCHOOL OF DIVINITY

**Enhancing U.S. Navy Chaplain Care for Sufferers of Post-Traumatic Stress, Moral Injury,
and Loss of Purpose**

Submitted to Dr. Boyd Hatchel

In fulfillment of the requirements for the completion of
the Doctor of Ministry Degree

Department of Chaplaincy

by

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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Currently, there is no standardized screening and counseling model that enables Navy Chaplains to counsel those with post-traumatic stress injury, moral injury, and loss of purpose. The shame associated with these three conditions is a significant contributor to Service Member suicide, mental health problems, and substance abuse. Chaplains are often the first line of care Service Member's access because of the chaplain's accessibility and legally protected complete confidentiality. U.S. Navy, Marine Corps, and Army veterans that completed at least one deployment were solicited to participate in this research thesis. Data was collected through participants' completion of the Modified Military Moral Injury Questionnaire (M3IQ), an interview with each participant detailing their responses to the M3IQ, and their opinion on the efficacy of the Military Moral Injury Symptom Scale, and the Pastoral Narrative Disclosure counseling model. This research thesis theorized that a professional screening and counseling model would allow better care for Service Members and better collaboration with mental health and medical providers. Developing a care model that integrates care for the warrior's physical, mental, emotional, and spiritual components makes healing after trauma more attainable. Such therapy will allow our warriors to regain a sense of their identity before they suffered trauma, and healthily reintegrate into their homes, units, and communities.

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Abbreviations

BUMED *U.S. Navy Bureau of Medicine*

DMIN *Doctor of Ministry*

LUSOD *Liberty University School of Divinity*

MI *Moral Injury*

MMISS *Military Moral Injury Symptom Scale*

M3IQ *Modified Military Moral Injury Questionnaire*

PND *Pastoral Narrative Disclosure*

PTSD *Post-Traumatic Stress Disorder*

PTSI *Post-Traumatic Stress Injury*

VA *U.S. Department of Veteran's Affairs*

CHAPTER 1: INTRODUCTION

Introduction

The men and women of the United States military service comprise one percent of the U.S. population. These men and women endure significant emotional burdens during protracted amounts of time away from their family members and friends during training exercises and deployments. While time away during normal military operations is difficult, it turns injurious when a Service Member witnesses, is the recipient of, or performs an act that breaks his or her personal moral and ethical codes. Culturally, many Americans are aware of Post-Traumatic Stress Disorder (PTSD) and have viewed depictions of its effects on Service Members in movies, documentaries, and television shows. The Amazon Prime Video series *Homecoming* sensationalizes attempts to create a medication to numb veterans' psychological combat trauma.¹ Too often, just as is depicted in *Homecoming*, medication comes with a myriad of side effects. At times, the medication numbs veterans to the point that nothing matters anymore, even their own lives. Veterans that are under extreme mental and emotional duress contemplate suicide as a release from the trauma. However, they will usually reason that killing themselves is not the right choice. Some have shared that medication prescribed to ease psychological trauma, in all actuality, has done nothing to ease the trauma long term. Alarming, veterans reported that the drug prescribed removed the mental mechanism that kept them from killing themselves.

In 2020, twenty-two veterans killed themselves each day. In 2010, seventeen veterans killed themselves every day. The Department of Defense requires that every active duty Service Member receives suicide prevention training annually. Even with this concerted effort, suicides

¹ *Homecoming*, season 1, directed by Sam Esmail, featuring Julia Roberts, Stephen James, and Bobby Cannavale, 2018.

continued to grow exponentially year after year, as shown by the statistics.² With ten years of concerted effort, 1,825 more veterans will choose death by suicide in 2020 than did in 2010. The writer of this thesis theorized that suicide is caused by post-traumatic stress, moral injury, and loss of purpose. This researcher understands that nothing can eradicate the problem of suicide. Some people will choose to kill themselves even with significant help provided to them. Even still, he further theorized that the suicide rate could be significantly reduced through a holistic care model that treats the invisible wounds caused by post-traumatic stress, moral injury, and loss of purpose. While suicide is a devastating result of these invisible wounds, this researcher theorized that these ills also contribute to substance abuse, domestic violence, insubordination, and other destructive behaviors. He theorized that developing a standard screening and counseling model for Navy Chaplains to assess and care for sufferers of post-traumatic stress, moral injury, and loss of purpose would allow for the best possible care for Service Members. His theory intended to provide or refer Service Members to the appropriate level of care. Therefore, he theorized that this would also reduce the burden on the institution.

Military Population / Service	CY 2017		CY 2018		CY 2019	
	Count	Rate	Count	Rate	Count	Rate
Active Component	287	22.1	326	24.9	344	25.9
Army	116	24.7	141	29.9	142	29.8
Marine Corps	43	23.4	57	30.8	47	25.3
Navy	65	20.1	68	20.7	72	21.5
Air Force	63	19.6	60	18.5	83	25.1
Reserve	93	25.7	81	22.9	65	18.2
Army Reserve	63	32.1	48	25.3	36	18.9
Marine Corps Reserve	10	--	19	--	9	--
Navy Reserve	9	--	11	--	7	--
Air Force Reserve	11	--	3	--	13	--
National Guard	133	29.8	136	30.8	89	20.3
Army National Guard	121	35.5	119	35.6	74	22.3
Air National Guard	12	--	17	--	15	--

1. Source(s): Armed Forces Medical Examiner System (AFMES).

2. Suicide rates for the SELRES include all Service members irrespective of duty status.

Figure 1 Annual Suicide Counts and Rates per 100,000 Service Members by Military Population and Service, CY 2017–CY 2019¹⁻²

² Department of Defense, Under Secretary of Defense for Personnel and Readiness, “Annual Suicide Report: Calendar Year 2019” (Generated August 20, 2020).

Ministry Context

U.S. Navy Chaplaincy

The ministry context for this thesis project is Active Duty U.S. Navy Chaplaincy, hereafter referred to as Navy Chaplaincy. In order to comprehend the ministry context, importance should be placed in understanding the role of the Navy Chaplain. Navy Chaplains serve as chaplains to the Navy, Marine Corps, Coast Guard, and in some circumstances, Merchant Marines. While all of these uniformed services are under the umbrella of the United States Department of the Navy, each service is specifically unique in its cultures, standards, stressors, and missions. As the vanguards of religious liberty in the Navy, chaplains are expected to provide religious expression to those of their faith tradition, accommodate for the religious needs of others, provide confidential counseling, and advise leaders of negative moral and ethical trends. Navy Chaplaincy holds a rich history, dating its founding to November 28, 1775, when the second article of Navy Regulations was adopted. This article stated that “the Commanders of the ships of the thirteen United Colonies are to take care that divine services be performed twice a day on board and a sermon preached on Sundays unless bad weather or other extraordinary accidents prevent.” The first Navy Chaplain who served as a commissioned officer was William Balch, commissioned October 30, 1799. Since that time, the requirements for ministers, priests, rabbis, and imams to serve as commissioned officers in the USN Chaplain Corp have been standardized into the following minimum requirements: An eligible candidate must possess a post-baccalaureate graduate degree in theological or related studies of not less than 72 semester hours from an accredited college or university, at least two years of full-time paid ministry experience, ordination and ecclesiastical endorsement through a Department of Defense approved endorsing agency, physical

fitness and height and weight standards, pass a background check and qualify for a “secret” security clearance, and be no older than forty-two years old.³ Navy Chaplains may serve at a chapel in their career a time or two. Many will serve onboard Navy ships, naval air commands, naval expeditionary units, serve alongside Marines, naval special warfare units, and Coast Guard assets.

Navy Chaplains train and deploy with the command that they are assigned to. The nature of this type of ministry allows them to garner the trust and respect of their units primarily because Navy Chaplains eat with their flock, work with their flock, and live alongside them daily, especially on deployment and out at sea. The Geneva Convention designates chaplains as non-combatants, along with medical personnel. Unlike medical personnel, chaplains cannot train on or carry a weapon. Yet, even though chaplains do not wield the tools of warfighting, they experience many of the rigors of deployments and war that combatants do. This unique relationship, coupled with legally mandated and protected confidential communication with chaplains, liberates Service Members to speak with chaplains about trauma they are unwilling to reveal to anyone else. There is a cathartic effect for our warriors to be able to tell us anything without judgment or condemnation. Christian chaplains endeavor to embody the Apostle Paul’s exhortation found in Galatians 6:1-2, “Brothers, if anyone is caught in any transgression, you who are spiritual should restore him in a spirit of gentleness. Keep watch on yourself, lest you too be tempted. Bear one another’s burdens, and so fulfill the law of Christ.”⁴

³ *Chief of Naval Operations Instruction 1120.9A*, “Appointment of Officers in the Chaplain Corps of the Navy” (December 7, 2017), Encl 1, 1-2.

⁴ The Holy Bible: English Standard Version (Wheaton, IL: Crossway Bibles, 2016), Gal 6:1-2.

Because of the value chaplains prove to be, the Navy requested and funded the expansion of the number of chaplains on active duty. In fact, the Navy has agreed to remove one Surface Warfare Officer from each destroyer class ship to fund one chaplain position per destroyer. Now that the demand for chaplains has increased, it is ever more critical that chaplains are highly skilled and prepared to care for the invisible wounds that Sailors, Marines, and Coast Guardsmen present them. Prior to service in the Navy, chaplains' education and ministry experiences equip most chaplains to counsel people on relational/marital issues, spiritual growth, stress management, anger management, and the like. However, most chaplains are ill-equipped to assist people in processing the trauma of post-traumatic stress, moral injury, and loss of purpose. The last official Navy Chaplain training focused on caring for Service Members with post-traumatic stress and moral injury was a three-day course in 2012.

Increasing the complexity of this dilemma is the use of individual augmentees (I.A.) on combat missions. When a unit trains, deploys, suffers hardships and loss together, then returns home together, even if reduced in numbers, they are still together with helping resources integrated within their units. On the other hand, if someone is an I.A., they deploy with people they likely do not know and suffer hardships and loss with this new unit, creating meaningful bonds. Upon completing the deployment, I.A. Service Members return to the assigned unit from where they came and begin working with people who did not experience the same hardships that they did. With this lack of shared experience, I.A. personnel usually feel emotionally isolated and unsure if they can turn to anyone in their unit for trusted help. If these I.A. Service Members accept assistance to treat their invisible wounds, treatment generally comes around in one of two ways. The better outcome is that the newly reintegrated I.A. Service Member turns to a chaplain out of desperation once the invisible wounds become unbearable. An all-too-often outcome is that the

Service Member is brought to a chaplain after disciplinary action occurred. The moral infraction that brought about disciplinary action resulted from the Service Member's attempt to self-medicate, contributing to violent outbursts, alcohol-related incidents, or suicidal ideations. The problems presented in these counseling appointments are much more severe than what the average Master of Divinity and local ministry context prepare a chaplain to treat. These counseling sessions become much more than the general confession of sinful behavior, biblical encouragement, and restitution. These counseling appointments become life or death scenarios.

Within the last fifteen years, an understanding of the effects of war on warriors has plunged past the psychological and physiological effects of PTSD to a deeper wound, labeled moral injury. "PTSD is rarely what wrecks veterans' lives or crushes them to suicide. Rather, moral injury is the root cause. It is the soul wound inflicted by doing something that violates one's own ethics, ideals, and attachments."⁵ "The key issue for psychologically injured combat veterans ... is that their capacity for social trust has been destroyed. They develop a quite dangerous expectancy of harm, exploitation and humiliation from every person or institution that they encounter."⁶

Chaplains are not immune to the trauma suffered by the ones they serve. Peter French captures the primary and secondary trauma suffered by chaplains in his book, *War and Moral Dissonance*, reflecting on his experiences co-facilitating Navy Chaplains' annual professional development training course in the fiscal year 2006. "Perhaps because I was the oldest member

⁵ Jonathan Shay, "Moral Injury." *Psychoanalytic Psychology* 31, no. 2 (April 2014): 182–191. doi:10.1037/a0036090, 58.

⁶ Jonathan Shay, "The Trials of Homecoming: Odysseus Returns from Iraq/Afghanistan," *Smith College Studies in Social Work* 79, no. 3 (Jul, 2009): 286-298, <http://ezproxy.library.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F749399449%3Faccountid%3D12085>, 289.

of the team or because I had no direct affiliation with the Navy or the Pentagon, the chaplains seemed unable to constrain themselves from telling me their worst stories and asking me to tell them what they should have done, and if what they did was the right thing.”⁷

His experience reinforces the need for chaplains to receive additional training and education that carries them further than their seminary degree. French philosophized, “I began to wonder if PTSD could be caught by those ministering to the troops even if they were not themselves witnesses to the carnage....”⁸ Reflecting on his experiences as a Vietnam-era Army Chaplain, Duncan Sinclair asserted in *Horrific Traumata*, “PTSD is first and foremost a spiritual disorder, and healing must necessarily come from within a spiritual context. From the point of view of the pastoral counselor, both the disorder and the healing can be conceptualized Biblically.”⁹ This researcher agrees that spiritual health plays a significant role in warriors' resiliency and that healing mirrors the restorative truth found in the Bible. However, as French's experience proves, even the Navy's vanguards of religious liberty are not unscathed by the horrors of war. Telling chaplains that the secondary trauma they suffer results from their lack of spiritual health, as Sinclair suggested, would be like pouring salt in the wound. This researcher knows chaplains who are veracious biblical teachers with admirable prayer lives that have resigned their commissions and returned to civilian ministry. The post-traumatic stress, or moral injury, suffered by these chaplains would not allow them to bear the burden of another lost friend or unit member to combat. While secondary trauma cannot be eliminated, this researcher theorized that developing a stand-

⁷ Peter A. French, *War and Moral Dissonance* (New York, NY: Cambridge University Press, 2011), 26.

⁸ French, *War and Moral Dissonance*, 35.

⁹ Duncan Sinclair, *Horrific Traumata* (Binghamton, NY: Hawthorne Press, 1993), 113.

ardized screening and counseling model can reduce secondary trauma suffered by Navy Chaplains. Access to a standard modality will enable Navy Chaplains to accurately assess the root cause of trauma and be better equipped to aid Service Members' in healing.

This researcher knows Navy personnel at his current assignment who carry trauma from previous deployments. However, given the nature of the military, Navy Chaplain assignments are never more than two to three years long. These relatively short assignments limit a chaplain's time to build longstanding caregiver relationships with Service Members, especially if there is a brief overlap between a Service Member's assignment and the chaplain's assignment. Given the needs of our Service Members and the transient nature of Navy Chaplaincy, a standardized screening and counseling model assures that our warriors receive the best possible care no matter who their chaplain is. This thesis was shaped by experiences and stories shared with the researcher spanning ten years of active duty Navy Chaplaincy. While mental health research proves that post-traumatic stress, moral injury, and loss of purpose are problems that extend far beyond the walls of military service, the overall societal effect of these ills was not assessed in this research. The researcher focused on the impact of post-traumatic stress, moral injury, and loss of purpose on the lives of United States Sailors, Marines, and their families.

Problem Presented

The problem is that there is no standardized screening and counseling model that enables Navy Chaplains to counsel those with post-traumatic stress, moral injury, and loss of purpose. Traumatized Service Members usually wait until they are approaching hopelessness before they seek help. When Service Members approach chaplains in a desperate pursuit to their invisible wounds, they expect and deserve support. Underprepared and undertrained chaplains create a

greater sense of helplessness by referring Service Members to other care providers without attempting to provide adequate care. Chaplains should not be inhibitors to care. Rather, chaplains should be accelerants for healing. However, as Robert Meagher discovered in his research with veterans of the wars in Iraq and Afghanistan, "...[M]any chaplains are more like cheerleaders than professionals. Those who can offer more wisdom than a bottle of bourbon are the exception to the norm."¹⁰

This testimonial is disturbing. Adding to the problem, "there still remains no single validated instrument ideally recommended for chaplains that can be readily utilized for the screening of moral injury and spirituality, even though literature supports the benefit of chaplains serving as the initial screeners for moral injury after deployment."¹¹ "A successful treatment strategy for moral injury (MI) requires recognizing morally injurious experiences, empowering the victim, and maintaining well-functioning treatment teams. Adaptive Disclosure is, to date, the only therapeutic option specifically designed to support those dealing with MI."¹²

Purpose Statement

The purpose of this Doctorate of Ministry action research thesis is to determine an effective holistic care model designed to treat post-traumatic stress, moral injury, and loss of purpose

¹⁰ Robert E. Meagher, *Killing from the Inside Out: Moral Injury and Just War* (Eugene, OR: Cascade Books, 2014), 180.

¹¹ Lindsay B. Carey and Timothy J. Hodgson, "Chaplaincy, Spiritual Care and Moral Injury: Considerations Regarding Screening and Treatment," *Frontiers in Psychiatry* (05 December 2018) <https://doi.org/10.3389/fpsyt.2018.00619>, 3.

¹² Marek S. Kopacz, April L. Connery, Todd M. Bishop, Craig J. Bryan, Kent D. Drescher, Joseph M. Currier, and Wilfred R. Pigeon, "Moral Injury: A New Challenge for Complementary and Alternative Medicine," *Complementary Therapies in Medicine* 24 (02, 2016): 29-33, <http://ezproxy.library.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F1763051772%3Faccountid%3D12085>, 30.

through therapeutic care of mind, body, and soul. The overarching design of this Doctor of Ministry action research thesis was to provide Navy Chaplains with resources and knowledge that contribute to breaking through the bifurcated approach of mental health and medical treatment for treating these traumas. Treatment of Service Members' spiritual and moral health is equally essential for recreating a whole and healthy person. Instead of care professionals treating Service Members in their individual silos, a collaborative approach will provide an enduring treatment outcome and preservation of life.

Additionally, this research equips chaplains with resources to produce a safeguard from repeated trauma. This researcher's experience has shown that many Service Members do not want to enter inpatient mental health centers for PTSD, moral injury, and loss of purpose. Inpatient mental health treatment plays a beneficial role in the healing process of some service members. However, this researcher's experience is that inpatient treatment is most helpful when a Service Member voluntarily seeks such treatment. However, those required to enter inpatient treatment involuntarily tend to suffer additional trauma due to the shame associated with the idea that care providers perceive them as so unwell that they are not safe to be alone. Service Members retain a stigma towards inpatient treatment. They fear that others will treat them differently and lose their trust in them if they are required to enter inpatient mental health treatment. Therefore, this researcher's experience has been that Service Members suffer in silence far too often. They often avoid or delay seeking help in the fear that they will be sequestered from their unit.

Designing a training and diagnostic model for Navy Chaplains provides Department of the Navy (DON) Service Members the opportunity to receive expert care within the context of their daily routine. Receiving treatment from an embedded chaplain allows Sailors and Marines

to actively heal while remaining active participants in their military community's mission. Increasing access to expert care should decrease Service Members' insecurities about receiving care. Therefore, reducing suicide-related behavior, substance abuse, domestic violence, loss of purpose, and veteran homelessness by reducing shame, isolation, and feelings of abandonment.

Basic Assumptions

.... Western culture has experienced a significant decline during the twenty-first century in those who participate in religious expression. Many United States citizens are comfortable identifying as “spiritual” instead of belonging to a particular faith tradition. Even more so, the prevalence of agnostic and atheistic identification has permeated through the young and the old. The integration of faith into mental and emotional health realms will not be openly embraced by many. Even though research revealed the benefits of faith-based practices supporting the acceleration of healing, many will not be comfortable using such language nor want to accept the study's validity. Another well-known reality is that the U.S. Navy is a bureaucracy. The findings from this research, no matter the validity, if implemented into the practice of the USN Chaplain Corps, will likely be delayed by years due to the lengthy approval process in any bureaucratic organization.

Definitions

Mental Health Definitions

Moral injury (MI) develops when three conditions are met: [1] Betrayal of what's right [2] by someone who holds legitimate authority (in the military—a leader) [3] in a high stakes situation.¹³ Further defined, “**Moral injury** is a trauma-related syndrome caused by the physical,

¹³ Shay, “Moral Injury,” 59.

psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual's deeply-held moral beliefs and/or ethical standards due to: (i) an individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organization or community, and/or (ii) the subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority.”¹⁴

Post-Traumatic Stress Disorder (PTSD): “PTSD is characterized by re-experiencing, avoidance, and hyperarousal symptoms that occur over time and lead to significant disruption in one's life.”¹⁵

Military Definitions

Active duty: “The term “active duty” means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.”¹⁶

Area of Responsibility (AOR): “The geographical area associated with a combatant command within which a geographic combatant commander has authority to plan and conduct operations.”¹⁷

¹⁴ Carey and Hodgson, “Chaplaincy, Spiritual Care and Moral Injury,” 2.

