

Liberty University School of Divinity

**Equipping Military Chaplains with a Framework for Mental Wellness:  
A Qualitative Descriptive Study**

A Dissertation Submitted to  
the Department of Christian Leadership and Church Ministries  
in Fulfillment of the Requirements for the Degree of  
Doctor of Ministry

by  
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**Thesis Project Approval Sheet**

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## THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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The central problem explored here is the lack of adequate mental wellness training among military chaplains, which limits their ability to manage mental health issues among deployed soldiers. This dissertation assesses the knowledge that military chaplains at the Fort Hood Army Base in Texas have regarding mental wellness. It also offers a framework for mental wellness that can be used to understand and offer quality mental health services to deployed soldiers. This study uses a descriptive research method and a sample of twelve participants recruited from the Fort Hood military base, who were informed about the research purpose prior to their involvement in the study. Data was primarily collected through interviews and it was organized, analyzed, and categorized based on the themes that were identified throughout the period of research. The results obtained show the importance of incorporating the mental wellness framework in military chaplaincy training.

*Keywords:* military chaplaincy, mental wellness, war-related trauma, spiritual care

## Contents

Figures.....	vii
<b>Chapter 1: Introduction</b> .....	1
The Ministry Context.....	2
Problem Presented .....	4
Purpose Statement.....	4
Basic Assumptions.....	5
Definitions.....	8
Limitations .....	12
Delimitations.....	15
Thesis Statement .....	17
<b>Chapter 2: Conceptual Framework</b> .....	18
Literature Review.....	18
<i>Introduction</i> .....	18
<i>Mental Wellness</i> .....	20
<i>Religion in Military Chaplaincy</i> .....	22
<i>The Intersectionality of Religion and Mental Wellness in Military Chaplaincy</i> .....	23
The Framework for Mental Wellness .....	26
<i>Understanding Common Mental Illnesses among Deployed Soldiers</i> .....	26
<i>Understanding the Cultural Attributes of Mental Health among Deployed Soldiers</i> .....	31
<i>Coping Mechanisms That Can be Taught to Deployed Soldiers</i> .....	32
Potential Benefits of the Wellness Framework.....	33
Future Research .....	35
Theological Foundations.....	35
Biblical Insights on Human Suffering .....	36
<i>Compassion</i> .....	40
<i>Spiritual Meditation</i> .....	42
<i>Respect</i> .....	44
<i>Empathy</i> .....	45
Theoretical Foundations.....	46
<i>Hans Selye’s Stress Theory</i> .....	47
The Association of Theory and Mental Health.....	49
The Link between Theory, Theological Foundations, and Their Use Here.....	50
<i>Biblical Insights on Human Suffering</i> .....	50
<b>Chapter 3: Methodology</b> .....	56
Intervention Design.....	57
Purpose and Objective .....	58
Tasks .....	60
Steps Taken for Each Task .....	60
<i>Interviews</i> .....	60

<i>Focus Group Discussions</i> .....	61
Participants.....	65
<i>Military Chaplains</i> .....	65
<i>The Moderator and Assistant Moderator</i> .....	66
Location .....	67
Timelines and Duration of Activities.....	69
Ethical Issues .....	69
Resources Required .....	72
Data Collection .....	73
<i>Tools for Data Collection</i> .....	74
<i>Protocols for Data Collection</i> .....	75
Analysis/Evaluation Procedures .....	76
Securing Institutional Review Board (IRB) Approval.....	76
Relationship to Participants .....	76
Implementation of the Intervention Design .....	78
<i>Data Triangulation</i> .....	78
<i>Sequence for Data Collection</i> .....	80
<i>Data Analysis</i> .....	81
<b>Chapter 4: Analysis and Discussion</b> .....	82
Quantitative Analysis on the Basis of Qualitative Data.....	82
<i>Theme 1: Military Chaplains' Perceptions of Mental Well-Being</i> .....	82
<i>Theme 2: Military Chaplains' Experience with Mental Health Issues during Deployment and Their Ability to Show Concern for Those Struggling with Mental Illness</i> .....	89
<i>Theme 3: Military Chaplains' Ability to Open a Dialogue about Mental Health When Working with Deployed Soldiers</i> .....	94
<i>Theme 4: Military Chaplains' Ability to Offer Deployed Soldiers Professional Mental Health Assistance or to Help Them Find Professional Help</i> .....	100
Chapter Summary .....	106
<b>Chapter 5: Conclusion</b> .....	108
Directions for Future Research .....	114
Practical Implications.....	114
Bibliography .....	116
Appendix 1 .....	125
Appendix 2.....	131