¹⁵ *Diagnostic and Statistical Manual of Mental Disorders*, vol. 3 (1980) quoted in Charles R. Figley, William P. Nash, *Combat Stress Injury: Theory, Research, and Management* (New York, NY: Routledge, 2007), 183.

¹⁶ *U.S. Code*, Title 10, Subtitle A. General Military Law, pt. I, Ch. 1, sec. 101, Definitions (August 10, 1956).

¹⁷ *Joint Publication 1, Doctrine of the Armed Forces of the United States*, March 25, 2013, Incorporating Change 1 (July 12, 2017), 165.

Chain of Command: “The succession of commanding officers from a superior to a subordinate through which command is exercised.”¹⁸

Commanding Officer (CO), United States Navy (USN):

The responsibility of the commanding officer for his or her command is absolute, except when, and to the extent in which, he or she has been relieved therefrom by competent authority, or as provided otherwise in these regulations. The authority of the commanding officer is commensurate with his or her responsibility. While the commanding officer may, at his or her discretion, and when not contrary to law or regulations, delegate authority to subordinates for the execution of details, such delegation or authority shall in no way relieve the commanding officer of continued responsibility for the safety, well-being and efficiency of the entire command.¹⁹

Commanding Officer (CO), also referred to Battalion Commander (BC) (United States Marine Corps (USMC), Infantry):

The battalion commander is responsible for everything the battalion does or fails to do. Command is the authority that the battalion commander lawfully exercises over subordinates by virtue of rank or assignment. Command includes the authority and responsibility for effectively using available resources and for planning the employment of, organizing, directing, coordinating, and controlling the battalion for the accomplishment of assigned missions. It also includes responsibility for the health, welfare, morale, and discipline of assigned personnel. Battalion commanders meet their responsibilities by sound planning, timely decision making, issuing effective orders, assessing their subordinates, and personal supervision and leadership. Their duties require a thorough understanding of the tactical and technical employment and the capabilities and limitations of their organic units, as well as the units attached to or in support of their battalions.²⁰

Command Senior Enlisted Leaders (CSEL's) (USN):

CSELs ensure and enhance naval warfighting readiness by providing leadership and mentorship to the Navy and advice to commanders and C.O.'s in partnership with deputy commanders, chiefs of staff, or executive officers (X.O.). Their duties include the dissemination and promotion of command policy and matters that support mission accom-

¹⁸ Ibid.

¹⁹ *U.S. Navy Regulations*, Chapter 8, “The Commanding Officer” (September 14, 1990), 47.

²⁰ *Marine Corps Reference Publication 3-10A.1*, “Infantry Battalion Operations” (August 26, 2020), 1-8.

plishment. They also uphold and enforce the highest standards of professionalism and integrity, while enhancing active communication at all levels of command throughout the Department of the Navy.²¹

Executive Officer (XO) (USN): “The officer detailed as executive officer shall be an officer eligible to succeed to command who, when practicable, is next in rank to the commanding officer.”²²

Executive Officer (XO) (USMC):

The executive officer (XO) is the battalion commander’s principle staff officer and assistant, the second-in-command of the battalion, and the commander’s representative in their absence. They are responsible for the organization, training, supervision, and efficient and prompt response of their staffs, and for the coordinated effort of their members. They maintain awareness of their unit’s current situation and future plans. They assemble and supervise the staff during the decision-making process and establish liaison with other commands.²³

Flag officer: “The term “flag officer” means an officer of the Navy or Coast Guard serving in or having the grade of admiral, vice admiral, rear admiral, or rear admiral (lower half).”²⁴

General officer: “The term “general officer” means an officer of the Army, Air Force, or Marine Corps serving in or having the grade of general, lieutenant general, major general, or brigadier general.”²⁵

Rules of engagement (ROE) are “directives given to ensure that forces comply with the law of armed conflict and other legal or political restrictions introduced with respect to warfare,

²¹ *Chief of Naval Operations Instruction 1306.2J*, “Command Senior Enlisted Leader Program” (October 20, 2020), 1-1.

²² *U.S. Navy Regulations*, Chapter 10, “Precedence, Authority and Command” (September 14, 1990), 88.

²³ *Marine Corps Reference Publication 3-10A.1*, 1-9.

²⁴ *U.S. Code*, Title 10.

²⁵ *Ibid.*

and to ensure political control over the use of military force. Rules of engagement are therefore an important command and control instrument for securing specified conduct.”²⁶

Sergeant Major (USMC): “The battalion sergeant major is the senior staff noncommissioned officer (SNCO) within the infantry battalion. A member of the commander’s personal staff, the sergeant major advises the commander concerning all matters related to enlisted training, discipline, and troop welfare.”²⁷

Theater: “The geographical area for which a commander of a geographic combatant command has been assigned responsibility.”²⁸

Limitations

Because of the traumatic memories brought about by retelling events that have contributed to members of the focus group’s PTSD, moral injury, and loss of purpose, some focus group members may withhold information as a form of self-protection. Even more limiting, due to the retraumatizing nature of retelling traumatic experiences, some focus group members may choose to leave the group altogether, and potential focus group candidates may reject participation.

Delimitations

It is known that people from varying countries, economic statuses, professions, educational backgrounds, and cultures suffer from PTSD, moral injury, and loss of purpose. However, the researcher of this thesis chose to only focus on the effects of these ills on active duty and veterans of the United States Navy and the United States Marine Corps. Membership in the focus

²⁶ *Manual of the Law of Armed Conflict, Unofficial English Translation*, 2018. Accessed November 7, 2020. <https://geneva.usmission.gov/wp-content/uploads/sites/290/Manual-of-the-Law-of-Armed-Conflict-unofficial-English-translation.pdf>, 327.

²⁷ *Marine Corps Reference Publication 3-10A.1*, 1-10.

²⁸ *Joint Publication 1, Doctrine of the Armed Forces of the United States*, March 25, 2013, Incorporating Change 1 (July 12, 2017), 172.

group will require members of these two branches of the military to have completed at least one deployment on a U.S. Navy ship or to a combat theater. To protect the confidentiality of focus group members, and as a matter of national security, names of people and missions are redacted or pseudonymized. Some details are left out when describing the events that led to their own PTSD, moral injury, or loss of purpose.

Thesis Statement

This research thesis theorized that a professional screening and counseling model would allow better care for Service Members and better collaboration with mental health and medical providers. Developing a care model that integrates care for the warrior's physical, mental, emotional, and spiritual components, versus keeping these areas of care in separate silos, makes healing after trauma more attainable. Such therapy will allow our warriors to regain a sense of their identity before they suffered trauma, and healthily reintegrate into their homes, units, and communities.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Literature Review

Chapter two establishes that post-traumatic stress, moral injury, and loss of purpose are endemic problems for active duty and veterans of the United States military. This chapter explores how the U.S. military has characterized emotional, mental, and spiritual combat trauma since the U.S Civil War. It briefly discusses the misdiagnosis of emotional and spiritual trauma and how diagnoses evolved through conducted research. This chapter also demonstrates that the historical approach to treating these illnesses was segmented into separate disciplines. Additionally, the literature review describes some of the ways post-traumatic stress, moral injury, and loss of purpose develop in veterans and active duty military members. This chapter exposes recent research showing that the historically fragmented approach to treatment has proven to be antithetical. Recommended multidisciplinary treatment methods and the inherent benefits of such an approach are discussed.

Origin and Causes of Post-Traumatic Stress, Moral Injury, and Loss of Purpose

What is now labeled as post-traumatic stress or moral injury is not a new problem for warriors. “As early as 1300 BC, symptoms of PTSD were recorded in soldiers who returned from battle in the Assyrian kingdom in Mesopotamia.”²⁹ In U.S. military history, military doctors, at the conclusion of the U.S. Civil War “noticed that people with PTSD had symptoms that affected their cardiovascular system, such as high blood pressure and an increased heart rate, so they assumed it was a physical rather than mental problem.”³⁰ Every war since the U.S. Civil

²⁹ Simon Pierce, *Ptsd: Causes and Care* (New York, NY: Greenhaven Publishing, 2018) ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/liberty/detail.action?docID=5538898>, 8.

³⁰ *Ibid.*, 10.

War, men have been misdiagnosed and stigmatized because of their responses to combat trauma.³¹

.... The literature indicates that PTSD, moral injury, and loss of purpose are emotional and psychological injuries that affect many people. However, because of the inherent dangers and stressors experienced by military members, they are at a greater risk of developing these horrific sicknesses. Figley and Nash adequately described the plight of the warrior:

Warriors volunteer for, train for, and expect themselves to conquer all the stressors of war, even the worst terrors and horrors of ground combat. Therefore, it is hard for warriors to not perceive stress symptoms of any kind as evidence of personal weakness and failure. The fact that stress injuries are invisible makes it even more difficult for warriors to forgive themselves for developing symptoms of stress injuries. It is difficult for stress-injured warriors to accept in themselves evidence of being damaged by combat and operational stress without feeling like they have failed the test of war.³²

To prepare oneself physically, mentally, emotionally, and spiritually for combat is challenging enough. For one to arduously prepare for combat, then determine that he or she cannot endure the hardships therein, seemingly as well as others, leaves one feeling that he or she does not have a purpose anymore in the mission, the military, and in life. Robert Meagher, when writing on moral injury, “This much we do know—that wars are not over when they’re over. They leave behind wreckage and wounds. Warriors bring their war home with them, not like a tan acquired on holiday but like a secret they wish they hadn’t been told.”³³

³¹ Andreas Maercker, Eva Heim, and Kirmayer J. Laurence, eds. *Cultural Clinical Psychology and PTSD* (Göttingen, Germany: Hogrefe Publishing, 2019) Accessed September 25, 2020. ProQuest Ebook Central.

³² Charles R. Figley, William P. Nash, *Combat Stress Injury: Theory, Research, and Management* (New York, NY: Routledge, 2007), 18.

³³ Meagher, *Killing from the Inside Out: Moral Injury and Just War*, 44.

..... One must wonder why some people seem unaffected by combat and traumatic events while others are debilitated. What makes some more susceptible to the damaging effects of combat and military-related trauma? Charles Hoge, a retired U.S. Army Colonel and former Director of Psychiatry and Neuroscience at Walter Reed Army Institute of Research, revealed in his book, *Once a Warrior – Always a Warrior*: “One reason that PTSD develops in some individuals and not in others is that there are differences in resiliency. However, individual differences in resilience are probably not the main factor in the war zone. The higher the frequency or intensity of combat—and particularly, the more personal the trauma is—the higher the likelihood of developing PTSD. Combat is a great equalizer.”³⁴ “For example, among soldiers and Marines who had been deployed to Iraq, the prevalence of PTSD (according to the strict definition) increased in a linear manner with the number of firefights during deployment: 4.5 percent for no firefights, 9.3 percent for one to two firefights, 12.7 percent for three to five firefights, and 19.3 percent for more than five firefights.”³⁵

Yet, even the most resilient warriors are not immune to the effects of combat. While Hoge asserted above, the researcher of this thesis agrees that such claims could be more injurious for those suffering from post-traumatic stress and moral injury. Claims regarding precursors that may contribute to the development of PTSD and moral injury send the message, “You have PTSD because you were already broken before combat.” As Hoge pointed out, war is the great equalizer, and no one is immune to its effects. War disturbs and steals our ability to move

³⁴ Charles W. Hoge, *Once a Warrior Always a Warrior: Navigating the Transition from Combat to Home – Including Combat Stress, PTSD, and mTBI* (Guilford, Connecticut: Globe Pequot Press 2010), 27.

³⁵ Charles W. Hoge, “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *The New England Journal of Medicine* 351, no.1 (July 1, 2004): 16. Accessed December 12, 2020. <https://www.nejm.org/doi/pdf/10.1056/NEJMoa040603>

through normal human emotions. “A warrior who has lost a buddy in a war zone has little opportunity to really experience the normal but intense emotions that attend the loss. While deployed and still subjected to the very same dangers that just took the life of a close comrade, warriors cannot allow themselves to grieve.”³⁶

The residue of combat frequently leaves warriors feeling like they are not the same person they were before. The reality is, they are not the same person they were before they experienced combat. What warriors experience in combat, and even some non-combat missions, does change them. Humans do not deploy for six to nine months away from their families and avoid the emotional shift required for self-preservation. Unless one is a sociopath, men and women do not engage in killing another human and go about living their life unchanged. “We experience it as disgust, contempt, and despair at having violated something at our core, either our human core or our personal core or quite probably both. ‘Native and indwelling in every soul is a cross-examiner ... which is our accuser and our judge,’ asserts Philo, and we know this accuser by different names. Perhaps most often we see him or her in the mirror.”³⁷

To further complicate the effects of war on military members, sometimes they kill by accident. “...[K]illing in war isn’t always the morally clean ‘it was them or me’ situation which we so often hear about. ... The more technically sophisticated we get, in fact, the less common this situation will become, and the more problematic the morality.”³⁸ Meagher went on to explain, “...the men and women who returned from the trenches and the killing fields of the Great War and of every war since. What they saw and suffered and especially what they did in war came

³⁶ Figley and Nash, *Combat Stress Injury: Theory, Research, and Management*, 25.

³⁷ Meagher, *Killing from the Inside Out, Moral Injury and Just War*, 10.

³⁸ *Ibid.*, 28.

home with them and darkened the remainder of their days.”³⁹ Such information causes the astute researcher to ask, why? Dan Allender and Tremper Longman asserted, “It is our conviction that emotions are not amoral— they vocalize the inner working of our souls and are as tainted as any other portion of our personality.”⁴⁰ Simon Pierce revealed, “...[T]he mind-body system that deals with everyday stressful situations becomes overloaded during extraordinary events such as war, sexual assault, a natural disaster, or a car accident. The brain is not able to turn off the stress response.”⁴¹ “New research shows that you do not have to have a vivid memory of your trauma to develop PTSD. Your mind may subconsciously remember the fear that you experienced many years ago, even if you don’t recall any or very few of the details.”⁴²

Now that the “why” has been explored, one must ask if culpability makes a difference. Meagher addresses this issue, “Does it make no difference or does it make all the difference that I didn’t mean to do it? The house I burned down by accident remains in ashes. The child I ran down because I didn’t see her still lies dead. These were not “acts of God.” They were acts of mine.”⁴³ Meagher explained through multiple examples that culpability does not make a difference in how our mind and soul respond to trauma. It is imperative to take a deeper look into

³⁹ Meagher, *Killing from the Inside Out, Moral Injury and Just War*, 42.

⁴⁰ Dan Allender and Tremper Longman, *The Cry of the Soul: How Our Emotions Reveal Our Deepest Questions about God*. (Colorado Springs, CO: NavPress Publishing Group, 2015). Accessed September 9, 2020. ProQuest Ebook Central, 11.

⁴¹ Simon Pierce, *PTSD: Causes and Care*. (New York, NY: Greenhaven Publishing LLC, 2018). Accessed September 9, 2020. ProQuest Ebook Central, 6.

⁴² Andrew M. Poulos, Maxine Reger, Nehali Mehta, Irina Zhuravka, Sarah S. Sterlace, Camille Gannam, David A. Hovda, Christopher C. Giza, and Michael S. Fanselow. 2014. “Amnesia for Early Life Stress Does Not Preclude the Adult Development of Posttraumatic Stress Disorder Symptoms in Rats.” *Biological Psychiatry* 76 (4): 306–14. doi:10.1016/j.biopsych.2013.10.007.

⁴³ Meagher, *Killing from the Inside Out, Moral Injury and Just War*, 70.

moral injury and how it differs from post-traumatic stress disorder for a better understanding. Hoge's work revealed that PTSD could result from overexposure to combat, with hypervigilance serving as a side effect. Moral injury can be a result of different phenomena. Carey and Hodgson report, "Moral injury is a trauma-related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral violations of an individual's deeply-held moral beliefs and/or ethical standards. ... The trauma results in feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority."⁴⁴

This research revealed that moral injury can result from a single significant event and does not require prolonged exposure. In their work, Kopacz, et al., demonstrated how moral injury and loss of purpose are interrelated: "Morally injurious actions or failure to act (either direct or observed) → Moral emotions and cognitions (appraisals, attributions) → Dissonance and a struggle for meaning → Actions that lead toward recovery, a sense of being "stuck," or which may even exacerbate and extend the moral injury."⁴⁵ As this research revealed, treatment can not strictly focus on medication to treat combat-related trauma, particularly when the trauma falls into the realm of moral injury and loss of purpose.

.....The trauma caused by moral injury forces its victims to question what is "good" and "right" now that they have witnessed, participated in, or committed acts that shattered their moral code. At times, the trauma is the result of being at the wrong place at the wrong time. However, there are other times when trauma is intentionally inflicted on others, as described by Wiinikka-Lydon in his research on the Bosnian War: "...[T]he conflict destroyed cultural and social

⁴⁴ Carey and Hodgson, "Chaplaincy, Spiritual Care and Moral Injury," 2.

⁴⁵ Kopacz, et al., "Moral Injury: A New Challenge for Complementary and Alternative Medicine," 30.

achievements that make a certain quality of life, which involves “finer sentiments” such as “compassion” and “forgiveness,” impossible. People became more coarse; social and cultural norms were destroyed. Survivors are left feeling less human and set adrift in a world less capable of giving rise to humanity.”⁴⁶ Research supports that moral injury removes the human’s ability to be truly happy. In a Christian understanding, moral injury destroys a person’s ability to experience joy. Based on the trauma suffered, humans are unsure what to believe, even when it comes to belief in God.

Moral Injury as Betrayal of Leadership

.... Treatment of moral injury for a warrior who suffered trauma inflicted by someone they viewed as a leader is exceptionally challenging because of the trust that was broken. Moral injury victims struggle, even, to trust mental health professionals and chaplains because victims question everyone’s motives. One that has experienced MI via leadership betrayal oftentimes questions the motives behind the compassion offered by care providers. In the victim’s mind, compassion seems like a means to an end and not an end in and of itself. A victim fears being disappointed or taken advantage of again. The injury can also result from a leader causing someone to feel underutilized, adding to a loss of purpose by assigning them tasks that do not capitalize on their strengths. Curt Thompson provided this example of a client who was a uniquely gifted teacher, yet his parents envisioned a different career path for his life: “You’re as natural a teacher as I’ve ever seen, Jeremy. Go get your teaching degree; then come see me. I’ll have a classroom waiting for you.” When he got home that night, Jeremy told his parents he wanted to become a teacher. “They didn’t even respond to that,” Jeremy said. Instead, they reminded him that he’d

⁴⁶ Joseph Wiinikka-Lydon, *Moral Injury and the Promise of Virtue* (Cham, Switzerland: Springer International, 2019), 10.

been awarded a scholarship from his father's firm on the understanding that he major in prelaw."⁴⁷

In warfare, this feeling is amplified when the warrior gets the impression that they were sent to do another man's bidding while that man sits back in safety. As Meagher described, "In war, the men in the front ranks, it has often been said, are only the tip of the spear, the point that draws blood, while those who send them off to war hold the spear firmly in their hands when it does its killing. They are bloodless but not without stain."⁴⁸ Jonathan Shay, the catalyst behind moral injury research, has influenced the work of other scholars and practitioners such as Charles Figley, William Nash, Robert Meagher, Lindsay Carey, Timothy Hodgson, Marek Kopacz, April Connery, Todd Bishop, Craig Bryan, Kent Drescher, Joseph Currier, Wilfred Pigeon, Joseph Winikka-Lydon, and many others. Shay further described the responsibility of leaders to "protect" their warriors from moral injury: "The key is the fiduciary duty embodied in the expression 'shepherd of the people.' The moral world of the Homeric poems held leaders to obligations that today we would recognize as the duties of a fiduciary: to take care attentively, and to subordinate your own interests to those of the person or persons in your care."⁴⁹

"...[P]oor leadership and low morale contribute to demoralization, anger, and feelings of helplessness, all of which can compound or exacerbate PTSD symptoms."⁵⁰

...[W]e might further ask whether history reveals moral injury to be a common affliction of rulers. How many emperors, kings, princes, presidents, politicians, or, yes, popes, who have put their lips to the horn of war have suffered from moral injury from war? In the

⁴⁷ Curt Thompson, *Anatomy of the Soul* (Downers Grove, IL: InterVarsity, 2011), 22.

⁴⁸ Meagher, *Killing from the Inside Out, Moral Injury and Just War*, 76.

⁴⁹ Shay, "Moral Injury." 61.

⁵⁰ Hoge, *Once a Warrior Always a Warrior: Navigating the Transition from Combat to Home – Including Combat Stress, PTSD, and mTBI*, 28.

recent wars of the twentieth and twenty-first centuries, how many American presidents or members of Congress have suffered from PTSD or taken their own lives as a result of the atrocities witnessed in those wars? I believe the answer to be none. It is the warriors who are injured in war, in their bodies and in their souls, and their wounds are all but indifferent to whether the war was just or unjust.⁵¹

Meagher sheds light on the injuries suffered by veterans brought about by leaders that ordered them to take actions that the warrior deemed questionable or outright immoral. “To highlight further the extent to which our troops in Iraq were left to operate without any operative moral compass, there is this report from Army Specialist Hart Viges, ‘One time H.Q. said to fire on all taxi cabs because the enemy was using them for transportation. Even though a sniper questioned the order, the Lieutenant Colonel told him to follow the orders. There was no discretion in killing.’”⁵²

Based on his research, Shay pointed out that stories of injurious military leadership go back to the ancient Greeks: “Greed for personal gain gets in the way. Diomedes wanted to go after the tired and newly arrived Thracians for their booty, and Odysseus never attempts to persuade him otherwise. This is a clear defect of Odysseus’ character. In this case, he has lost sight of the military purpose of the night reconnaissance. He puts self before mission, jeopardizing the lives of his troops.”⁵³

Hoge had most of his experiences and conducted much of his research before Shay popularized the idea of moral injury. Therefore, Hoge classified moral injury under PTSD. However, his description of the effects leaders have on their warriors is helpful: “There are unique situations in which warriors will acknowledge feeling helpless and can contribute to them developing

⁵¹ Meagher, *Killing from the Inside Out, Moral Injury and Just War*, 98.

⁵² Meagher, *Killing from the Inside Out, Moral Injury and Just War*, 135-136.

⁵³ Shay, “Moral Injury”, 64.

serious PTSD symptoms. These are situations in which warriors are unable to respond militarily, ... because they are constrained by the rules of engagement (ROE). ROE are established to protect civilians, but warriors often feel hampered by them.”⁵⁴

Adding insult to injury was military leaders’ and physicians’ skepticism over the validity of warriors’ claims as they sought treatment for psychological, emotional, and spiritual war trauma. This skepticism from both leaders and physicians further stigmatized warriors. In their research on the treatment of Service Members with PTSD and MI during the twentieth century, Maercker, Heim, and Kirmayer discovered, “Despite their increase, trauma-related diagnoses were stigmatized. ... With respect to war, many officials mistrusted soldiers with shell shock or war neurosis and claimed that they just did not want to return to the front. Thus, the suspicion of simulating being sick was one way to stigmatize traumatized patients, and it sometimes even implied that trauma did not exist as a real phenomenon.”⁵⁵

.. As research continued in the early twentieth century, help did not increase for victims of PTSD and moral injury; instead, they received a further moral injury from researchers. “The second stigmatizing discourse did not deny the existence of trauma but entailed an etiology with negative and derogatory characterizations of the affected individual.... Some experts, who believed in a physical cause of trauma, claimed that only people with an inferior disposition, a weak hereditary constitution, or a sensitive and irritable nervous system developed traumatic reactions.”⁵⁶ Essentially, warriors suffering from “invisible” war trauma were told that their PTSD,

⁵⁴ Hoge, *Once a Warrior Always a Warrior: Navigating the Transition from Combat to Home – Including Combat Stress, PTSD, and mTBI*, 24.

⁵⁵ Maercker, Heim, and Kirmayer, *Cultural Clinical Psychology and PTSD*, 112-113.

⁵⁶ Maercker, Heim, and Kirmayer, *Cultural Clinical Psychology and PTSD*, 113.

or MI, resulted from being weak and having a weak lineage. Another way of putting it, they were told that they were inferior men because their ancestors were weak. Such an idea compounded the moral injury that these men experienced. “The perception of trauma changed profoundly with the entry of PTSD as a new diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders, third edition (DSM-III) in 1980. ... This change resulted from U.S. Department of Veterans Affairs counselors working with Vietnam War veterans.”⁵⁷ The team of researchers was led by psychologist Chaim Shatan and later refined by “the DSM committee headed by Robert Spitzer. ... which reinforced the central metaphor of the ‘wound.’”⁵⁸

...One must wonder where these wounded warriors could turn if military leaders and military physicians doubted the validity and culpability of their injuries? Potentially they could turn to community faith leaders and/or military chaplains. Unfortunately, as David Benner admitted, too often, community faith leaders perpetuate the problem of moral injury. Benner gave this example, “Lust led to sexual involvement with a woman [the pastor] was counseling, just as greed had earlier led to misuse of church funds. He reminds us of Jesus’ teaching about the dangers of the blind leading the blind (Matthew 15:14). This pastor, and many others like him, have caused not just one but thousands to stumble and left them with devastating wounds.”⁵⁹

How can one turn to faith for healing when the faith leader is involved in unethical and immoral behavior? One may perceive that a military chaplain would be a better faith leader to

⁵⁷ Ibid., 115.

⁵⁸ Maercker, Heim, and Kirmayer, *Cultural Clinical Psychology and PTSD*, 115.

⁵⁹ David G. Benner, *Spirituality and the Awakening Self: The Sacred Journey of Transformation* (Grand Rapids, MI: Brazos, 2012), 23, Accessed September 16, 2020. ProQuest Ebook Central.

turn to than civilian faith leaders. After all, chaplains serve in the military alongside those suffering from military-related moral injury and have attended military training. Perhaps the additional “refining” that military chaplains experience to become military officers helps them hold a higher level of integrity than their civilian counterparts. While this is a safe assumption, the reality is that military chaplains can, at times, be just as or more injurious than civilian religious leaders. Peter French told an account that was shared with him while he was helping instruct the USN Chaplain Corps’ annual Professional Development Training Course (PDTC) on ethics:

A chaplain told me that as a young lieutenant, he introduced his senior chaplain to a female LN3 (Legalman Third Class) during a ship visit. Upon joking that LN3 missed a few chapel services, the senior chaplain told her that she had been “a bad girl,” grabbed her by the arm, pulled her toward him, and slapped her on her butt. The LN3 pressed charges against the senior chaplain; the young chaplain supported her. The senior chaplain was sent to Admiral’s mast, where he was reassigned to a small command. However, the young chaplain still served under him for six additional months. The young chaplain was then reassigned to the oldest ship in the Navy, homeported in La Maddalena, Sardinia. He failed to promote for years, though he never received a poor fitness report.⁶⁰

As this story revealed, not only do some military chaplains create moral injury, in this instance, the institution itself perpetuated the problem. Dan Allender alludes that moral injury can be an overflow of the shame individuals feel by placing more faith in people and institutions than God: “Shame arises when we feel deficient, yes. But far more, we feel deficient and ugly when the god we (covertly and at times unconsciously) worship lets us down and reveals the foolishness of our idolatrous trust. Shame is not primarily an experience of feeling bad or deficient as it is the exposure of foolish trust in a god who is not God.”⁶¹ However, even though helpful to know, this reality can cause victims of MI to slip into even a greater depth of MI by blaming God

⁶⁰ French, *War and Moral Dissonance*, 23.

⁶¹ Allender and Longman, *The Cry of the Soul: How Our Emotions Reveal Our Deepest Questions about God*, 133.

for their wounds. “Suffice to say that our self-judgment, that tendency to tell ourselves that we are not enough—not thin enough, not smart enough, not funny enough, not ... enough—is the nidus out of which grows our judgment of others, not least being our judgment of God.”⁶²

Cultural Dilemmas and Barriers to Care

..Already discussed in this literature review was the negative response to victims of moral injury and PTSD by military physicians. However, it is beneficial to take a more complex look into the cultural influences that create barriers to care for our military victims of PTSD and MI. Sigmund Freud offered this less than prescient comment in his *Reflections on War and Death*: “When the fierce struggle of this war will have reached a decision every victorious warrior will joyfully and without delay return home to his wife and children, undisturbed by thoughts of the enemy he has killed either at close quarters or with weapons operating at a distance.”⁶³ It is not difficult to see why warriors carrying invisible wounds were conflicted about their condition when the founder of psychoanalysis proclaimed that men returning from war should feel good about killing the enemy. “As Thucydides put it so poignantly, ‘war is a stern teacher,’ and its first lesson is just how thin and frail is the veneer that separates civilization from savagery.”⁶⁴ Simon Pierce revealed: “Additionally, since PTSD is not well understood, there is a stigma, or negative view, surrounding it. People may think those who have PTSD are weak, seeking attention, or not trying hard.”⁶⁵

⁶² Curt Thompson, *The Soul of Shame* (Downers Grove: InterVarsity, 2015), 29.

⁶³ Meagher, *Killing from the Inside Out: Moral Injury and Just War*, 42.

⁶⁴ Meagher, *Killing from the Inside Out: Moral Injury and Just War*, 135.

⁶⁵ Simon Pierce, *PTSD: Causes and Care*. (New York, NY: Greenhaven Publishing, 2018), 7. Accessed September 9, 2020. ProQuest Ebook Central.

“Over the years, the American Psychiatric Association [APA] has rejected any diagnostic concept that even hints at the possibility that bad experience can damage good character. ... This stubborn opposition likely comes from an American attachment to this old philosophic position with the brilliant pedigree, not from the empirical facts, which abundantly show the opposite.”⁶⁶

“Andrew Pomerantz, the chief of mental health services for the Veterans Administration in Vermont. ‘Society does not want to hear that your hero who has just come back from winning the war is troubled by what he did over there.’ This emphasis on downplaying the horrors of war may have made civilians feel better, but it took a huge psychological toll on veterans.”⁶⁷

Therefore, veterans felt like they had to put on a mask for society's sake and pretend that everything was fine when they returned from war. After all, who does not want to feel like a hero? However, such unattainable expectations continued to revictimize those with PTSD and MI. “People who have a mental disorder or a disease or disorder that causes them to feel chronic pain can be the target of uninformed opinions. These disorders are often termed “invisible illnesses” because no one can see the symptoms; this leads many people to doubt that they exist or are serious problems.”⁶⁸ Hence, those with these “invisible illnesses” have rejected the notion of pursuing care because of societal misconceptions. “Bem’s self-perception theory offered an alternative explanation for the large literature on cognitive dissonance (Festinger, 1957). It is also clear that external pressure can undermine the desire to change. Brehm and Brehm (1981) introduced that an aversive state of reactance arises when people perceive a threat to their behavioral

⁶⁶ Shay, “Moral Injury”, 60.

⁶⁷ Pierce, *PTSD: Causes and Care*, 12.

⁶⁸ Pierce, *PTSD: Causes and Care*, 4-5.

freedom.”⁶⁹ Arkowitz, Miller, and Rollnick raise an essential question, “Many therapies and therapists are prepared to help clients who have already progressed two steps further to the action stage— but what about those who are not yet ready for change? In addiction treatment, such clients were once told to go away and come back when they were motivated.”⁷⁰

In his research, Shay highlighted that a barrier to care begins with the diagnosis of post-traumatic stress as a “disorder.” “I trash the diagnosis PTSD. In the military, the word *disorder* is stigmatizing in itself. If you are injured in the service to your country, that is entirely honorable. There is a long tradition of being able to continue your military career with distinction after recovered from an injury, but not disorders.”⁷¹ While Spitzer and the DSM committee did a wonderful job of reconstructing the diagnoses post-combat stress disorder and post-catastrophe stress disorder to post-traumatic stress disorder to emphasize the “wound” and not the event,⁷² they overlooked the potential injurious response to labeling the “wound” as a disorder. Regarding combat trauma receiving a diagnosis of PTSD, Figley and Nash alerted in their work, “Classifying a pattern of behavior or inner experience as a medical diagnosis can reassure troubled individuals that they are not alone and that their behavior and experience make sense.”⁷³ However, Figley and Nash also agree, “Diagnostic labels can also harm individual warriors and the units in which they serve. (Fear of being pulled off the team/off a mission) ... Many modern warriors

⁶⁹ Hal Arkowitz, William R. Miller, and Stephen Rollnick, *Motivational Interviewing in the Treatment of Psychological Problems* (New York, NY: Guilford, 2012), 3.

⁷⁰ Arkowitz, Miller, and Rollnick, *Motivational Interviewing*, 2.

⁷¹ Jonathan Shay. "The Trials of Homecoming: Odysseus Returns from Iraq/Afghanistan." *Smith College Studies in Social Work* 79, no. 3 (Jul, 2009): 290-291, <http://ezproxy.liberty.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F749399449%3Faccountid%3D12085>.

⁷² Maercker, Heim, and Kirmayer, *Cultural Clinical Psychology and PTSD*, 115.

⁷³ Figley and Nash, *Combat Stress Injury: Theory, Research, and Management*, 34.

would rather be diagnosed with cancer than with depression, anxiety, or – worst of all – post-traumatic stress disorder.”⁷⁴ Benner gets to the heart of this problem of perception, “The problem is not that we do certain things well and have competencies and qualities that make us special. The problem lies in the inordinate investment that we place in this image and way of being. At the core of the false self is a desire to preserve an image of our self and a way of relating to the world. This is our personal style— how we think of ourselves and how we want others to see us and think of us.”⁷⁵ “The key issue for psychologically injured combat veterans ... is that their capacity for social trust has been destroyed.”⁷⁶

Many veterans suffering from moral injury and post-traumatic stress choose to isolate themselves from others or exclusively associate with others in their same predicament. The issue with veterans suffering from these invisible wounds isolating with groups of other veterans suffering from the same ills is, there is no standardization or regulation centered on correcting their injured moral compasses. Shay instructed in one of his works, “You have to be vigilant and sure that your team structure in the mental health workplace is doing its self-healing and self-critical work and keeping itself open to the larger ethical horizon. It’s pretty easy to lose the ethical bubble under the enormous pressure that psychologically injured Veterans are capable of.”⁷⁷ “As we become more technologically advanced, we invariably become more intra- and interpersonally

⁷⁴ Ibid., 34.

⁷⁵ Benner, *Spirituality and the Awakening Self: The Sacred Journey of Transformation*, 70.

⁷⁶ Shay, “The Trials of Homecoming: Odysseus Returns from Iraq/Afghanistan”, 289.

⁷⁷ Shay, “The Trials of Homecoming: Odysseus Returns from Iraq/Afghanistan”, 290.

isolated, and so push against the irrevocable principle that states flatly, ‘It is not good for man to be alone.’”⁷⁸

In his work, Sebastian Junger adequately expressed the heart of many veterans that adds to their self-isolation and sense of abandonment. “Today’s veterans often come home to find that, although they’re willing to die for their country, they’re not sure how to live for it. It’s hard to know how to live for a country that regularly tears itself apart along every possible ethnic and demographic boundary.”⁷⁹ Perhaps this epiphany reveals why Van Der Kolk found such disparity in the emotional responses of younger veterans compared to older veterans, “The trance state induced by hypnosis allowed them to find words for the things they had been too afraid to remember: their terror, their survivor’s guilt, and their conflicting loyalties. It also struck me that these soldiers seemed to keep a much tighter lid on their anger and hostility than the younger veterans I’d worked with. Culture shapes the expression of traumatic stress.”⁸⁰

In addition to these cultural dilemmas, as mentioned earlier a “siloe” approach to research and treatment has plagued the Western world. “The fields of psychiatry, genetics, developmental and behavioral psychology, ... add to our understanding of how we have come to be who we are and why we do what we do. Each of these distinctive fields, however, describes the human experience from its particular perspective, without integrating information from other areas of study.”⁸¹ This researcher perceives that this siloe approach to mental and emotional well-

⁷⁸ Thompson, *Anatomy of the Soul*. 4.

⁷⁹ Sebastian Junger, Tribe Grand Central Publishing. 2016. Kindle Edition. 124.

⁸⁰ Bessel van der Kolk, M.D., *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. (New York, NY: Penguin Books, 2015), 211.

⁸¹ Thompson, *Anatomy of the Soul*. 6.

being has been doubly injurious by omitting the benefit of religious faith in the discussion. “It is worth mentioning that these varied branches of study of human behavior have rarely considered spirituality in general or Christian spiritual experience in particular. For decades, the perception among many behavioral scientists was that spiritual development is anathema to mental health. This led to a backlash of distrust and fear among people of many faiths.”⁸²

As a result of omitting spiritual experience from the discussion, there is no wonder that military chaplains are ill-equipped to address PTSD, moral injury, and loss of purpose. “There still remains no single validated instrument ideally recommended for chaplains that can be readily utilized for the screening of moral injury and spirituality. There is however, ... some literature [that] indicates chaplains as an important and initial “port-of-call” for screening veterans who may be suffering a moral injury.”⁸³ In this endeavor, military chaplains should not create another silo. Instead, military chaplains should create a collaborative atmosphere where holistic care becomes accepted and the default norm. As Carey and Hodgson expressed, “It is important to note, that while chaplains may be involved in the screening for moral injury, this does not mean that chaplains would solely be responsible for diagnosis or subsequent treatment. Indeed, a chaplain failing to refer to mental health professionals could potentially cause harm, as could mental health professionals by not referring appropriately to chaplains.”⁸⁴

Due to the cultural misconceptions and disjointed approach to care, many warriors try to mask painful memories through substance abuse. As Allender and Longman accurately explained, “Most people work hard not to feel what is unpleasant. We pretend; we deny; we distort.

⁸² Thompson, *Anatomy of the Soul*, 7.

⁸³ Carey and Hodgson, “Chaplaincy, Spiritual Care and Moral Injury,” 3.

⁸⁴ Carey and Hodgson. “Chaplaincy, Spiritual Care and Moral Injury,” 4.

The concern of those who ascribe moral neutrality to emotions seems to be: if we make emotions a matter of right and wrong, then we will work that much harder to avoid feeling.”⁸⁵ The shift in Western culture to be skeptical of religious faith has robbed many warriors of the opportunity to participate in healing religious rituals that can aid in healthy reintegration into society after combat. Many warriors are unaware that such rituals exist or discount them as superstition. “The sacrament of penance recognized and acknowledged the moral pain of returned military personnel which encouraged them to return to families and the community—absolved, forgiven, and cleansed. Such sacramental practices applied today however, would be foreign to the social and cultural experiences of many present-day personnel and possibly seem meaningless or even inappropriate to those of non-Christian religions.”⁸⁶

Theological Foundations

Good Samaritans

As a Christian, all work must flow from the perspective of what God has done in human history, what he is doing now, and what he intends to do in the future, as best we can know from biblical scripture. All Christians indeed have the declaration from the Apostle Paul, “Whatever you do, work heartily, as for the Lord and not for men.”⁸⁷ While important in any profession, for this research thesis, it was necessary to explore the biblical foundations for caring for those who suffer. Some Christians may protest a chaplain-led counseling model that is not overtly evangelistic in nature and tone. This researcher agrees with evangelism. However, using evangelistic

⁸⁵ Allender and Longman, *The Cry of the Soul: How Our Emotions Reveal Our Deepest Questions about God*, 12.

⁸⁶ Carey and Hodgson, “Chaplaincy, Spiritual Care and Moral Injury,” 5.

⁸⁷ Col. 3:23.

persuasion when providing care to someone would seem to overlook the trauma they have suffered. Perhaps one of the most striking biblical lessons regarding care for others comes from Jesus' "Parable of the Good Samaritan."⁸⁸ When Jesus was asked by a lawyer what was needed to inherit eternal life, Jesus turned and asked him to interpret what he understood from God's biblical law. The response, "You shall love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind, and your neighbor as yourself,"⁸⁹ garnered approval from Jesus. Nevertheless, Jesus' approval generated the question, "Who is my neighbor?" from the lawyer. Jesus' reply was what is now commonly referred to as "The Parable of the Good Samaritan."