## Figures

Figure 1. Table illustrating the approaches taken to conduct a focus group discussion. ....	65
Figure 2. Question 6 as it was phrased and the participant responses. ....	85
Figure 3. A chart depicting the responses to Question 7. ....	86
Figure 4. Questions 1-3 asked in Theme 2 and the participant responses. ....	90
Figure 5. Questions 4-6 asked in Part 2 and the participant responses. ....	92
Figure 6. Questions 7-9 asked in Part 2 and the participant responses. ....	93
Figure 7. Questions 2-4 asked in Part 3 and the participant responses. ....	96
Figure 8. Questions 5-6 asked in Part 3 and the participant responses. ....	97
Figure 9. Chart showing responses to Question 1 in Part 4. ....	102
Figure 10. Chart showing responses to Question 4 in Part 4. ....	103
Figure 11. Chart showing responses to Question 5 in Part 4. ....	104
Figure 12. Chart showing responses to Question 7 in Part 4. ....	105

## **Abbreviations**

DMIN      *Doctor of Ministry*

LUSOD     *Liberty University School of Divinity*

## **Chapter 1: Introduction**

Although it is said that the sight of a battlefield after combat can fill princes with a love of peace and haunt them with the horrors of war, the mental health effects of war on soldiers are often frustratingly difficult to comprehend. It is, however, clear that warzones and the general environments in which deployed soldiers work can have negative impacts on their mental health. Military chaplains work closely with deployed soldiers and should be well-equipped with the knowledge to help them understand their mental health needs. It is important that they possess the right skills to do this well. Unlike psychologists and psychiatrists who practice in designated healthcare facilities, military chaplains accompany soldiers in the field and gain first-hand experience on the nature of their work and the possible impacts it can have on their health. As such, military chaplains are more likely to be able to offer problem-focused mental health guidance to deployed soldiers, compared to other mental health professionals who do not have first-hand experience in the field. With this in mind, it is essential that we ensure military chaplains are well prepared to address the mental health issues that affect deployed soldiers by equipping them with a framework for mental wellness.

The basic argument that informs this project is that military chaplains are not well equipped to offer quality mental health assistance to deployed soldiers. They would therefore benefit from a framework that would help them understand soldiers' mental health needs and contribute to their mental wellbeing. This study addresses the lack of adequate mental health training among military chaplains who work with deployed soldiers and identifies the need to equip them with a suitable framework that could improve their competency in mental health

wellness services. One of the limitations that might affect the quality of the results presented here is if some of the participants were absent for specific lessons. This would affect their ability to understand and acquire the skills they are expected to learn from the framework or result in variations in how the military chaplains apply the framework. Another limitation to the project is the tight schedule in which to deliver the components of the framework and the limited funds for any unexpected additional expenses. More time and funds could better support this endeavor to introduce a framework to help military chaplains understand mental health.

### The Ministry Context

Military chaplains are renowned for their role in offering spiritual care to soldiers during their deployments to help them cope with the horrors of war. However, many deployed soldiers still suffer from mental illnesses linked to war-related trauma, which require mental health care. The project examines the role of military chaplains in addressing the mental health needs of soldiers and, more specifically, the lack of certain skills that prevent the chaplains from offering quality mental healthcare services. Previous studies on military chaplaincy, spirituality, and mental health portray mental health as important and suggest military chaplains can have a central role in helping deployed soldiers cope with mental health issues.