In this parable, Jesus tells of two Jewish religious leaders that pass by a beaten and suffering man. However, a Samaritan passer-by cleaned the suffering man's wounds and brought him to an inn to rest and recover. The lawyer's question, "Who is my neighbor?" could imply selectivity, that some are neighbors and some are not, and therefore, Who are the ones I am to love? After the story, Jesus rephrases the question: Who proved to be a neighbor? This shift does not necessarily mean that Jesus altered the function of a parable that originally was told for a different purpose."⁹⁰ It was the Samaritan, the one who showed the suffering man mercy and provided care for his wounds, that proved to be his neighbor. "Ceremonially unclean, socially outcast, and religiously a heretic, the Samaritan is the very opposite of the lawyer as well as the

⁸⁸ Luke 10:25-37.

⁸⁹ Luke 10:27.

⁹⁰ Fred B. Craddock, *Luke: Interpretation, a Bible Commentary for Teaching and Preaching* (Louisville, KY: John Knox Press, 1990), 150.

priest and the Levite. The story must have been a shocking one to its first audience, shattering their categories of who are and who are not the people of God.”⁹¹

Arguably, there are similarities between the Samaritan's care to the wounded and robbed traveler and the type of care those suffering from invisible wounds need. Notice that the Samaritan cared for the wounded man without expectation of reciprocation or religious conversion. He provided care for him because he loved his neighbor as himself. Regarding Jesus' answer to the lawyer, William Barclay offers this insight:

Jesus' answer involves three things. (1) We must be prepared to help others even when they have brought their trouble on themselves, as the traveler had done. (2) Anyone from any nation who is in need is our neighbour. Our help must be as wide as the love of God. (3) The help must be practical and not consist merely in *feeling* sorry. No doubt the priest and the Levite felt a pang of pity for the wounded man, but they *did* nothing. Compassion, to be real, must issue in deeds. What Jesus said to the scribe, he says to us—‘Go you and do the same.’⁹²

It is evident to this researcher that caring for the invisible war wounds of our Marines and Sailors is equivalent to loving them as our neighbors and being the “Good Samaritans” that they need. It is not enough to pity them or leave them to themselves because we do not know how to heal their suffering souls. Christ instructs his followers to provide practical care that produces tangible results in the lives of the suffering.

Again, notice in this pericope when Jesus was asked to declare the greatest commandment replied, “You shall love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind, and your neighbor as yourself.”⁹³ Therefore, we

⁹¹ Craddock, *Luke: Interpretation Commentary*, 150-151.

⁹² William Barclay, *The Gospel of Luke* (Louisville, KY; London, UK: Westminster John Knox Press, 2001), 167.

⁹³ Luke 10:27.

demonstrate our love for God related to how well we care for ourselves and care for our neighbors. While, symbiotically, we care for ourselves and our neighbors related to our love for God. The message of Christ is concerned with the condition of the hearts of his followers and the intent of their actions towards the suffering. The heart's intent of Christ's followers is inextricably bound to how well they know the heart of God. The Apostle James proclaimed, "What good is it, my brothers and sisters, if someone claims to have faith but does not have works? Can such faith save him? If a brother or sister is without clothes and lacks daily food and one of you says to them, 'Go in peace, stay warm, and be well fed,' but you don't give them what the body needs, what good is it? In the same way faith, if it does not have works, is dead by itself."⁹⁴ It is not acceptable to leave suffering Marines and Sailors to the false hope found in alcohol, drugs, and other destructive behavior patterns. Neither is it enough to offer empty phrases like the one that the Apostle James critiqued, "Go in peace, stay warm, and be well fed."⁹⁵

In the twenty-first century, a well-meaning chaplain may say, "I'm praying for you." in an attempt to inject some hope into the life of a suffering Marine or Sailor. Undoubtedly, there is miraculous power in prayer. However, neither the Parable of the Good Samaritan nor the pericope from James is prayer offered as the final solution to end suffering. In these biblical narratives, work to protect and preserve the body is a large portion of the relief offered. It is important to reiterate that sufferers of post-traumatic stress, moral injury, and loss of purpose tend to struggle with suicidal ideations, self-mutilation, and substance abuse. Satan is never satisfied in destroying one's psyche alone. He also desires to destroy one's body as well. Chaplains have a

⁹⁴ James 2:14–17.

⁹⁵ James 2:16.

God-ordained duty to walk alongside these suffering survivors and help them filter out the evil and rediscover that which is good. As chaplains care for the invisible wounds of suffering Service Members, they must incorporate healthy and holistic lifestyle habits into the treatment protocol. Also important is the chaplain's ability to connect those they care for, with their permission, with medical caregivers to treat psychosomatic conditions or other physical ailments to fulfill God's design of healing of the whole person.

Binding the Wounds of the Soul

In antiquity, God spoke through the prophet Isaiah to bring hope to the people of Israel. Of course, our wounded Sailors and Marines are not an ethnic group like the nation of Israel. However, similar to our Service Members living in the shadow of despair was the hopelessness felt by the Israelites under Babylonian captivity. While they may retain the same physical characteristics, their souls are wounded due to combat trauma and distrust in civilian and military leadership. Even though they live, too often, they live an empty existence. Isaiah proclaimed:

The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the Lord's favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion—to bestow on them a crown of beauty instead of ashes, the oil of joy instead of mourning, and a garment of praise instead of a spirit of despair. They will be called oaks of righteousness, a planting of the Lord for the display of his splendor. They will rebuild the ancient ruins and restore the places long devastated; they will renew the ruined cities that have been devastated for generations. ... Instead of your shame you will receive a double portion.⁹⁶

Just as Isaiah projected a message of restoration to the exiled Israel, so should chaplains project restoration for wounded Service Members. Isaiah's message of hope served a double function:

⁹⁶ The Holy Bible: The New International Version (Grand Rapids, MI: Zondervan, 2011), Isaiah 61:1-3, 7a.

First, a prophetic message of physical, emotional, psychological, and spiritual freedom from Babylonian exile through the military and political might of the Persians. The second is a prophetic message of spiritual, emotional, and psychological freedom through the coming Messiah. God is concerned with restoring the entirety of personhood. Commenting on Isaiah 61:4, Paul Hanson confirmed, “In this verse we see the concrete form that the liberating work of God announced in verses 1–3 was to take. And concrete it is, for, ever since the exodus from Egypt, Israel’s God had demonstrated deep concern for all dimensions of human life. A spiritually healthy community would be a community dwelling in a secure and productive land, and this involved brick and mortar.”⁹⁷

While chaplains usually do not play a role in Service Members finding places to live or rebuilding physical structures, chaplains should play a role in helping Marines and Sailors rebuild walls of safety and security in their spirits, minds, and in their relationships. Chaplains should assist the men and women that risk their lives for our nation realize that there are no snipers on every roof-top, that there are no improvised explosive devices (IED’s) on U.S. roadways, and that there are trustworthy leaders in the military. All too often, their minds are darkened and held captive by the fear that they carry from traumatic experiences. They live in grief, despair, and shame from the residue of what they did or did not do, what they saw, and what they experienced. As Isaiah proclaimed, God intends to reverse such curses upon the lives of his created beings. As Hanson referred to earlier, many times, people need to live in physical and emotional safety for people to receive spiritual healing.

⁹⁷ Paul Hanson, *Isaiah 40–66: Interpretation, a Biblical Commentary for Teaching and Preaching* (Louisville, KY: John Knox Press, 1995), 224.

The Psalmist proclaimed, “He heals the brokenhearted and binds up their wounds.”⁹⁸ Hossfeld and Zenger contextualized the psalm and revealed that this passage is best understood as God “putting an end to suffering by gather(ing) the scattered, heal(ing) the wounded—and caus(ing) them to dwell in the protected sphere of his city Jerusalem, which is being rebuilt anew for the healed people of God as the ‘city of justice.’”⁹⁹ Their explanation of the psalm underscores God’s overarching plan, since the beginning, to restore people to a place of wholeness. Here Jerusalem is understood as the “city of justice,” the place where restoration occurs. In the sending of Jesus, God no longer established Jerusalem as the “city of justice,” but rather, the community of faith has become the place for restoration for all people. As direct representatives of our communities of faith, chaplains can carry forward the sentiment of God’s plan of justice in all circumstances with the hope that the ones we care for eventually find complete relief in a healthy relationship with God. Referring back to Hanson’s commentary on Isaiah 61, “By placing God’s justice and mercy at the heart of the rebuilding project, the Servant enables the community to reach the highest purpose possible for any human group, ‘to display [God’s] glory’ (v. 3). Thus a people, long lost in its preoccupation with the false gods of greed and self-indulgence, find the authentic life in praise of God.”¹⁰⁰ Many suffering Service Members turn to “the false god of greed” because they lack trust in others. They turn to “the false god of self-indulgence” in a fruitless attempt to find relief and some semblance of joy. Chaplains can be “the Servant” that

⁹⁸ Psalm 147:3.

⁹⁹ Frank-Lothar Hossfeld and Erich Zenger, *Psalms 3: A Commentary on Psalms 101–150*, ed. Klaus Baltzer, trans. Linda M. Maloney (Minneapolis, MN: Fortress Press, 2011), 623.

¹⁰⁰ Hanson, *Isaiah 40–66: Interpretation Commentary*, 224–225.

assists traumatized Service Members discover true and lasting healing, thus displaying God's glory through their transformation from a life of despair to a life of hope and purpose.

From Despair to Purpose

Paul expressed in Romans, "Rejoice with those who rejoice, weep with those who weep. Live in harmony with one another, but associate with the lowly. Never be wise in your own sight. Repay no one evil for evil, but give thought to do what is honorable in the sight of all. ... Do not be overcome by evil, but overcome evil with good."¹⁰¹ Leon Morris elaborated on his understanding of this Romans passage, "...[P]redominantly here Paul is concerned with how Christians should behave towards those who do not profess the faith. ... He is not appealing to his readers to fall in with generally accepted moral maxims. He is calling on them to live out the implications of the gospel."¹⁰² Essentially, Paul helped believers understand that the way in which they treat everyone, not only fellow believers, reflects what Christ has done for the world through his redemptive work on the cross.

Those suffering from the invisible wounds of post-traumatic stress, moral injury, and loss of purpose often carry with them deep sorrow and a greatly diminished sense of self-worth. They struggle to understand their purpose or identity after combat trauma. They have suffered a great evil that has forever altered their lives. However, the effects of this evil can be significantly diminished with help from a caring community and professional assistance. Is there anyone more sorrowful than the warrior with the wounded soul who feels betrayed by their military branch and nation? Is there anyone lower than the man or woman who feels like their body returned

¹⁰¹ Rom. 12:15-17, 21.

¹⁰² Leon Morris, *The Epistle to the Romans* (Grand Rapids, MI: Inter-Varsity Press, 1988), 451-452.

home from combat, but their heart and mind are still thousands of miles away in the struggles of deployment? These are the men and women who want to feel present with their parents, their spouses, their children, and their old friends but cannot shake the images, smells, and sounds of combat carnage and woefully self-medicate to find relief. Is it not an evil to these warriors to see death and carnage every time they close their eyes to sleep and hear the screams of the dying in their dreams?

In fact, contextually peering back to the beginning of Romans 12, Paul urges Christians, “Therefore, brothers and sisters, in view of the mercies of God, I urge you to present your bodies as a living sacrifice, holy and pleasing to God; this is your true worship. Do not be conformed to this age, but be transformed by the renewing of your mind, so that you may discern what is the good, pleasing, and perfect will of God.”¹⁰³ The brothers and sisters that Paul was specifically speaking to were the Gentile Christians that he addressed in Romans 11. They, just as twenty-first-century believers, were living contrary to cultural norms. Whereas the culture is highly self-centered and “me” focused with beliefs such as “what’s good for you is good for you, what’s good for me is good for me.” Christ calls believers to “let your light shine before others, so that they may see your good works and give glory to your Father in heaven.”¹⁰⁴

The theme of overcoming good with evil is common in Paul’s writings. In Galatians, he instructed, “Brothers, if anyone is caught in any transgression, you who are spiritual should restore him in a spirit of gentleness. Keep watch on yourself, lest you too be tempted. Bear one another’s burdens, and so fulfill the law of Christ.”¹⁰⁵ Here, Paul referred to bearing one another’s

¹⁰³ Rom. 12:1-2.

¹⁰⁴ Matt. 5:16.

¹⁰⁵ Gal. 6:1-2.

burdens as “the law of Christ.” Hence, implying that the bearing of burdens of others is not optional. Dunn enlightened readers, “At all events it is significant that the test of spirituality indicated is one involving delicate personal relationships, where the spirituality is marked by the character of the objective and means: to restore the erring fellow member to his former condition and mend the injured relationships; and to do so in a spirit which expresses the gentleness which is part of the fruit of the Spirit.”¹⁰⁶ Dunn interpreted his understanding of this scripture to be Paul referring to faithful Christians working to restore a fellow Christian that became entangled in sinful behavior. While this is true in this verse, the overarching biblical narrative is that God desires that his people participate in his redemptive work in creation. Warriors with invisible wounds desire to be restored, as much as possible, to their former emotional, mental, and spiritual state of being, yet need the support of others willing to help them get to that place of wholeness. Just as we realize that the effects of sin are not removed from our mortal bodies upon justification, these warriors will never be the same again. However, the loving care of trained chaplains can help them mend their wounds so that their debilitating wounds become manageable scars.

Jesus, the son of God, proclaimed, “Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light.”¹⁰⁷ Ulrich Luz highlighted that this statement of Christ is more than an invitation for those suffering exhaustion and anxiety to come to Christ for relief; it is also part of the creation of a Christian ethic. “Grace is not simply cheap, self-evident grace; it is connected with a human attitude and

¹⁰⁶ James Dunn, *The Epistle to the Galatians* (London, England: Continuum, 1999), 320-321.

¹⁰⁷ Matt. 11:28-30.

human practice. Here the issue is that the νήπιοι [children of God] prove themselves by their *behavior*.”¹⁰⁸ “Jesus is calling anyone who is wearied with life’s burdens. To all such he says, ‘*I will refresh you.*’”¹⁰⁹ One will be hard-pressed to find anyone who suffers greater from life’s burdens than our active duty and veterans that have seen the carnage of war. Those that have seen their friends killed in combat, seen parts of women and children scattered about as the result of a suicide bomber, been captured and tortured by the enemy, and have had to kill women and children that became enemy combatants or killed them unintentionally in the fog of war. To those that suffer from post-traumatic stress, moral injury, and loss of purpose, Jesus beckons them to trust him with their burdens. “A good yoke is one that is carefully shaped so that there will be a minimum of chafing. Jesus’ yoke will be kind to our shoulders, enabling us to carry the load more easily. In this sense alone, his burden will be “light.” Jesus does not diminish the weight of our accountability to God but helps us to bear this responsibility.”¹¹⁰ As a Christian chaplain, one who is called to be an “imitator of Christ,” the evidence is compelling that Christians should help those suffering from invisible injuries to willfully put on the yoke of Christ and find rest for their souls.¹¹¹

Speaking of the Parousia, Christ declared,

For I was hungry and you gave me something to eat; I was thirsty and you gave me something to drink; I was a stranger and you took me in; I was naked and you clothed me; I was sick and you took care of me; I was in prison and you visited me.’ ‘Then the righteous will answer him, ‘Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and take you in, or without clothes and clothe you? When did we see you sick, or in prison, and visit you?’ ‘And the King will

¹⁰⁸ Ulrich Luz, *Matthew: a commentary*, ed. Helmut Koester (Minneapolis, MN: Augsburg, 2001), 171.

¹⁰⁹ Leon Morris, *The Gospel according to Matthew* (Grand Rapids, MI: Inter-Varsity, 1992), 295.

¹¹⁰ Douglas R. A. Hare, *Matthew* (Louisville, KY: John Knox Press, 1993), 129.

¹¹¹ 1 Cor. 1:11.

answer them, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’”¹¹²

Upon his return, Jesus sets a conditional judgment on everyone based on our treatment of those that suffer. Surely, if Christ cares whether we feed the hungry and provide shelter to the traveler, he places interest in how we care for sufferers of post-traumatic stress, moral injury, and loss of purpose. Indeed, these sufferers, without help, often find themselves homeless and hopeless. Chaplains should be trained and poised to bind the invisible wounds of these sufferers. As Christian Chaplains, it is wise to recognize, based on this Matthean passage, that when we care for those who suffer, we are caring for Jesus Christ in some mystical way. This passage displays how intimately connected the Lord is to all of us. He feels the suffering of the traumatized and hears their cries for help. As this passage indicates, when they receive deliverance from their suffering, Christ also feels their relief.

As mentioned earlier in this section, our love for God increases in relation to our love for our fellow humans, just as our love for fellow humans increases in relation to our love for God. Chaplains can love fellow humans only to the extent that we understand our own identity, our own self-worth, through our own loving relationship with God. If we lose sight of this, anything we say will be nothing more than “a resounding gong or a clanging cymbal. ... If I give all I possess to the poor and give over my body to hardship that I may boast, but do not have love, I gain nothing.”¹¹³ In order to avoid further moral injury, chaplains should be careful to keep their intents pure and their spiritual life intact. When caring for Service Members with post-traumatic stress injury (PTSI), MI, and loss of purpose, one usually provides care to someone who still has

¹¹² Matt. 25:35–40.

¹¹³ 1 Corinthians 13:1b, 3.

a strong body that contains a wounded soul. Whereas they look strong to the naked eye, those that bear the presence of God are called to not “look at outward appearance, but ... (to) look at the heart.”¹¹⁴ By working with these suffering souls, we are active participants in reversing the effects of the curse of sin on our world, renewing the hope of life amid despair, and aiding in healing a significant social ill.

Theoretical Foundations

The use of military chaplains to treat post-traumatic stress, moral injury, and loss of purpose is not a well-developed practice, particularly in the U.S. Department of the Navy. If one were to ask a Navy chaplain if they could provide care for someone suffering PTSD, MI, or loss of purpose, the answer would likely be “yes.” If one were to ask “how,” the chaplain would likely state “through counseling.” If one were to ask what type of counseling methods were used by chaplains, one would receive a myriad of answers based on which chaplain he/she asked. The only research that advocated for a standardized approach for chaplains assessing and treating these invisible wounds that this researcher could locate was conducted by Australian military chaplains Lindsay Carey and Timothy Hodgson. At the time of their research, evaluation was continuing on the efficacy of “A 100 item ‘Modified-Military-Moral-Injury-Questionnaire’ (M3IQ) that was initiated by chaplains to implement a preliminary screening to assess whether or not any Australian military personnel had experienced a potentially morally injurious event while on deployment.”¹¹⁵

¹¹⁴ 1 Samuel 16:7b.

¹¹⁵ Carey and Hodgson, “Chaplaincy, Spiritual Care and Moral Injury,” 3.

The unique quality of the M3IQ is “Whereas a number of previous studies regarding moral injury focused upon military personnel who were already diagnosed with post-traumatic stress disorder, the uniqueness of the M3IQ was its focus upon those personnel who had not been diagnosed with PTSD, yet the majority still evidenced symptoms of a ‘moral injury’ post-deployment.”¹¹⁶ Their research supported this researcher’s hypothesis, “Overall, given such a level of privacy held by the chaplain, combined with their military experience, helps to increase trust, which has been argued to be particularly important so as to lead to more favorable health outcomes.”¹¹⁷ Carey and Hodgson developed the Pastoral Narrative Disclosure (PND) model that mimics the sacrament of penance yet can be used by any chaplain of any faith tradition.¹¹⁸ Their PND model takes warriors through an eight-stage process of rapport, reflection, review, reconstruction, restoration, ritual, renewal, and reconnection.¹¹⁹ PND is in accordance with the World Health Organization’s spiritual care codings, intending to provide warriors with beneficent support to address their moral injury and assist them in healthily reintegrating into society.¹²⁰

The model that Carey and Hodgson developed is in direct alignment with the intent of this action research thesis. However, such a model has not been developed or applied for use in the USN Chaplain Corps. Carey and Hodgson’s model is intended to be used in a collaborative care approach just as this action research thesis sets to explore. Similarities between this model and the intent of this action research thesis are: Both models are set to address the lack of a

¹¹⁶ Carey and Hodgson, “Chaplaincy, Spiritual Care and Moral Injury,” 3-4.

¹¹⁷ *Ibid.*, 6.

¹¹⁸ *Ibid.*, 5.

¹¹⁹ *Ibid.*, 6.

¹²⁰ *Ibid.* 6.

standardized approach for chaplains to work in a collaborative environment to treat undiagnosed MI in military members and veterans. Both models agree that undiagnosed MI is frequently a contributor to post-traumatic stress and loss of purpose. Both models address this need in English-speaking, Western military organizations for combat veterans.

The concern with Carey and Hodgson's M3IQ is that it contains one hundred questions. The idea of a distressed Marine or Sailor completing a one hundred question survey is unreasonable. A detailed questionnaire of this scope would, likely, determine with a high degree of accuracy whether the root form of a Service Member's distress stems from moral injury, post-traumatic stress, or something else. However, a questionnaire of this magnitude is too time-consuming, particularly in an expeditionary environment or while out at sea. In these environments, effectiveness in treatment is critical, yet equally important is efficiency. One of the aims of this study was to utilize the limited materials already present, along with additional research, to develop a more easily accepted and more functional moral injury screening questionnaire for environments with a high operational tempo. Obviously, as in the case of the Parable of the Good Samaritan,¹²¹ the care provided needs to be holistic. However, for the care to be holistic, it needs to consider the lengthiness of the process. If the process takes a Service Member away from his or her unit for an extended period for each treatment session, the Service Member would likely not finish treatment due to self-imposed, peer-imposed, or leadership-imposed shame. As Figley and Nash highlighted, Service Members carry a fear of being pulled off their team when they seek treatment.¹²² A long initial intake session would increase this anxiety.

¹²¹ Luke 10:27-35

¹²² Figley and Nash, *Combat Stress Injury: Theory, Research, and Management*, 34.

A chaplain's inability to skillfully and efficiently provide care to Marines and Sailors amid a stress-induced deployment event creates multiple levels of injury. This was evident in Peter French's experiences teaching the Navy Chaplain Corps' annual professional training courses.¹²³ The injuries could include a Service Member who has killed themselves, a warrior still carrying ill-treated invisible wounds, members of a unit that suffered a loss by suicide, a warrior's inability to complete the mission, and the chaplain that now questions their ability to be an effective minister. Therefore, an effective screening and counseling program must protect the well-being of all involved. This researcher decided to pare down Carey and Hodgen's Modified Military Moral Injury Questionnaire (M3QI) framework from one hundred to twenty-one questions. A twenty-one question screener is easy for a distressed Service Member to work through.

The questionnaire serves multiple functions. First, at times distressed Sailors and Marines that are either brought to or voluntarily visit a chaplain are angry, sad, or distraught to the point that they do not know to begin opening up to the chaplain. The questionnaire can produce a calming effect for the distressed warriors as they focus on how he or she wishes to answer the questions. Second, the questionnaire provides information to the chaplain that allows him or her to know how to progress with the counseling session. Third, it informs the chaplain of whether or not MI is involved. With this determination, the chaplain will know if cognitive behavioral therapy, grief counseling, coaching, solution-focused brief therapy, or a type of narrative therapy is needed. Once brief rapport is built with the counselee, if the M3IQ indicates that moral injury appears to be present, the chaplain should then have the counselee fill out the Military Moral Injury Symptom Scale.

¹²³ French, *War and Moral Dissonance*.

This researcher adapted the Military Moral Injury Symptom Scale (MMISS) from the Moral Injury Symptom Scale – Military Version Short Form¹²⁴ to make the faith-specific questions ecumenical, make some questions more understandable, and screen if a sense of indebtedness from one's country is present. This researcher also created two versions of the MMISS, one to be used with U.S. Marine Corps and Navy Expeditionary Force unit members, and the second for Navy surface, submarine, aviation, and Marine Corps aviation unit members. This questionnaire contains forty-five questions that assist the chaplain in homing in on the most significant contributions to the counselee's moral injury. The MMISS uses a one to ten rating scale to determine the severity of injury for each question. It can be used at different times during a counseling relationship between the chaplain and the counselee to show how areas of injury are trending.

This is important because if the MMISS indicates negative trending of injuries, it would be detrimental to the counselee to continue receiving care that is not helpful. Such inadequate care would be equivalent to the Apostle James' critique of "Go in peace, stay warm, and be well fed."¹²⁵ Negative trending of injuries may indicate that Post-Traumatic Stress is present, indicating that a collaborative approach to care is needed. As alluded to near the beginning of this thesis, up to now, assessing whether a referral for additional care was needed has been driven by the personality of the chaplain. Utilization of M3IQ and MMISS provides clarity on when collaborative care, or referral, is essential. It is essential for the chaplain to realize when PTSI or other psychological conditions are present and medication use is needed. While recognition that one

¹²⁴ Harold G. Koenig, Donna Ames, Nagy A Youssef, John P. Oliver, Fred Volk, Kerry Haynes, et al. 2018. "Screening for Moral Injury: The Moral Injury Symptom Scale – Military Version Short Form." *Military Medicine* 183 (11-12): e659-65. Doi: 10.1093/milmed/usy017.

¹²⁵ James 2:16.

has moral injury and applying proper treatment will eliminate the exacerbation that many moral injury sufferers wrestle with, as noted in Kopacz et al.'s work.¹²⁶

Adaptive disclosure is one of the new and more widely accepted treatments for moral injury.¹²⁷ This treatment method has a lot to offer. However, it is completely devoid of any discussion of spiritual matters. Therefore, it is inadequate in addressing moral injury components that erode one's spiritual health and existential matters. Furthermore, this reinforces why a counseling model explicitly designed for chaplains to treat moral injury is needed. Eye movement desensitization and reprocessing (EMDR) is gaining popularity, yet its long-term effectiveness is questioned, and standardization in the Navy Chaplain Corps would have many challenges. Therefore, this researcher theorized that the best moral injury counseling method to test was Pastoral Narrative Disclosure (PND).¹²⁸ PND is easily transferable into the counseling practices of the Navy Chaplain Corps and meets the intent for "bearing one another's burdens"¹²⁹ so that chaplains can help those suffering from invisible wounds to "find rest for their souls."¹³⁰

¹²⁶ Kopacz, et al., "Moral Injury: A New Challenge for Complementary and Alternative Medicine," 30.

¹²⁷ Brett T. Litz, Leslie Lebowitz, Matt J. Gray, and William P. Nash., *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury*. (New York: Guilford Publications, 2015) Accessed March 5, 2021. ProQuest Ebook Central.

¹²⁸ Carey and Hodgson, "Chaplaincy, Spiritual Care and Moral Injury," 6.

¹²⁹ Gal. 6:1-2.

¹³⁰ 1 Cor 1:11.

CHAPTER 3: METHODOLOGY

Intervention Design

Based on the research done, the intervention used to address the lack of training for US Navy Chaplains on treatment modalities is the Pastoral Narrative Disclosure (PND) model developed by Carey and Hodgson¹³¹ but edited by the researcher to make it applicable to his ministry setting. During the initial recruitment process, candidates completed the Modified Military Moral Injury Questionnaire (M3IQ).¹³² After completing the M3IQ, a thirty-minute to one-hour interview was conducted with the participant to understand their responses. Each participant reviewed the PND model and provided feedback on their opinion of its potential efficacy. The PND model uses an eight-stage process in which a chaplain assists a warrior in transitioning from injury to healing in the emotional, social, and spiritual realms.

The eight stages of the PND model are:

1. Rapport: Developing rapport/trust between personnel/Service Member and chaplain, who ensures absolute confidentiality.
2. Reflection: Personnel/Service Member provides an account either oral, written, or by another medium, reflecting upon operational life journey and their morally injurious experience.
3. Review: In-depth review of personnel's/Service Member's reflection regarding their morally injurious experience by examination of conscience—considering past

¹³¹ Carey and Hodgson, "Chaplaincy, Spiritual Care and Moral Injury," 6.

¹³² See Appendix A

thoughts, words, actions, and omissions, particularly regarding self-accusation/s. (At this phase, the Military Moral Injury Symptom Scale shall be used as an aid.)¹³³

4. Reconstruction: Reconstruct the moral/ethical issue relating to the event and address feelings of grief, guilt, shame, anger, betrayal, trust, and forgiveness.
5. Restoration: Restoration is sought regarding grievances, which, if possible, are heard by the perpetrator or organizational representative.
6. Ritual: Rituals, either formal or informal, secular or religious rites, expressing regret, naming mistakes, change of heart, and seeking self-forgiveness and/or forgiveness from a significant or sacred source.
7. Renewal: Engaging in renewal by personnel/Service Member making amends and doing activities that are meaningful/purposeful in life by relinking with family, friends, workplace, community, the sacred/divine/God.
8. Reconnection: Reconnection involves personnel/Service Member engaging support and resources to reconsider or implement future values, career plans, and personal goals relevant for themselves and significant others to develop resilience and sustain themselves long term.¹³⁴

Throughout the process, the chaplain providing counsel will observe Service Members for detrimental effects, such as severe lack of sleep, self-harm, etc., and recommend clients seek additional care from medical or mental health appropriately.

¹³³ See Appendix B.

¹³⁴ Carey and Hodgson, "Chaplaincy, Spiritual Care, and Moral Injury," 6.

At the beginning of the interview, participants signed the “Informed Consent and Confidentiality Agreement,” which reiterated the purpose of the action research thesis and the importance of the interview.¹³⁵ The document disclosed that the goal of action research is not research for research's sake. Rather, it explained that action research intends to identify needed improvements and implement positive change. The document disclosed that the information provided in the interview would be redacted in the report regarding names, specific units, and some aspects of missions to safeguard the Service Member’s anonymity, operational security, alleged perpetrators' identities, and matters of national security. The document disclosed that the interview should not serve as a counseling session, but the interviewee will be invited to enter a once per week counseling relationship with the researcher for eight to twelve weeks. The interviewee signed the document, consenting with the terms.

When setting up interview appointments, the premise of the action research thesis was disclosed to the interview candidate. Candidates were informed that the research was being conducted as a potential model for chaplains to provide better care for warriors suffering from post-traumatic stress, moral injury, and loss of purpose. In addition, participants were informed that the research explores whether Service Members prefer inpatient programs or the ability to receive higher echelon care from embedded chaplains that would allow them to remain active in their unit while receiving care. The Pastoral Narrative Disclosure (PND) model was presented as a potential model of care to participants to test its efficacy. While discussing phase three, “Review,” participants were presented the Military Moral Injury Symptom Scale (MMISS). They were informed that MMISS would be used to gather the severity of injury in different categories. It was further explained, as counseling continued, counselees would be asked to fill out the

¹³⁵ See Appendix D.

MMISS again to determine if treatment is aiding their healing or if an alternate means may be more suitable. Feedback was collected on their perceived efficacy of the use of MMISS as an evaluation tool for effective treatment. For those who had previously completed a twelve-week therapeutic model for PTSD, this researcher requested that they compare PND to the program(s) they completed. These participants' opinions were collected on whether the PND model would allow them to move through the healing process while remaining fully engaged in their unit and its mission. PND was proposed as an eight to twelve-week program to be used between chaplain and Service Member. Data was organized using Quirkos qualitative analysis software to track significant trends that contributed to participants' post-traumatic stress, moral injury, and loss of purpose. A copy of the findings will be made available to research participants.

This intervention design aims to meet the need for increased accessible care for Service Members suffering from post-traumatic stress, moral injury, and loss of purpose, and a standardized approach for USN chaplains to care for these injuries. Service Members express a cathartic affect to speaking with chaplains because of a chaplain's legally binding confidentiality. However, with no standardized approach for care in the USN Chaplain Corps, the level of advice and care that one receives from chaplains varies. Some chaplains believe that the extent of their care should be three counseling sessions with one person. If that person needs additional care, those chaplains refer counselees to military mental health providers. Such an approach causes a loss of confidence in the capabilities and level of care of the USN Chaplain Corps and increased anxiety in Service Members. Our Sailors and Marines know that if they mention certain topics, i.e., suicidal ideations, homicidal ideations, etc., to mental health providers, these providers are required to report the counselees' conditions to command leadership.

Some Sailors and Marines report that mental health providers have disclosed that their primary role as military providers is to protect commanders. If they deem that someone's mental health is not conducive to military service, their job is to process them out of the military, not aid their healing. This approach to "care" is counterproductive to combating the military's mental health concerns and suicide epidemic. The suicide rate in veterans has grown exponentially from 17 deaths by suicide per day in 2010 to 22 deaths by suicide per day in 2020. Simple math shows that we have 1,825 more veterans killing themselves per year after a decade of focus on suicide prevention education in the Department of Defense. The number of suicides by active duty military members rose to 344 in 2019 from 287 suicides by active duty military in 2017.¹³⁶ Often, suicidal ideations in veterans come about via shame and hopelessness resulting from post-traumatic stress, moral injury, and loss of purpose. By creating a standardized approach to treating post-traumatic stress, moral injury, and loss of purpose, the USN Chaplain Corps would be poised as the trusted agent to correct this debilitating epidemic.

This intervention would create a standardized approach for chaplains counseling Service Members with invisible wounds. Most chaplains enter the Navy with minimal education and experience counseling people. This researcher's MDiv experience only required one course on pastoral counseling, and very few church members at his civilian pastorate sought pastoral counseling. Based on conversations with other chaplains, this experience appears to be the norm. Therefore, much chaplain counseling is personality-based and not suited for the complex problems faced by military personnel. To quell this insufficiency, the USN Chaplain Corps has begun developing a Naval Training and Readiness Publication (NTRP) that this researcher participated in,

¹³⁶ *Department of Defense, Under Secretary of Defense for Personnel and Readiness, "Annual Suicide Report: Calendar Year 2019"* (August 20, 2020).

to set parameters on effective pastoral care and counseling models. The NTRP, the first in the USN Chaplain Corps' history to discuss counseling methodologies, is a big step in the right direction, yet still lacks any standardized counseling models for specific conditions. Additionally, this model allows chaplains to tell medical and mental health professionals precisely what phase of the process a Service Member is in if the Service Member must be referred for sleep aid, serotonin booster, or other prescriptions.

Locally, approval was needed from the commanding officer to conduct interviews on local Service Members. This consent was obtained from the local commanding officer to conduct these interviews. He, the executive officer, and the command master chief all see the need for such research. In order to interview other Service Members and veterans that are not attached to the local units, there is no governing Naval instruction that requires approval submission. Therefore, consent is only needed from the interview candidates to participate in this action research thesis project. For this intervention to become the standard operating procedure for the USN Chaplain Corps, a proposal must be submitted to the USN Chaplain Corps Pastoral Counseling Community of Interest (PCCOI), then to the US Navy Chief of Chaplains' office for review and approval. Included with the proposal will be the findings from this action research thesis project. If accepted, a proposal for corps-wide training on the effective use of the eight-stage counseling process in the PND model will be submitted.

Implementation of Intervention Design

Due to the felt need to address mental health care deficiencies for active duty military and military veterans, combat veterans aware of this researcher's DMin pursuit were eager to participate in the project. Approval was received from the IRB to begin the project on April 16, 2021. At that time, recruitment for interviews began to assess the efficacy of the intervention design.

Interview candidates are veterans or active duty of the U.S. Department of Defense or the U.S. Department of Homeland Security with at least one deployment. Unfortunately, even though there was a lot of interest in participating in the research, many veterans never submitted their informed consent document. Some submitted the informed consent document but never completed the M3IQ. I discovered that some veterans had suppressed their PTS or MI for so long that revisiting those thoughts to complete the M3IQ opened up some raw emotions they were unwilling to face. Therefore, these veterans dropped out of the program. Some eager participants never responded to my follow-up messages. Those who responded to follow-up messages and participated informed the researcher that their PTS causes them to feel guilt over uncompleted tasks. This guilt led to avoidance of my messages and the research. However, those who were open to this dialogue were assured that there was no need to feel guilty, that the research intended to help. They then gladly participated in the study.

Some interviews were face-to-face with military members at the local military base. Others were audio calls with active duty members stationed in other parts of the globe and combat veterans that have exited military service living where they choose. Each participant signed an “Informed Consent and Confidentiality Agreement,” stating that they understood that the interview was solely for research purposes, not for counseling. As discussed earlier, the agreement stated that the participant could choose to enter an eight to twelve-week counseling model with the researcher using Pastoral Narrative Disclosure after the interview. The researcher signed the form confirming that the interviewee’s name was redacted from the report and replaced with a pseudonym. Details from military missions, units, and chains of command were redacted or generalized to protect anonymity and matters of national defense. The interview collected data that

detailed what led to the participant's post-traumatic stress, moral injury, or loss of purpose. Further, the interview collected data on the participant's opinion of the efficacy of M3IQ as a screening tool and PND as a counseling model.

The trial period was adjusted due to the constant fluctuations in COVID-19 restrictions and the effect that the fluctuations took on participants' lives. No participant wanted to enter into an eight-week counseling relationship. Many participants felt tremendously better after the interview because of the cathartic effect on their souls. Many of them decided to incorporate the recommendations of the PND model into their healing journey. Participants' inclusion of PND steps into their self-care routine supports the efficacy of the model. When COVID-19 restrictions began to lift, participants took the opportunity to travel with their families and friends in accordance with steps seven, "renewal," and eight, "reconnection" of the PND model. Since this is one of the overarching goals of PND, participants' engagement in renewal and reconnection supported the model's efficacy.

While most military members realize that transformation takes time, as is the case during their accession training and leadership development indoctrination periods. Many become short-sighted when it comes to spiritual, mental, and emotional health treatment. Too often, when Service Members begin to feel some treatment benefits, many will end treatment prematurely under the false pretense that they are "better enough" and try to handle remaining trauma residue on their own. The larger body of research supports this trend for those working with veterans. Research shows that 70% of veterans that drop out of mental health treatment do so after their first

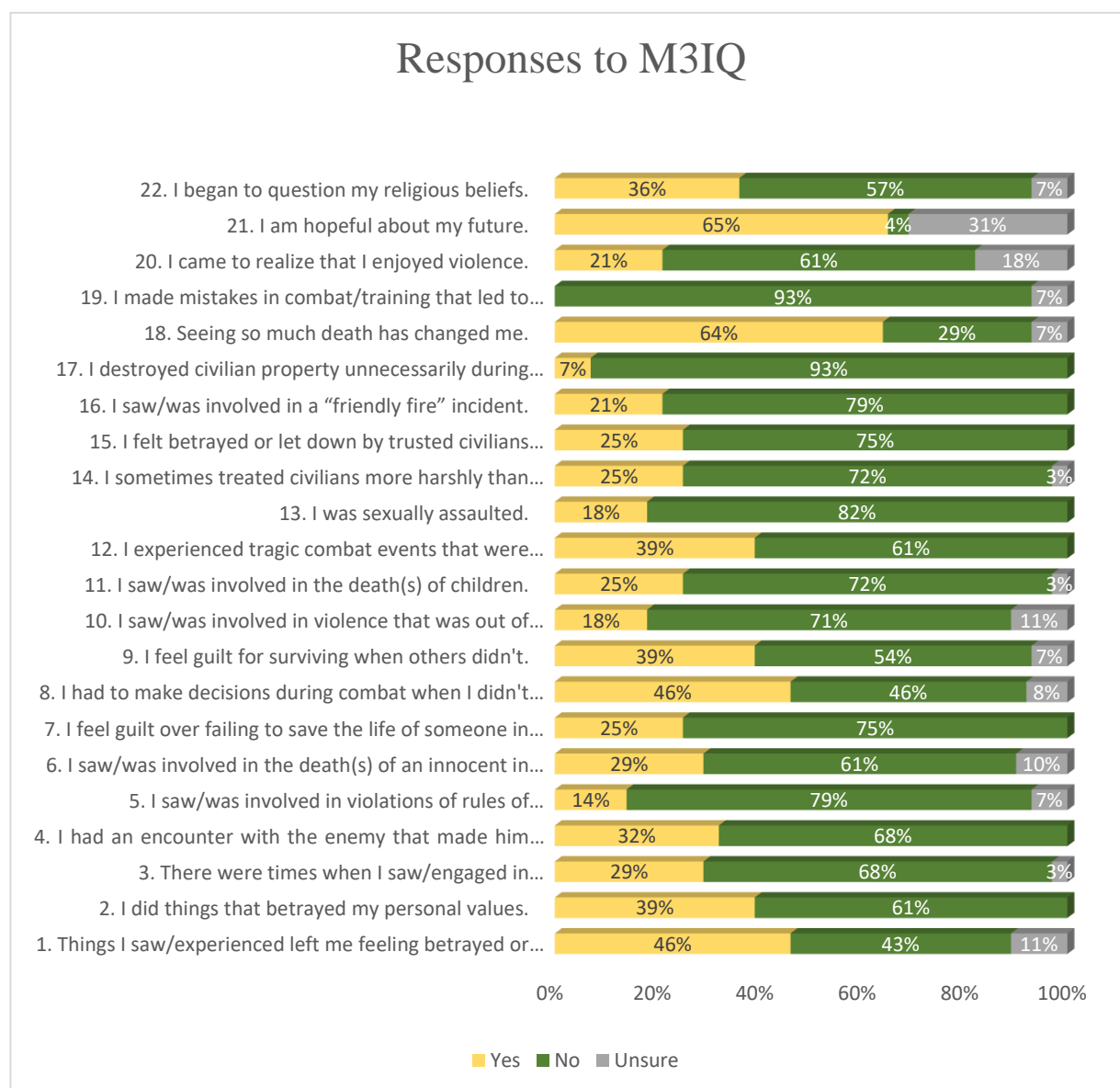
or second visit.¹³⁷ In order to generate valid data, triangulation was achieved through M3IQ data collection, literature review, and interviews.