Research shows that military chaplains face difficulties in addressing the mental health needs of deployed soldiers.<sup>1</sup> For instance, during World War II, most of the soldiers involved in the war suffered mental health problems linked to war-related trauma. While they were deployed alongside chaplains, who were supposed to cater to their spiritual needs, many of them still had

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<sup>1</sup> Raymond M. Scurfield and Katherine T. Platoni, *Healing War Trauma: A Handbook of Creative Approaches* (city: Routledge, 2013); Karen B. Helmeke and Catherine Ford Sori, *The Therapist's Notebook for Integrating Spirituality in Counseling, II: More Homework, Handouts and Activities for Use in Psychotherapy* (city: Routledge, 2014).

severe mental health issues. Research has shown that some of the soldiers who socialized with chaplains and sought advice on how to deal with their mental health problems were better able to cope.<sup>2</sup> Therapeutic conversations between military chaplains and deployed soldiers also proved effective in other military assignments after World War II.<sup>3</sup> For many in the field, military chaplains are seen to offer a safe space where a soldier can discuss issues affecting him or her without the fear of being judged or misunderstood.<sup>4</sup> The role of these therapeutic conversations between military chaplains and deployed soldiers seem to extend beyond spiritual care and suggests that the former can play an important role in helping soldiers address their mental health issues.

The ministry context relates to the military chaplains working at the Fort Hood Army Base in Texas, which trains soldiers and deploys them on assignments related to local and national security. The military chaplains who work at Fort Hood were used as the participants in this project to implement and test the effectiveness of a mental wellness framework. I selected this ministry context after first identifying the challenges deployed soldiers face in accessing mental health services and the limited mental health skills military chaplains possess. Fort Hood was identified as the most effective location for the project because of the access to a large number of military chaplains who work directly with deployed soldiers. The facility also has a large number of armed forces, suggesting that the military chaplains there have access to

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<sup>2</sup> Rachel L. Seddon, Edgar Jones, and Neil Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel: An Historical and Contemporary Perspective," *Military Medicine* 176, no. 12 (2011): 1357-1361.

<sup>3</sup> Janice M. Bell, "The Central Importance of Therapeutic Conversations in Family Nursing: Can Talking Be Healing?" *Journal of Family Nursing* 22, no. 4 (2016): 440-441.

<sup>4</sup> Grace Davie, "The Military Chaplain: A Study in Ambiguity," *International Journal for the Study of the Christian Church* 15, no. 1 (2015): 39-41.

deployed and off-duty soldiers they work with regularly on different projects. Since the military chaplains already have a background in chaplaincy and work alongside soldiers in the field, equipping them with a mental wellness framework could improve their competency in offering both spiritual guidance and mental health support to deployed soldiers.

#### Problem Presented

The problem this project will address is the absence of an effective framework for mental health training within the military chaplaincy training curriculum at Fort Hood. This is apparent from a previous assessment on the quality of services offered by military chaplains working at the Fort Hood Army Base in Texas and from an examination of the evidence gained from the literature on the competency of military chaplains in meeting the mental health needs of deployed and veteran soldiers. The central topic addresses the need for a comprehensive framework for mental wellness that military chaplains could use to understand common mental health issues that affect deployed soldiers, a problem that arises in a number of military settings.

#### Purpose Statement

The purpose of this Doctor of Ministry study is to equip military chaplains in Fort Hood with a framework for mental wellness they can use to understand and offer quality mental health services to deployed soldiers. It is based on a pre-determined need for advanced mental healthcare skills among military chaplains who work with deployed soldiers. The framework seeks to establish effective interpersonal skills between military chaplains and deployed soldiers. This can be effective in improving the relationship between military chaplains and deployed soldiers and ensuring that the latter are confident in the mental healthcare skills of the chaplains.

This central problem focuses on the need to promote the competency of military chaplains in identifying underlying problems linked to mental health problems that affect

deployed soldiers. Along with this, the aim is to offer deployed soldiers both individualized spiritual care and mental health support to help them deal with war-related mental trauma. This study therefore acknowledges the gap between spirituality and mental health seen in the performance of many military chaplains.<sup>5</sup> The intersection of faith and mental health wellness can be challenging to explore holistically. Chaplains work in different ministerial contexts and are likely to rely on religious beliefs to understand the complexity of mental health problems.<sup>6</sup> This complex interconnection between mental health and spirituality calls for a new framework for mental wellness that military chaplains can use.<sup>7</sup>