¹³⁷ Shauna Springer, *Warrior: How to Support Those Who Protect Us* (Estes Park, CO: Armin Lear Press, 2020), 56.

CHAPTER 4: RESULTS

Addressing the need for a standard screening and counseling model to treat PTS, MI, and loss of purpose for chaplain use resulted in a positive response. Some participants admitted that the M3IQ caused them to address thoughts and emotions they had suppressed for many years. Snapper, an aviator, relayed that the M3IQ made him evaluate his emotional and psychological health to see how healthy he was to assure that he was not suppressing unhealthy emotions. Triggerfish, Marlin, Leatherback, and Wolffish, all of whom served with Special Operations Forces (SOF), were emphatic that this model needs to be implemented force-wide as soon as possible. Marlin shared that people will be more comfortable coming to the chaplain for counseling if they know that the chaplain used this screening and counseling model. Many participants agreed that the uncertainty of the quality of care received via chaplains was a deterrent for many to seek chaplain care. Some were afraid that information shared would somehow be linked to them even after reading and signing the informed consent form with its confidentiality assurance. Their fears subsided as confidentiality and UCMJ protection were reiterated. However, their reluctance to talk about their experiences revealed their moral injury. Many feared legal, moral, and ethical ramifications for their actions during combat that occurred over a decade ago.

M3IQ Statistics



The chart above displays participants' answers to the twenty-one questions of the M3IQ listed below. Participants' responses of particular interest were: 46% felt that they were betrayed or let down by military or political leaders, 11% were unsure; 39% felt they had betrayed their personal values; 46% made decisions in combat when they did not know the right thing to do; 39% suffer from survivor's grief; 39% suffered chaotic combat events that were beyond their control; 64% were changed by the amount of human death that they witnessed; 31% were unsure

if they were hopeful about their future; 36% began to question their religious beliefs, 7% were unsure.

M3IQ questions

1. Things I saw/experienced left me feeling betrayed or let down by military/political leaders.
2. I did things that betrayed my personal values.
3. There were times when I saw/engaged in revenge/retribution for things that happened.
4. I had an encounter(s) with the enemy that made him/her seem more 'human' and made my job more difficult.
5. I saw/was involved in violations of rules of engagement.
6. I saw/was involved in the death(s) of an innocent in combat.
7. I feel guilt over failing to save the life of someone in combat/in training/in an accident, etc.
8. I had to make decisions during combat when I didn't know the right thing to do.
9. I feel guilt for surviving when others didn't.
10. I saw/was involved in violence that was out of proportion to the event.
11. I saw/was involved in the death(s) of children.
12. I experienced tragic combat events that were chaotic and beyond my control.
13. I was sexually assaulted.
14. I sometimes treated civilians more harshly than was necessary.
15. I felt betrayed or let down by trusted civilians during combat/training.
16. I saw/was involved in a "friendly fire" incident.
17. I destroyed civilian property unnecessarily during combat.
18. Seeing so much death has changed me.
19. I made mistakes in combat/training that led to injury or death.
20. I came to realize that I enjoyed violence.

21. I am hopeful about my future.

22. I began to question my religious beliefs.

This research revealed that many participants had never spoken about their trauma with anyone. Some had shared pieces, but not all, of their trauma stories with a counselor. Participants shared that their suppressed trauma would enter their minds and cause them to be distant from their families, which produced more profound guilt. Some participants only found relief through alcohol abuse, something for which they were ashamed. Participants shared that they revealed their hidden trauma to the researcher because the M3IQ assisted them in categorizing their trauma, confidentiality was well explained, and the process was well organized. As was to be expected, trauma differed according to participants' branch of military service, their job in the military, and the era in which they served.

Moral Injuries Discovered

Bluefin, a surface warfare Sailor, recalled when he was new to the Navy and had a terrible enlisted supervisor. His supervisor made work unnecessarily hard for his subordinates, leaving little time for sleep each day. Bluefin stated that when he and his fellow junior enlisted were getting ready for bed, the enlisted supervisor would come into their berthing, pour beverage powder and water on the floor, and circle any dirty spots on the walls with a grease pen. He proceeded to tell them that they could not sleep until the mess was cleaned up. Because there was no oversight from anyone above his supervisor, this treatment continued. Bluefin became overly stressed to the point he became numb and considered getting out of the Navy. Another Sailor began using illegal drugs to cope with the stress, eventually failed a random drug test, and was kicked out of the Navy. The worse part was that some of the other junior enlisted began to think that type of abuse was the way to lead and began emulating the behavior.

When he was a young Marine on his first deployment, Mackerel's senior enlisted supervisor cowered in fear. He would tell his junior Marines that they were all going to die. He subsequently put Mackerel in charge of the operation. Mackerel was furious because young men were enlisting to fight in the war, and the man that should have led them told them that they were going to die. On another deployment, Mackerel's junior officer wanted to take his Marines into a gunfight for the experience, even though it was outside their assigned area of responsibility. Mackerel got into a physical altercation with his junior officer to stop him from unnecessarily jeopardizing Marines' lives. Fortunately, a senior officer agreed with Mackerel, and he avoided nonjudicial punishment.

At the beginning of Operation Iraqi Freedom (OIF), Mackerel recalled that the Sadaam Fedayim would hijack cars with families in them and shoot at U.S. forces from the vehicle. In order to defend themselves, U.S. forces had no choice but to shoot at the cars to stop the aggressors. During one of those events, a woman was holding a baby in the back of a vehicle, and the baby was shot and killed. She got out of the car and began screaming in immense sorrow. A Marine next to Mackerel took his helmet off and started sobbing. This event still haunts Mackerel, especially now that he's a father. When he transitioned assignments and moved out of the constant work-up to deploy again cycle, he would get home from his job, lay in his bed, and have this immense feeling that something terrible would happen to him. He wrestled with being back in "normal" life while Marines were still fighting and dying. However, he is determined never to let the type of evil people he encountered in the Middle East take over the United States and create the same chaos and destruction that he witnessed. He never wants his children to know such atrocities.

Triggerfish, an enlisted Sailor, told an account when he killed a terrorist that killed one of his friends. He thought that killing the terrorist would make him feel better. However, when he saw the terrorist's family sobbing over their dead husband/father, he felt even worse. The killing did not vindicate his friend's death like he thought it would. He tried to fill the emptiness that he felt through participating in more violent attacks. He became a nasty person. Triggerfish recalled that he began to feel like he was "just a poor kid killing other poor people because rich people in the U.S. government figured out how to make money off of war." He pointed out that some in political power sat on the board of directors for defense contractors. He did not trust them. However, people that tried to stand up ethically were ostracized; he did not want to be excluded from the team. The team was like his family. When he was not deployed, he tried to numb the pain with alcohol, which exacerbated depression, PTS, and suicidal ideations. Even though he is sober now and has received a lot of mental health assistance, the shame of what he had done and whom he had become is occasionally present.

Wolffish, an enlisted Sailor that served in diverse roles, became extremely distraught from the things he witnessed and realized that he needed to talk to someone. The flag officer he worked for told him that he could speak to no one, not even the chaplain, due to the classification level of the operation. Wolffish felt betrayed and angry and contemplated leaving the Navy. On another occasion, while standing watch aboard a ship, Wolffish saw a small fishing boat in the ship's path. He notified the Captain of the potential collision, yet the Captain refused to change course, overran the fishing boat, and killed the twelve people on board. Wolffish was heartbroken over the unnecessary loss of life and became enraged at the ship's Captain but could do nothing about it. The culmination of these events created such grief and anxiety, he did not speak

to his family for two years. He did not know how to talk to his family because he could not tell them what he had experienced, and he did not want to burden them with his grief.

Grouper, a Desert Storm Era Sailor, witnessed angry mobs in the Middle East attack each other with swords during political protests. He felt ashamed over not being able to stop the violence and not being able to render aid to the wounded. He was on liberty, with no available resources, and in civilian attire during the mob's attack. He still carries guilt for leaving a man with a head wound on the street that he was attempting to help. His friends pulled him away as the crowds were closing in for fear of his safety. These traumatic emotions resurfaced over the last few years during the rise of political protests and riots in the United States. He does not want to witness senseless killing again. Grouper also wrestled with the reality that he was the victim of racism during his time in the Navy, while at the same time, he is highly skeptical of Middle Easterners because of his experience. Admittedly, the racism shown to him was without precedence. However, he feels sorrowful for judging some people based on their ethnicity.

Marlin shared a story during the research interview that he had only told two other people. While providing overwatch for a civilian-led coalition mission, he observed that one of the coalition members did not make it to the extraction point after an intense firefight. He notified those in charge of the mission, but they felt that sending people back to rescue the person was too risky. However, Marlin was ordered to continue his overwatch. During his overwatch, Marlin witnessed the terrorist force capture, torture, and kill the coalition member. Marlin is continually haunted by what he witnessed. He was angry at the civilian leadership responsible for the mission and still struggles to trust them. Sometimes, his mind wanders back to that event on long drives with his family, and he has to "bring himself back down" to be mentally present with his family.

Lionfish, an enlisted Sailor, shared a different perspective. He wrestled with the manipulation suffered by many of the suicide bombers and bomb makers apprehended during combat missions. In questioning, he found out that terrorists threatened the lives of suicide bombers and bomb makers' families if they did not comply with their violent intentions. He felt that the situation worsened for those people when the U.S. offered money to them if they revealed the names and locations of the terrorists that threatened them. He understood that the U.S. was attempting to stop terrorism, but he was concerned about the individuals placed in this difficult situation.

Sometimes the emotional effects of combat are delayed. Bonito, an enlisted Marine, recalled that his unit suffered seventeen Marines killed-in-action on one of his deployments. He also spoke about two other deaths from that deployment. One was the death of an Iraqi that would come to their Forward Operating Base (FOB) and sell them food. He was informed that terrorists beheaded the Iraqi. The second was the death of an Iraqi man that delivered their water every day. Because of a rise of attacks by vehicle-born improvised explosive devices (VBIDS), a curfew was set for the area around the FOB. The water deliverer was out after curfew; therefore, he was shot and killed by the Marines following their orders. None of these deaths affected him while deployed. When he returned from deployment and watched movies with his children that had scenes of compassion, the flood of emotion washed over him, and he wept. He wept during the interview. There are so many unanswered questions in his head, namely "why?" He never went to the VA for assistance because it was over two hours away from his home. Even though the chaplain of his unit was well integrated and proactive, he did not talk to a chaplain about his sorrow. Contemplating why he did not speak to the chaplain about his survivor's grief, he was unsure and now wished that he had.

Anglerfish, a Marine Corps officer, has lost very close friends in combat. He coped by considering what was in his friends' hearts and minds before they deployed. He reasoned that his friends would want him to live a fulfilled life. He feels like he would waste their sacrifice if he did not. Also, witnessing the death of children was upsetting for him. One particular event was responding to an Iraqi father who brought his child shot by ISIS while sleeping to U.S. forces for medical care. As a father himself, it upset Anglerfish to see a child wrapped in their blanket, an item of comfort to children, soaked in blood. He visited the U.S. doctor that tried to save the child's life to understand how medical personnel cope with death. He learned that they rely on their training and the knowledge that they did everything in their power to save a life. He adopted this same approach. Even though it is not his personality to sit in someone's office and receive counseling, he shared that he frequently walked over to the chaplain's office to "bullshit" with him when he was disturbed by things he witnessed on deployment. This routine helped Anglerfish process his emotions in a safe environment.

Anglerfish shared his thoughts on the role the media plays in increasing PTSD and moral injury in veterans. "Unfortunately, when we politicize war, that contributes to PTSD. People can never understand what it is like to be in combat unless they have been there. Then they paint combat veterans in a bad light and ignore the good that came out of what the military did somewhere. When Service Members listen to the media's demonizing portrayal of the military, that's when people feel the shame that leads to PTSD and moral injury." He said that Service Members could protect themselves by fighting with a happy heart, believing in the mission, and being comfortable with who they are.

Octopus, a Naval officer, wrestles with the missions he participated in while deployed to Iraq and Afghanistan. He was led to believe that the U.S. forces were there to free a country or

overtake insurgents. However, he now feels like Service Members were being used as pawns in a big game and that they were misled by some senior military officials and political leaders. Some of the people he killed were not an active threat to his “brothers” or the U.S. He still finds it difficult to reconcile those killings, even though he was following orders. Octopus wept when he discussed apprehending enemies and seeing the children and mothers crying. Those experiences humanized the enemy. Now that he is a father, it breaks his heart to put himself on the other side of that equation. It breaks his heart to think about the trauma that his wife and children would suffer if strangers burst into their home and took him away. Additionally, he suffers survivor’s guilt from losing several friends on a mission that he was not tactically involved in. At the time, he felt like he should have been on the mission and died instead of his friends. Some of his friends were fathers; he was not. He wanted those kids to have their fathers.

Leatherback, an enlisted Sailor, provides an excellent example of how personal loss coupled with combat loss exacerbates PTSI and MI. As he provided overwatch for a mission, he observed a man run out of a building as U.S. forces entered to apprehend seven terrorists. A supporting U.S. aircraft provided close air support and shot the man behind the rock in half. After everything settled down, he saw a woman and children get the two pieces of the man and push him back together. Observing this was emotionally disturbing but turned traumatic when Leatherback learned that the seven terrorists were all apprehended, and the deceased may have been an innocent bystander. On that same deployment, two members of his unit were killed in action, and others were severely wounded when they were inside the blast zone of an airstrike. Compounding his distress was his father's death four months after the deployment as he held his father in his arms. Leatherhead’s wife said that she could tell that he had changed. He knew that he was drinking more to cope with the trauma. His wife convinced him to seek help.

Moray, a Vietnam War veteran, shared that his time in Vietnam was very damaging. He was not drafted into the Army like many young men. He enlisted because he believed in the mission of protecting South Vietnam from communist aggression. The first experience that rattled him occurred as soon as he stepped off of the airplane in Vietnam. As he walked by a long line of American Soldiers, he saw that they were lined up to have sex with an old Vietnamese grandmother. He was outraged at his fellow soldiers because he understood that their mission was to decrease the suffering of the Vietnamese people, but those Soldiers were exacerbating the problem. Moray was able to learn Vietnamese quickly. The ability to speak and read the native language benefitted him, yet it also created additional trauma. He spoke with dying North Vietnamese on two occasions and learned that neither of them understood why they were fighting. They told him they were recruited out of their villages, forced to fight, and wished to return to their families and girlfriends. These encounters humanized the enemy and made it more difficult for him at times. Further compounding his distress, one morning, Moray awoke to find that a Soldier that was his good friend hung himself from the water tower. He voluntarily remained in Vietnam for two years, attempting to save another person from experiencing the hell he was in. Moray struggled with alcoholism and suicidal ideations for many years.

The interview with Spearfish, a Navy veteran, revealed that he wrestled with his self-worth before joining the Navy. The root of this self-doubt stemmed from his father. No matter how well he did, his father never praised his accomplishments. This revelation helped him recognize why he has a propensity to look at what he was unable to accomplish instead of what he accomplished. Spearfish admitted that even if he saved the lives of ten people on a combat mission, he could only focus on the four people who died. He carried constant guilt for Marines who died in his unit and continual self-questioning whether he could have saved more lives. This constant

survivor's guilt and shame led Spearfish down a path of severe substance abuse, unfaithfulness to his first wife, and suicide attempts. He continues counseling to help him process his guilt and shame and remains connected with a sobriety organization.

Sea bass, a former enlisted Marine, served as an unfortunate example of how MI from bad leadership can develop into a myriad of issues. While deployed, he asked to reenlist for another term in the Marine Corps. However, after deployment, he was informed that no quotas were remaining for his MOS (Military Operational Specialty). His officer-in-charge refused to write an exception letter for him because he was late to work a day after learning that one of his friends killed himself. Because Sea bass was not able to reenlist, another Marine was deployed in his place and was killed by a mortar strike. The death of that Marine created severe survivor's guilt in Sea bass, which manifested as anger and violence. He felt like the dead Marine was a much better person than him, and if anyone should have died, it should have been Sea bass. He admitted that he still had not fully coped with the death but learned to manage his anger.

Blue tang, Starfish, and Seahorse were the only females to participate in the study. None of them were involved in direct combat operations, but all experienced MI or PTS in similar ways. Blue tang and Seahorse were both sexually assaulted while on active duty. Both of them made it a point to disclose that the military does a much better job addressing sexual assaults presently than when they were Service Members. Both mentioned that the MI and PTS of the sexual assault were intensified by unit leadership denying access to care, the investigation process, and working in close proximity to the perpetrators. They both assumed that their leaders blocked access to care to attempt to keep the news that a sexual assault happened in their unit from becoming public knowledge. Although Starfish was never sexually assaulted, she witnessed

a persistence of female Marines that felt obligated to have sex with male Marines that were senior ranking to them. She knew females that struggled trusting leaders after they were coerced to have sex as a subordinate. Starfish's biggest MI came from political leaders. She felt as though political leaders spend time out on golf courses while they send the military to fight wars.

How Death has Changed Them

Anglerfish shared that experiencing so much death caused him to gain an enlightened level of the fragility, uniqueness, and exceptionality of life. He shared that he does not believe in an afterlife or divine beings. Without an eschatological underpinning, Carl Sagan's book Pale Blue Dot helped him to believe in other-than-war missions assigned to the Marine Corps and how those missions counteract the death he observed. Sagan's book helped him from becoming cold-hearted during his time in Iraq and Afghanistan. Something that caused him to struggle greatly was seeing children that were killed. When asked how he coped with such tragic events, he said that he "turns things around. I never want to lose my child or others whose lives are entrusted to my charge. As a father, I want to make sure that my children are always protected from evil aggression." Anglerfish continued, "Look at tombstones in a veteran's cemetery. There are a lot of men that died very young fighting to defend our nation. They deserve not to have died in vain." He endeavors as a Marine leader to know that he does his best to prepare his Marines for combat. He realizes that there is a high likelihood that he will not return home with all his men. However, he rests assured that he has done everything to prepare them for what they face and died doing what they signed up to do.

Leatherback shared that he saw so much death he became numb to it. He said that it was just like another day at the office for him. His therapist prescribed medicine that helps him manage anxiety. He admitted that he would like to stop taking medication because he does not like

the idea of being dependent on the drug. However, he is discussing the best way forward with his therapist. Leatherback disclosed that he feels the most at peace when he is with his wife. Occasionally, his mind still drifts to the traumatic events he witnessed even when he is with her. A therapist recommended that when he begins to drift, he should hold his wife's hand. Leatherback disclosed that holding his wife's hand has been the most therapeutic action for him. It reminds him that he is home and close to the person he loves more than anyone else.

Triggerfish disclosed that he came into the military not wanting to kill. He was indoctrinated into the idea that to go to combat and kill is something that Service Members should do. It was such a part of the culture and environment that he was in. He began to believe that after he killed, he'd be happy. He began to enjoy combat killing. He now wonders if combat and killing were filling a void in him. He admits that it helped him feel like he belonged as a part of his unit. As he reflects back at those events now, he is overwhelmed with significant shame. He recognized that he became an alcoholic to mask his suppressed trauma. Triggerfish reached the point of hopelessness and severe suicidal ideations after a failed hostage rescue. Fortunately, his wife recognized that he was deteriorating quickly and encouraged him to seek help. Triggerfish attended an inpatient substance abuse and PTSD treatment program. Even though he still wrestles with shame from that time in his life, he has been sober for ten years and does a great deal of work to assist active duty, and military veterans find healthy ways of processing combat trauma.

Mackerel disclosed that seeing so much death has caused him to reject any unnecessary risks. Everything has to be black and white for him to proceed. He admitted that this creates friction between him and his wife, particularly when making decisions regarding their children. Mackerel cannot accept ambiguity; every plan has to be detailed for him to agree to it. While in

Vietnam, Moray saw a guy that had been shot in the head with a 50 caliber round. It was alarming for him to see the man's skull, as he put it, empty like an eggshell. Later in the war, he was on watch the night the Tet Offensive began. Men were shot and killed all around him. He became numb and quit connecting with others. It took him many years to regain the capacity for feelings. Some of that has never gone away, even though it has been over fifty years. Lionfish saw many deaths and dead bodies during combat operations to the point he became numb to seeing dead people. He realized that he was significantly unwell when he referred to a Sailor's body as "it" when reporting to his superiors and subordinates that it appeared that the Sailor had killed himself. These events caused him to think about his humanity and his ability to show empathy. Lionfish self-referred to mental health and found that EMDR was helpful, yet only one therapist was EMDR trained. When that therapist retired, he struggled to find ways to cope and heal.

Conversely, Manta ray explained how seeing a lot of death changed him for the better. Thinking about the women and children who died as a result of ISIS hiding out near their homes and the people killed or injured by ISIS placed IEDs helped him persevere through one of the most challenging moments in his life. After seeing the implications of an evil force exerting control over a region, he has resolved to continue to be part of the force that eliminates such aggressors. Manta ray shared that seeing so much death helped him understand what is truly important in life. He has learned that if something is not a life-or-death decision, it is nothing to be stressed about. When he reflected on his deployments, he realized that he slept better than ever before because of the assurance that he was doing great work to take out evil people.

Effects on Religious Faith

One particular area that was impacted by combat trauma was religious faith. Mackerel raised Roman Catholic, disclosed that he began to question his religious beliefs the first time he

witnessed an Iraqi killed in combat. The Iraqi emptied his bowels and began to twitch. He compared the Iraqi's death to the death of an animal. It reminded him of shooting a deer or a daddy-long leg that twitches after it is stepped on. The idea of humans being created in the image of God was lost on him after that experience. He also compared the piety and devotion of the Shias to his devotion to Christianity. He wondered how he could be in the right for being a Christian even though he was having sex out of wedlock, smoking cigarettes, and consuming alcohol. The Shia's, on the other hand, abstained from such activities and died for their beliefs. After deployments, he had many conversations with his father exploring questions like, "What if we created God because we cannot handle the idea of there being nothing after this life?" He still lives his life according to Christian values and wants to raise his children in the church. He confessed that he would never turn his back on the church or God and hopes that he'll have a breakthrough and feel a connection with God one day. The interview was the first time he had spoken to a chaplain about these thoughts and events.

Grouper admitted that his Christian faith grew while in the Navy because of another Sailor's faith. Grouper was raised Roman Catholic and had fond memories of his grandmother and the elders in the church investing in his spiritual development. However, he recalled, the Sailor led a non-denominational service on the ship and was never shaken by the jeering of the other Sailors. Grouper admired this particular Sailor's devotion, constant positive attitude, and the time he took to lead Grouper to a deeper relationship with Jesus. Grouper is a practicing Christian because of that Sailor's investment. Yet, even with his Christian underpinnings, he wrestles with an omnipotent and omnipresent God, given what he experienced. After what he witnessed in Israel and Turkey, he questioned whether God was even there. He would often think back to the Sailor who shared the Gospel with him for encouragement. In his practice as a Licensed Clinical Social

Worker, he counsels many veterans who are suffering from a great deal of emotional and psychological pain. Even though he knows the Holy Spirit is at work in him, he struggles to provide answers to counselees because he understands why they doubt if there is any real good, hope, or God. Grouper tries to live out actions to bring God's peace to people. However, he continues to wrestle to understand why such atrocities occur. Grouper never spoke to a chaplain about his burdens because he felt that he would be stigmatized as crazy by other Sailors.

Octopus explained that he is a Christian who believes in the Bible and knows that God talks about not shedding the blood of another. He is not sure why he joined combat arms with that belief, particularly an elite special operations unit. At one time, he began to question his beliefs because questioning the validity of the Bible helped him justify his role in combat arms. However, he eventually talked with a chaplain to feel that God was ok with who he was and what he had done. Octopus made it clear that he now has strong convictions that have re-grounded him to his Christian faith. Similarly, Lionfish confessed that his experiences caused him to question why God allowed evil to be rampant in the world. Although, he also is a dedicated Christian who is grounded in his faith and active in a faith community. Yet, even with dedicated faith, he wrestles with reasoning why God does not intervene and cease all evil from existing.

Blue tang, who attended Roman Catholic and Methodist services as a child, confessed that she felt like God had abandoned her after her sexual assault. When the assault happened, she was not aware that chaplains provided counseling. Therefore, she coped by drinking alcohol excessively. Blue tang felt very isolated and like everyone turned against her for reporting that she was assaulted. When someone suggested that she attend the base chapel to connect with a faith

community, she refused. She felt like some Christian and Jewish communities place the responsibility for sexual impropriety on women. She assumed that attending chapel services would only provide another opportunity to be disappointed. As the years passed, Blue tang recalled an experience while attending a Jewish temple during her Catholic confirmation. Even though she was twelve years old, she could read and speak Hebrew perfectly with no Hebrew education. She reasoned that experience was a sign from God which revealed that she belonged in the Jewish faith, has converted, and feels very much at home in the Jewish community of faith.

Seahorse disclosed that after her rape, she did not doubt or question God. Instead, she processed her trauma by talking with friends, her husband, and attended a few counseling appointments. She attributed much of her recovery to the fact that she has a praying father and that she renewed her mind by reading the Bible and anchoring her identity in Jesus Christ and his redemptive work. The counsel of the Holy Spirit also played a significant role in her recovery. Her experience with chaplains was mixed. One chaplain was very instrumental in providing counsel when military service separated her and her husband. However, during another personal crisis, a chaplain told her that he only had fifteen minutes to give her and to “suck it up.” She felt underserved and underappreciated and decided to seek help elsewhere.

Moray grew up a Christian, but the carnage he witnessed in Vietnam caused him to question everything. Explored Confucianism and Taoism, then determined to be ordained as a Buddhist priest. When his first wife left him for one of her coworkers after twenty-five years of marriage, he reasoned to get lost in the jungles of Vietnam and meditate until his death. The trauma of his wife’s infidelity led him to break eighteen years of sobriety. As he sat in a bar in Laos, to his surprise, a caucasian woman walked in, a Peace Corps worker. He offered to buy her a whiskey, she declined and told him that he should seek peace in God, not alcohol. Her words pierced

his heart. He went to his hotel room, wept, and prayed that God would forgive him and make him whole. Moray expressed that his healing journey has been quite difficult, but he is now an ordained Christian minister. He does miss the tranquility brought about through Buddhist meditation but does not want to fall back into idol worship.

Leatherback, raised Roman Catholic, expressed that after seeing so much evil in the world, he began questioning if God existed. He questioned further, if God exists, then why is there so much evil. He was emphatic that he never left the faith entirely and eventually ceased questioning God's existence and activity in the world. Conversely, Marlin has not arrived at the same conclusion as Leatherback. Marlin stated that he would like to believe that a God is looking out for humanity. However, after the atrocities he witnessed, he is unsure if he believes in a God. Triggerfish, raised Roman Catholic, shared that he is not sure if he believes there is a God after the events he has witnessed. He found psychological relief through Buddhist meditation but is uncomfortable with the idea of a God.

Similarly, Spearfish was raised Roman Catholic until age ten, when his mom and sister converted to Jehovah's Witness. When he enlisted in the Navy, he identified as agnostic. During combat operations, he saw very devout Christian men die. Their deaths led him to question whether there was a God or a need for religious faith. However, during inpatient mental health treatment in 2013, the nightstand by his bed had a Beginner's Guide to Buddhism in the drawer. Out of curiosity, he checked the other nightstands in the room by other beds and found that they all contained Bibles. Because his nightstand was the only one to contain the Beginner's Guide to Buddhism, he decided to read it. Spearfish converted to Buddhism and has found psychological peace through meditative practices. Manta ray, raised in the Church of Jesus Christ of Latter-Day Saints, left his faith after the death and destruction he witnessed. He disclosed that he identifies

as a hopeful agnostic and that the true God is likely the Christian God through Jesus Christ.

However, he was not at a place where he could say for certain. His theology has shifted, and he chose to think objectively about the world.

Efficacy of M3IQ and PND

Every participant expressed very high regard for the efficacy of the M3IQ and PND.

However, participants were emphatic that M3IQ and PND should be used in tandem in the way the research was designed. Participants were informed, in practice, the M3IQ would not be presented to counselees until stage one of PND, rapport, was completed. Some participants had negative encounters with chaplains that caused them to avoid chaplain counseling after that encounter. Leatherback spoke of an experience early in his career when he approached a chaplain for counseling, and the chaplain told him that he only had fifteen minutes to give him. Leatherback did not bring up the real issue during those fifteen minutes, left feeling undervalued, and chose not to seek chaplain counseling again. Similarly, Seahorse walked to the chapel for counsel during a time when she was unable to move with her husband to Japan. The chaplain she encountered told her that he could only give her fifteen minutes. She expressed her situation and asked if the chaplain could schedule another appointment with her. The chaplain's response was, "You joined the Marine Corps. What did you expect? Suck it up." Obviously, this chaplain's response was not the care that Seahorse needed and delayed her healing progress.

On the other hand, some participants had positive experiences with chaplains. Spearfish recalled two chaplains that were instrumental in his healing journey. Both chaplains helped him feel comfortable questioning his beliefs and never pressured him to believe in their Christian values. He said those chaplains came alongside him and helped him find healing. Others, like Octopus, sought out chaplain care. Participants' experiences supported the hypothesis that much

chaplain care is based on personality, and a standard approach is needed. Whatever a participant's personal experience was, they agreed that rapport was necessary to get counselees to the root of their trauma. Participants echoed that sufferers of MI, PTS, and loss of purpose want to tell their story. However, before they share their story, they have to know the recipient cares and is sincerely listening. Wolffish added, the fact that chaplains have some shared experience as fellow Service Members creates a greater level of familiarity between them and the ones they counsel. He recalled walking into a civilian psychologist's office for an appointment and asked if she knew what it sounded like to have a bullet fly by her ear. With her response, "No, why would I know that?", Wolffish left the appointment.

As participants provided feedback, changes were made to the M3IQ to make it more applicable to a broader audience. For example, Barracuda, a Marine Corps officer, explained that he has been on four deployments but has never been in an actual combat situation. He highlighted that many Marines that joined since 2012 have not been in combat situations but may have been exposed to death and injury in training scenarios. The M3IQ was updated to include questions about injurious experiences during training operations. Snapper, a Navy pilot, said that the M3IQ is worded well and made him pause and think through his experiences. For him, the questionnaire was simple to complete. For a deeper analysis, he thinks that MMISS should give people the self-awareness to think through where they are struggling the most and from where their problems stem. He believes that it is likely that most people have never stopped to think through why they react the way they do to different situations. They may not even be aware of the underlying trauma unless they conduct self-analysis, which is the intent of the M3IQ.

Octopus relayed that the M3IQ was simple to complete and asked the right questions. However, he pointed out that some people suffer from "imposter syndrome," a feeling that they

received high levels of training but were never in combat situations. He disclosed that he knows people in this category who had the same training as others in the combat arms profession and felt like they did not do enough in the war on terror because the opportunities were not the same for their unit. Based on Octopus's recommendation, a question was added to the M3IQ that read, "I wrestle with feelings of not doing enough/as much as others in combat. Even though I was well trained, I was not given the opportunity." Also, based on his recommendation, a comment box was added to the M3IQ that read, "Please use this box to share any information that you do not feel comfortable sharing verbally or was not covered by one of the questions." Based on Octopus's experience, there may be times that Service Members may be comfortable writing about emotional trauma before they are ready to hear themselves verbally share what they did or suffered. He added that the MMISS is an excellent tool, in his opinion. He felt like it would serve a significant role in aiding MI, PTS, and loss of purpose sufferers in assessing their most significant wounds. Octopus also urged that the M3IQ be presented to Service Members as they prepare to leave military service. He shared that as one transitions out of the military, there is a level of guilt about leaving your brothers behind to go live "the good life."

Lionfish assessed in comparison to other questionnaires he has filled out at other helping agencies, the M3IQ is a good opening questionnaire to get Service Members to talk about their trauma. Blue tang said that the M3IQ was an adequate length. She stated, "We all get intimidated by long questionnaires. Anything longer would be overwhelming. Anything shorter would not provide enough information." According to Marlin, "M3IQ does an excellent job of getting people to reflect on their experiences and is easy to complete." Sea bass shared that the M3IQ is easy to complete and helps people connect with whether they have injuries in certain areas. Moray and Triggerfish, who have both completed inpatient mental health and substance abuse

treatment programs, said that “M3IQ is an adequate length and general enough that people can think about their experiences without going too deep unless they are ready to.” Wolffish shared that he wished that chaplains had access to the M3IQ and PND when he was still active duty Navy. He believes that these tools would have helped him significantly cope with his trauma and protected him from the PTSI’s that he suffers.

Sturgeon, a Navy pilot that served in combat arms as an enlisted Sailor, shared that the M3IQ addressed all of the concerns he has seen warriors wrestle with after missions. He disclosed that the topics addressed in the M3IQ and MMISS were often discussed during downtime, but those he served with were unsure who could adequately help them process their trauma. He believes that the implementation of M3IQ, MMISS, and PND by chaplains would solve that problem. According to him, squads that he deployed with routinely had a debrief after each enemy engagement. Many of the questions in the M3IQ address morality and ethical concerns that can be divisive. How these concerns are handled can be the difference between someone becoming a liability or an asset on future missions. Sturgeon also recommended during the “reflection” and “review” phases of PND, chaplains should encourage Service Members that have participated in classified missions to “reframe their narrative.” He shared that “reframing their narrative” is a practice that they are familiar with when speaking about their job to friends and family members. Reframing their narrative during chaplain counseling sessions would enable them to talk about their trauma without breaking classification. The PND model reference sheets were changed to provide a greater framework to assist chaplains as they counsel Service Members.¹³⁸

Mackerel shared that M3IQ and PND implementation would correct deficiencies that he has seen in the Marine Corps and Navy. According to Mackerel, “I see chaplains having the

¹³⁸ See Appendix C.

same goals as I do as a Marine leader, to keep Marines spiritually and mentally well.” What he doesn't like is when Marines access medical and mental health with ulterior motives. He said that he had never seen a Marine who wanted to get out of the Marine Corps go to the chaplain for care. Those Marines go to medical or mental health and make up a false, hard to diagnose injury so that they receive an early, honorable discharge from the Marine Corps. Mackerel recounted, “My friend suffered extreme PTSI from killing an enemy in hand-to-hand combat. When he returned, he self-admitted into inpatient mental health treatment. My friend told me that eight of the ten Marines in the program with him had never been to combat. They were just there to try to get out. My friend said that the entire treatment experience was ruined because of their presence. They were not interested in getting better.” Mackerel believes that M3IQ and PND will allow Marines that want to get better to have access to the care they deserve through chaplains working in conjunction with medical and mental health professionals.

Concerned that referrals be handled appropriately, Sea bass recommended that instructions that outline how to properly ask for permission to break confidentiality for collaborative care referrals to occur, when appropriate, be added to the PND guideline. He was the only participant who requested the MMISS rating scale be shortened from a scale of one to ten to a scale of one to five. The other participants felt like a one to ten rating scale was appropriate. Sea bass felt as though the rapport and reflection steps of PND could happen simultaneously. While there is potential for these steps to coincide, it would depend highly on the counselee.

Wolffish deemed rapport and ritual to be the most important steps to aid in healing. Leatherback expressed a desire for military mental health to use a questionnaire like M3IQ before counseling appointments. Compared to his experience and military mental health facilities, the M3IQ questions are more manageable for Service Members and veterans to elaborate on than

the intake form currently used at mental health facilities. In response to PND, he said that the eight-stage model would have perfectly walked him through his healing process and reinforced the need for the implementation of a model like it across the fleet. Spearfish echoed that building rapport and helping Service Members understand the depths of chaplain confidentiality can eliminate barriers to care. After serving in the Navy for over twenty years and accessing chaplain care, he was unaware that chaplain confidentiality was absolute. Spearfish supported closer collaboration with medical departments so that collaborative care is more obtainable to Service Members. In his experience, a good deal of distrust exists among Sailors and Marines towards military leadership. He deduced that advertising the Chaplain Corps' confidentiality and their use of M3IQ, MMISS, and PND would encourage more Service Members to seek care because they want to get better. He reasoned that once Service Members have a better understanding of what help is available, they will no longer be forced to seek help; they will willingly pursue it.

All participants agreed that a Chaplain Corps that is well equipped to counsel sufferers of PTSI, MI, and loss of purpose is desired. One participant did reveal a preference to seek counsel through a mental health provider based on his previous experience with chaplains. His answer may have been different if he encountered chaplains skilled in M3IQ, MMISS, and PND. While 36% of participants admitted to questioning their religious beliefs after combat, this does not account for those that began questioning their beliefs before combat. However, the results support that many wrestled with existential questions after combat as 64% answered that seeing the death toll of war has changed them, 46% felt betrayed or let down by military and political leaders, and 31% disclosed that they are unsure if they are hopeful about their future. While this is a small sampling of the enterprise, it revealed that war causes many to question what is good and right in

our existence. Because of the unique role of the chaplain, he or she sits at the crossroads of helping Service Members find answers to their difficult questions. A chaplain trained in M3IQ, MMISS, and PND also has the ability to link Service Members to medical and mental health providers when necessary to compound the wounded warrior's path to healing. Effectively applying preverbal ointment on the wounds of their mind, body, and spirit.

CHAPTER 5: CONCLUSION

Previously, there has been no standardized counseling methodology for USN Chaplains. Chaplains have relied on the counseling training they received during their master's degree program and counseling experience in their civilian ministry. This proposed intervention should provide a familiar level of pastoral care to authorized users no matter who their local chaplain is. The unit chaplain is usually much more accessible than other resources, specifically on smaller ships and smaller units with no permanent mental health care embedded. To be sure, information sharing between the USN Chaplain Corps and BUMED will enhance each institution's knowledge of what the other offers for holistic care collaboration. Such an approach will reduce repeated traumatization and generate greater mental and emotional health in authorized users and deepen their faith in the Department of the Navy.

This research collected data from a specialized group of twenty-nine Service Members and veterans. While this may not be an exhaustive sampling, their responses to the M3IQ, MMISS, and PND model were overwhelmingly positive. This is not to suggest that these screening and counseling models are the cure-alls for MI, PTSI, and loss of purpose. That is why a collaborative approach was at the foundation of this active research endeavor. Yet, just as EMDR was instrumental in Moray and Lionfish's healing journey, Triggerfish and another veteran who dropped from the research claimed that EMDR was not beneficial in their healing journey. The use of the M3IQ, MMISS, and PND model by the U.S. Navy Chaplain Corps would create much more accessible mental, emotional, and spiritual care to Service Members.

The research also supported the importance of Service Members receiving proper care before they leave active duty military service. Some of the veterans that were solicited to participate shared that they had suppressed many of the thoughts and emotions from their time on active duty. These same veterans shared that they suffered for years from depression and harmful self-medicating practices. They decided not to participate in the research because it would require them to face memories and emotions they were afraid to address. However, one veteran did share that he wished that something like M3IQ, MMISS, and PND were implemented when he was on active duty. He felt these screening and treatment models would have made it much easier for him to cope with, and heal from, the trauma he experienced. Bonito has yet to visit the VA and sobbed during the research interview as he recalled deployment deaths fifteen years after they occurred and fourteen years after he retired from the Marine Corps. Even with great strides made by the VA, military medicine, and military mental health, accessibility and approachability barriers remain. Additionally, with the phenomenal improvements in those organizations, many military veterans and active duty Service Members continue to suffer from significant emotional, psychological, and spiritual wounds. Therefore, the research suggests that a piece of the treatment puzzle is missing.