### Basic Assumptions

One assumption I had when I began this research was that all military chaplains who work in different military settings are offered the same training, which does not adequately address the mental health needs of deployed soldiers. I also assumed that all the military chaplains working at Fort Hood had received the same level of training in military chaplaincy. The exception is that their educators or trainers are likely to be more skilled in working with deployed soldiers who struggle with mental health. I also assumed that the military chaplains working at the Fort Hood Army Base do not base the services they offer on their religious beliefs

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<sup>5</sup> Josje ten Kate, Willem de Koster, and Jeroen van der Waal, "The Effect of Religiosity on Life Satisfaction in a Secularized Context: Assessing the Relevance of Believing and Belonging," *Review of Religious Research* 59, no. 2 (2017): 135-155.

<sup>6</sup> Mohsen Joshanloo and Dan Weijers, "A Two-Dimensional Conceptual Framework for Understanding Mental Well-Being," *PLOS ONE* 14, no. 3 (2019): 1-20; Aimie L.B. Hope and Christopher R. Jones, "The Impact of Religious Faith on Attitudes to Environmental Issues and Carbon Capture and Storage (CCS) Technologies: A Mixed Methods Study," *Technology in Society* 38, **issue number** (2014): 48-59. Examples of the religious texts they use for this framing are: Prov 3:5, New International Version (NIV); Phil 4:7.

<sup>7</sup> Brian J. Grim and Melissa E. Grim, "Belief, Behavior and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse," *Journal of Religion and Health* 58, **issue number** (2019): 1713-1750; Obaji M. Agbiji and Ignatius Swart, "Religion and Social Transformation in Africa: A Critical and Appreciative Perspective," *Scriptura* 114, no. 1 (2015): 1-20.

because they deal with military soldiers and professionals from different religious backgrounds; as such, basing their services on their religious beliefs could affect the quality of the services they offer. As in most chaplaincy roles, chaplains who work with people with different religious or spiritual beliefs are required to offer their services without forcing their own beliefs on those whom they serve.<sup>8</sup>

Based on the assumption that military chaplains offer a universal approach to care, the research also assumes that any previous challenges the military chaplains encountered in delivering effective mental healthcare services to deployed soldiers were not caused by differences between the military chaplains' spiritual beliefs. Rather, they resulted from the chaplains' lack of training to meet the mental health needs of the deployed soldiers. As such, I assumed that their inability to respond adequately to the soldiers' needs was caused by the absence of a comprehensive framework for mental wellness military chaplains could use. We can also assume that the failure in this regard is not linked to the level of spiritual competency the chaplains possess, but to their lack of training in aspects of mental health relating to the military profession.<sup>9</sup> As such, acquiring mental health knowledge through the framework utilized in this project can help them understand the interconnection of spirituality with mental health and increase their competency in addressing the mental health needs of deployed soldiers.

Throughout this project, I also assumed that the military chaplains working at the army base had interacted with deployed soldiers before and had a basic understanding of their roles

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<sup>8</sup> Ankle Liefbroer, R. Ruard Ganzevoort, and Eric Olsman, "Addressing the Spiritual Domain in a Plural Society: What is the Best Mode of Integrating Spiritual Care into Healthcare?," *Mental Health, Religion & Culture* 22, no. 3 (2019), 1-18; Harold G. Koenig, "Religion, Spirituality and Health: The Research and Clinical Implications," *ISRN Psychiatry volume, issue number* (2012): 1-33.

<sup>9</sup> Hos 4:6.

during deployment, or that they had been deployed with the military soldiers before and worked alongside them on their assignments. As a result, the military chaplains working at the facility had a vague understanding of the limitations of their chaplaincy training in addressing the mental health needs of deployed soldiers. Other additional assumptions included the belief that all the military chaplains working at the Fort Hood Army Base had a strong belief in their spirituality and connection with God, regardless of their religion. Furthermore, I presumed that they were open to learning about mental health problems from different perspectives, not focused entirely on their religious beliefs or spirituality. This would ensure that the soldiers do not perceive mental health illness as a punishment from God but view it as a health problem like any other.