The research supported that chaplains are the preferred first-line caregiver by individuals and leadership based on their complete confidentiality, proximity, and shared experiences as embedded unit members. However, research also supported that confidence in chaplains' ability to provide counseling to Service Members would significantly increase by implementing the M3IQ, MMISS, and PND. This implementation, as theorized, would create a standardized experience for Service Members, therefore increasing confidence in each chaplain's ability. Research also revealed that horrors experienced in war and combat raise existential and theological questions.

Chaplains are, and should be, the most equipped to address these questions. M3IQ, MMISS, and PND should help chaplains and counselees ask the appropriate questions at the proper time.

The M3IQ and MMISS allowed participants to ponder their emotional, psychological, and spiritual responses to each question in a non-threatening way. Even when provided the opportunity to remain silent on their “yes” responses to the M3IQ questions during interviews, each participant gladly shared their experiences with the interviewer. In practice, these resources should produce the same effect on counselees in chaplains’ offices. The M3IQ, MMISS, and PND could effectively provide the therapeutic tools needed to address the emotional, psychological, and spiritual ills that have plagued our warfighters for decades. Therefore, providing the missing piece to the treatment puzzle needed to complete our warriors’ transition from wounded to well.

An overarching successful outcome from this intervention would be the USN Chaplain Corps adopting this recommended intervention as the standardized counseling model for chaplains. However, the intervention will still prove successful if it brings about healing in Sailors, Marines, Coast Guardsmen, and their dependents (authorized users) suffering from post-traumatic stress, moral injury, and loss of purpose in this researcher’s ministry practice. In future military assignments, this researcher would train other chaplains under his leadership in the intervention and counseling methods. The crux of this work is increased holistic care for authorized users suffering from invisible wounds. The greater the reach, the greater the success. The PND intervention should reduce substance abuse, suicides, and domestic violence in military members and families. Not only for those exiting military service honorably but also for those who find themselves exiting military service due to their own illegal, unethical, or immoral action. If the chaplain corps captures these individuals, with the support of respective chains of command, the

burden on medical, mental health, and veteran resource will reduce. Additionally, these Sailors, Marines, and Coast Guardsmen will leave their respective services and move towards self-correction and continual healing instead of leaving their services bitter and hopeless. This intervention should contribute to healthy active duty military members, veterans, and families reintegrating as active community members.

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Appendix A

IRB Approval

IRB #: IRB-FY20-21-574

Title: Enhancing U.S. Navy Chaplain Care for Those Suffering from Post-Traumatic Stress, Moral Injury, and Loss of Purpose.

Creation Date: 2-3-2021

End Date:

Status: Approved

Principal Investigator: Jonathan Henderson

Research Ethics Office Review Board:

Sponsor:

Study History – Submission Type: Initial – Review Type: Limited – Decision: Exempt - Limited
IRB

Key Study Contacts:

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Appendix B

Modified Military Moral Injury Questionnaire (M3IQ) for use with Marine Corps and Navy expeditionary forces

	Yes	No	Unsure
(1) Things I saw/experienced in the war left me feeling betrayed or let-down by military/political leaders			
(2) I did things in the war that betrayed my personal values			
(3) There were times in the war that I saw/engaged in revenge/ret-ribution for things that happened			
(4) I had an encounter(s) with the enemy that made him/her seem more 'human' and made my job more difficult			
(5) I saw/was involved in violations of rules of engagement			
(6) I saw/was involved in the death(s) of an innocent in the war			
(7) I feel guilt over failing to save the life of someone in the war			
(8) I had to make decisions in the war at times when I didn't know the right thing to do			
(9) I feel guilt for surviving when others didn't			
(10) I saw/was involved in violence that was out of proportion to the event			
(11) I saw/was involved in the death(s) of children			
(12) I experienced tragic war-zone events that were chaotic and beyond my control			
(13) I was sexually assaulted			
(14) I sometimes treated civilians more harshly than was necessary			
(15) I felt betrayed or let-down by trusted civilians during the war			
(16) I saw/was involved in a 'friendly-fire' incident			
(17) I destroyed civilian property unnecessarily during the war			
(18) Seeing so much death has changed me			
(19) I made mistakes in the war zone that led to injury or death			
(20) I came to realize during the war that I enjoyed violence			
(21) I began to question my religious beliefs			

Modified Military Moral Injury Questionnaire (M3IQ) for use with ship and aviation units

	Yes	No	Unsure
(1) Things I saw/experienced on deployment left me feeling betrayed or let-down by military/political leaders			
(2) I did things on deployment that betrayed my personal values			
(3) There were times on deployment that I saw/engaged in revenge/retribution for things that happened			
(4) I had an encounter(s) with the enemy that made him/her seem more 'human' and made my job more difficult			
(5) I saw/was involved in violations of rules of engagement			
(6) I saw/was involved in the death(s) of an innocent on deployment			
(7) I feel guilt over failing to save the life of someone on deployment			
(8) I had to make decisions on deployment at times when I didn't know the right thing to do			
(9) I feel guilt for not intervening to stop immoral/unethical behavior			
(10) I saw/was involved in violence that was out of proportion to the event			
(11) I saw/was involved in the death(s) of children			
(12) I experienced tragic events that were chaotic and beyond my control			
(13) I was sexually assaulted			
(14) I sometimes treated civilians more harshly than was necessary			
(15) I felt betrayed or let-down by trusted civilians during deployment			
(16) I saw/was involved in a "serious mishap"			
(17) I destroyed civilian property unnecessarily on deployment			
(18) Extended time away from home has changed me			
(19) I made mistakes that led to injury or death			
(20) I came to realize that I enjoyed violence			
(21) I began to question my religious beliefs			

M3IQ edited to include suggestions from research

Modified Military Moral Injury Questionnaire (M3IQ) for use with Mari... https://docs.google.com/forms/u/0/d/1EIpYHh89ntsJSP95sZu1Txka_7...

Modified Military Moral Injury Questionnaire (M3IQ) for use with Marine Corps, Navy expeditionary, and Army forces.

For research associated with Chaplain Jonathan M. Henderson's doctoral work to enhance US Navy Chaplain care for those suffering from post-traumatic stress, moral injury, and loss of purpose.

* Required

1. Please enter your name. *

2. Things I saw/experienced left me feeling betrayed or let-down by military/political leaders. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

3. I did things that betrayed my personal values. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

4. There were times in combat/training that I saw/engaged in revenge/retribution for things that happened. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

5. I had an encounter(s) with the enemy that made him/her seem more 'human' and made my job more difficult. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

6. I saw/was involved in violations of rules of engagement. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

7. I saw/was involved in the death(s) of an innocent in combat. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

8. I feel guilt over failing to save the life of someone in combat/in training/in an accident, etc. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

9. I had to make decisions during combat when I didn't know the right thing to do. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

10. I feel guilt for surviving when others didn't. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

11. I saw/was involved in violence that was out of proportion to the event. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

12. I saw/was involved in the death(s) of children. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

13. I experienced tragic combat events that were chaotic and beyond my control. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

14. I was sexually assaulted. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

15. I sometimes treated civilians more harshly than was necessary. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

16. I felt betrayed or let-down by trusted civilians during combat/training. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

17. I saw/was involved in a 'friendly-fire' incident. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

18. I destroyed civilian property unnecessarily during combat. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

19. Seeing so much death has changed me. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

20. I made mistakes in combat/training that led to injury or death. *

Check all that apply.

- ☐ Yes
- ☐ No
- ☐ Unsure

21. I came to realize that I enjoyed violence. *

Check all that apply.

- ☐ Yes
- ☐ No
- ☐ Unsure

22. I am hopeful about my future. *

Check all that apply.

- ☐ Yes
- ☐ No
- ☐ Unsure

23. I began to question my religious beliefs. *

Check all that apply.

- ☐ Yes
- ☐ No
- ☐ Unsure

24. I wrestle with feelings of not doing enough/as much as others in combat. Even though I was well trained, I wasn't given the opportunity. *

Check all that apply.

- ☐ Yes
☐ No
☐ Unsure

25. Please use this box to share any information that you do not feel comfortable sharing verbally or was not covered by one of the questions.

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Google Forms

Appendix C

To be used with Marine Corps and Navy expeditionary personnel that indicate potential moral injury from the M3IQ.

Military Moral Injury Symptom Scale (MMISS)										
Introduction: <i>The following statements/questions may be difficult, but they are common experiences of combat Veterans or Active Duty Military returning from battle. They concern your experiences while in a combat or war zone and how you are feeling now. Just do the best you can, and try to answer every question. Circle a single number between 1 and 10 for each (“strongly disagree” to “strongly agree”):</i>										
Guilt										
1. I feel guilt for surviving when others didn’t.	1	2	3	4	5	6	7	8	9	10
2. I feel guilt over failing to save the life of someone in war.	1	2	3	4	5	6	7	8	9	10
3. Some of the things I did during the war out of anger or frustration continue to bother me.	1	2	3	4	5	6	7	8	9	10
4. It bothers me sometimes that I enjoyed hurting/killing people during the war.	1	2	3	4	5	6	7	8	9	10
Shame										
5. If people knew more about the things I did during the war they would think less of me.	1	2	3	4	5	6	7	8	9	10
6. I feel ashamed about what I did or did not do during this time.	1	2	3	4	5	6	7	8	9	10
Betrayal										
7. I feel betrayed by leaders who I once trusted.	1	2	3	4	5	6	7	8	9	10
8. I feel betrayed by fellow service members who I once trusted.	1	2	3	4	5	6	7	8	9	10
9. I feel betrayed by others outside the US military who I once trusted.	1	2	3	4	5	6	7	8	9	10
Violation of Moral Values										
10. I am troubled by having witnessed others’ immoral acts.	1	2	3	4	5	6	7	8	9	10
11. 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
12. I am troubled because I violated my morals by failing to do something that I felt I should’ve done.	1	2	3	4	5	6	7	8	9	10
Loss of Meaning										
Introduction: Circle a <i>single</i> number between 1 and 10 that describes how true each statement is for you (“absolutely untrue” to “absolutely true”):										
13. I understand my life’s meaning.	1	2	3	4	5	6	7	8	9	10
14. My life has a clear sense of purpose.	1	2	3	4	5	6	7	8	9	10

15. I have a good sense of what makes my life meaningful.	1 2 3 4 5 6 7 8 9 10
16. I have discovered a satisfying life purpose.	1 2 3 4 5 6 7 8 9 10
Difficulty Forgiving	1 2 3 4 5 6 7 8 9 10
Introduction: Circle a <i>single</i> number between 1 and 10 that describes how true or false each statement is for you (“almost always false of me” to “almost always true of me”):	
17. Although I feel bad at first when I mess up, over time I can give myself some slack.	1 2 3 4 5 6 7 8 9 10
18. I hold grudges against myself for negative things I’ve done.	1 2 3 4 5 6 7 8 9 10
19. It is really hard for me to accept myself once I’ve messed up.	1 2 3 4 5 6 7 8 9 10
20. I don’t stop criticizing myself for negative things I’ve felt, thought, said, or done.	1 2 3 4 5 6 7 8 9 10
21. I believe that God has forgiven me for what I did during combat.	1 2 3 4 5 6 7 8 9 10
22. I have forgiven God for what happened to me or others during combat.	1 2 3 4 5 6 7 8 9 10
23. I have forgiven myself for what happened to me or others during combat.	1 2 3 4 5 6 7 8 9 10
Loss of Trust	1 2 3 4 5 6 7 8 9 10
Introduction: Circle a <i>single</i> number between 1 and 10 that describes how much you agree or disagree with each statement (“strongly disagree” to “strongly agree”):	
24. Most people are basically honest.	1 2 3 4 5 6 7 8 9 10
25. Most people are trustworthy.	1 2 3 4 5 6 7 8 9 10
26. Most people are basically good and kind.	1 2 3 4 5 6 7 8 9 10
27. Most people are trustful of others.	1 2 3 4 5 6 7 8 9 10
Self-Condensation	1 2 3 4 5 6 7 8 9 10
Introduction: Circle a <i>single</i> number between 1 and 10 for each statement (“strongly disagree” to “strongly agree”):	
28. On the whole, I am satisfied with myself.	1 2 3 4 5 6 7 8 9 10
29. At times I think I am no good at all.	1 2 3 4 5 6 7 8 9 10
30. I feel that I have a number of good qualities.	1 2 3 4 5 6 7 8 9 10
31. I am able to do things as well as most other people.	1 2 3 4 5 6 7 8 9 10
32. I feel I do not have much to be proud of.	1 2 3 4 5 6 7 8 9 10
33. I certainly feel useless at times.	1 2 3 4 5 6 7 8 9 10
34. I feel that I’m a person of worth, at least on an equal plane with others.	1 2 3 4 5 6 7 8 9 10
35. I wish I could have more respect for myself.	1 2 3 4 5 6 7 8 9 10
36. All in all, I am inclined to feel that I am a failure.	1 2 3 4 5 6 7 8 9 10
37. I take a positive attitude toward myself.	1 2 3 4 5 6 7 8 9 10

Introduction: Below are feelings that combat Veterans often have due to combat experiences. How much have you? Circle a <i>single</i> number between 1 and 10 for each statement (“a great deal” or “very true” to “not at all” or “very untrue”):	
Spiritual/Religious Struggles	
38. I wonder whether God had abandoned me.	1 2 3 4 5 6 7 8 9 10
39. I felt punished by God for my lack of devotion.	1 2 3 4 5 6 7 8 9 10
40. I wondered what I did for God to punish me.	1 2 3 4 5 6 7 8 9 10
41. I questioned God’s love for me.	1 2 3 4 5 6 7 8 9 10
42. I questioned the power of God.	1 2 3 4 5 6 7 8 9 10
43. I wondered whether my church had abandoned me.	1 2 3 4 5 6 7 8 9 10
Loss of Religious Faith/Hope	
44. <i>Compared to when you first went into the military</i> has your religious faith since then... (“weakened a lot,” “weakened a little,” “strengthened a little,” “strengthened a lot”)	1 2 3 4 5 6 7 8 9 10
45. How hopeful are you about the future? (“not at all” to “very hopeful”)	1 2 3 4 5 6 7 8 9 10

Appendix D

Pastoral Narrative Disclosure counseling model

I am proposing this counseling model for standardized use by USN Chaplains to treat post-traumatic stress, moral injury, and loss of purpose/identity. This model is an edited version of Pastoral Narrative Disclosure (PND). The stages of the PND model will not be referred to by name to those receiving care. However, the chaplain providing the counseling will walk the counselee through these stages to achieve a desirable level of well-being.

The eight stages of PND are:

1. Rapport: Developing rapport/trust between Service Member and chaplain, who ensures absolute confidentiality. It is imperative that the chaplain not begin the counseling session by establishing a time limit. If one places a limit on how long he or she is willing to provide care to someone, the counselee will interpret that time limit as a limit to care. (After building rapport with the counselee, have them complete the Modified Military Moral Injury Questionnaire (M3IQ) to aid in the “reflection” phase.)
2. Reflection: Service Member provides an account, either oral, written, or by another medium, reflecting upon their operational life journey and their traumatic experience(s). At this phase, it is essential to have the counselee identify physiological responses to their injurious memories. i.e., Before you have a panic attack/angry outbursts/feeling of helplessness/paranoia/immense grief/etc., where do you feel it in your body? Often, there are somatic symptoms that allude to a psychological episode. Educate the counselee on de-escalation techniques that he/she can implement at the first indication of a somatic indicator. For example: “When you begin to feel tightness in your chest, take a deep breath through your nose and exhale through your mouth. Repeat this breathing technique two additional times as you think of your favorite place to go to find peace.”
3. Review: In-depth review of Service Member’s reflection regarding their injurious experience by examination of conscience—considering past thoughts, words, actions, and omissions, particularly regarding self-accusation/s. (At this phase, the Military Moral Injury Symptom Scale is used as an aid to identify the most significant injuries.)

4. **Reconstruction:** Reconstruct the moral/ethical issue relating to the event and address feelings of grief, guilt, shame, anger, betrayal, trust, and forgiveness. (At this phase, with the Service Member's approval, collaboration with a mental health provider may be necessary. The treatment method of EMDR, Eye Movement Desensitization and Reprocessing, has proven very effective in assisting trauma survivors in moving past the "stuck" points that make it difficult for them to forgive themselves and others.)
5. **Restoration:** Restoration is sought regarding grievances, which are heard by the perpetrator or organizational representative if possible. *This step can be skipped if the perpetrator is not available for communication, if the perpetrator is unknown, or if direct contact would be more injurious for the wounded. In most cases, it may be best for the injured to write their grievances regarding the perpetrator(s), then use the letter in the ritual phase.
6. **Ritual:** Rituals, either formal or informal, secular or religious rites, expressing regret, naming mistakes, change of heart, and seeking self-forgiveness and/or forgiveness from a significant or sacred source. *As mentioned above, one ritualistic idea is to have the counselee take the written grievances used in the "restoration" phase and tear them up or burn them. This ritual could symbolize that those memories hold no power over them anymore.
7. **Renewal:** Engaging in renewal by Service Member making amends and doing activities that are meaningful/purposeful in life by relinking with family, friends, workplace, community through volunteerism, civic organizations, the sacred/divine/God.
8. **Reconnection:** Reconnection involves the Service Member engaging in support and resources to reconsider or implement future values, career plans, and personal goals relevant for themselves and significant others to develop resilience and sustain themselves long term.

Appendix E

Informed consent and confidentiality agreement

Consent

Title of the Project: Enhancing U.S. Navy Chaplain Care for Those Suffering from Post-traumatic Stress, Moral Injury, and Loss of Purpose

Principal Investigator: Jonathan M. Henderson, Bachelor of Science in Business Management, University of West Florida, Master of Divinity, Asbury Theological Seminary, Joint Professional Military Education-I, U.S. Naval War College, Doctoral Candidate, Liberty University.

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be a veteran of or currently serving in the Department of Defense or Department of Homeland Security. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research project.

What is the study about and why is it being done?

The purpose of the study is to collect research data to enhance U.S. Navy Chaplain care for active-duty Sailors, Marines, Coast Guardsmen, and veterans that suffer from post-traumatic stress, moral injury, and loss of purpose. The researcher's experience is that most Service Members prefer to avoid in-patient treatment and dependence on medication. The data will be used to create a standardized screening and counseling model for embedded unit chaplains to use to care for those suffering from these ills. The end goal is to help Service Members remain in the military for as long as they desire, then healthily transition to civilian life whenever they choose.

What will happen if you take part in this study?

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

1. Respond to a confidential 22 question (yes/no) Modified Military Moral Injury Questionnaire (M3IQ).
2. Upon completing the questionnaire, you will enter a 30-minute long interview with me where you can share some of your experiences and whether you think that this questionnaire would effectively screen Sailors, Marines, and Coast Guardsmen for post-traumatic stress and moral injury.
3. We will also discuss the efficacy of an eight-stage counseling model, Pastoral Narrative Disclosure, designed to treat post-traumatic stress, moral injury, and loss of purpose.

How could you or others benefit from this study?

Your participation in this study will aid in the development of a screening and counseling method designed to help Service Members heal from post-traumatic stress and moral injury

while on active duty. The screening and counseling method is intended for use by Navy Chaplains that are covered under total confidentiality. The treatment will help Service Members heal from their invisible wounds, then help them re-identify their purpose. Additionally, receiving counseling from their embedded chaplain will allow them to remain with their unit while receiving treatment. Finally, the therapy intends to help Service Members confidently transition out of the military, whether at retirement or the end of their commitment. While still in the military, receiving therapy will reduce the burden on Veterans Affairs and assist healthy reintegration into civilian life.

What risks might you experience from being in this study?

The risks involved in this study are minimal but may include the potential for the resurgence of suppressed memories and emotions from deployment or combat-related trauma. You will not be coerced to provide information that you do not want to provide. The risks involved in this study are minimal, meaning they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the documents. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

As an active-duty Navy Chaplain, I am bound to confidentiality under the *Manual for Courts-Martial, Part III, Military Rules of Evidence: Section 1, Rule 503*. Therefore, your name, the names of those you provide, unit identifiers, and mission details will be redacted or altered to protect confidentiality and matters of national security. You will be assigned a pseudonym only recognized by me. Your information will be handled with the utmost dignity out of respect for your well-being.

Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted. Participant responses will be kept confidential. Interviews will be conducted in a location where others will not easily overhear the conversation. Details from the interview will be digitally transcribed on the password-locked computer by the researcher and never audio or video recorded.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to decline to answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address in the next paragraph. Should you decide to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Chaplain Jonathan Henderson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Boyd Hatchel, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Printed Subject Name

Signature & Date