Finally, I assumed that the military chaplains have some basic knowledge regarding mental health problems and the risks of mental illness among individuals employed in the military workforce. This assumption was based on the belief that the military chaplain's perception of mental health problems was not the cause of their lack of competency in addressing these issues. However, their main challenge was their lack of access to a comprehensive framework that would offer them a deeper understanding of mental wellness and the delivery of mental healthcare services to deployed soldiers. Research suggests that more than 70 percent of Americans associate themselves with a religious group and that approximately 42 percent perform weekly religious practices like praying, which suggests the importance of religion in people's lives.<sup>10</sup> The military chaplains' competency in religion and their understandings of mental health are expected to help deployed soldiers cope with their mental health issues from both a religious and psychological standpoint.

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<sup>10</sup> Emine Rabia Ayvaci, "Religious Barriers to Mental Healthcare," *American Journal of Psychiatry* 11, no. 7 (2016): 11-13.

## Definitions

Active-duty military personnel: Individuals who have been given duties or assignments in the military and who are currently working within those roles or on shift. For instance, a soldier who has been deployed to a specific location for a peacekeeping mission and is currently working there is on active duty and is expected to work full-time. Members of the military workforce who are on active duty are expected to work twenty-four hours a day, seven days a week, except for their designated vacation days or authorized time off.<sup>11</sup>

Audio-recorded interview: The process of capturing and storing information collected during a dialogue on an electronic device for later evaluation or use. Researchers often use audio-recording devices to ensure they capture all the important information during an interview with participants. Audio-recorded interviews eliminate the challenges researchers face when they work with data that has been poorly documented, as it ensures that they have a reference point to reexamine the information they collect.<sup>12</sup>

Civilian workforce: People who are part of a country's workforce but do not necessarily work in the military. This might include other groups of people who work in the army base and whose roles are not directly linked to the military workforce, such as chefs, cleaners, administrative staff, and more.<sup>13</sup>

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<sup>11</sup> Marian E. Lane, Laurel L. Hourani, and Jason Williams, "Prevalence of Perceived Stress and Mental Health Indicators Among Reserve-Component and Active-Duty Military Personnel," *American Journal of Public Health* 102, no. 6 (2012): 1213-1214.

<sup>12</sup> Rwamahe Rutakumwa, Joseph Okello Mugisha, and Sarah Bernays, "Conducting In-Depth Interviews with and without Voice Recorders: A Comparative Analysis," *Qualitative Research* 20, no. 5 (2020): 565-581.

<sup>13</sup> Lane, Hourani, and Williams, "Prevalence of Perceived Stress and Mental Health Indicators," 1215.

Combat exposure: This can be defined as a pathogenic stressor that is often caused by the progressive deterioration of a person's mental health status due to a history of war-related post-traumatic stress disorder (PTSD).<sup>14</sup> Armed forces deployed to war-torn areas are exposed to traumatic experiences when engaged in combat. Such traumatic experiences lead to mental health issues or combat-related mental health illnesses.

Extremism: Generally, extremism entails having strong beliefs related to political or religious aspects of a person's life. Extremism can also be described as a person's need to retain or restore political systems or religious practices that favor them or align with their beliefs, often through the use of violence.<sup>15</sup>

Framework: A specified set of rules, procedures, guidelines, and strategies used to address an existing problem. A clinical guideline for treating a specific condition can be described as a framework for managing the illness. Frameworks can also be defined as research-informed models that can be used for training programs to help participants align their goals with the activities relating to the information delivered through the program.<sup>16</sup>

Liturgy: Different practices of a specific religious group that are often performed to illustrate the sanctity of the religion. Liturgical practices often include prayers of thanksgiving or other similar practices, such as remembrance and repentance. In the military setting, the liturgy

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<sup>14</sup> Lynnette A. Averill et al., "Combat Exposure Severity is Associated With Reduced Cortical Thickness in Combat Veterans: A Preliminary Report," *Chronic Stress* 1, **issue number** (2017): 1.

<sup>15</sup> Susilo Wibisono, Winnifred R. Louis, and Jolanda Jetten, "A Multidimensional Analysis of Religious Extremism," *Frontiers in Psychology* 10 (2019): 2.

<sup>16</sup> Jon Holt and Simon Perry, *A Pragmatic Guide to Competency: Tools, Frameworks and Assessment* (City: BCS Learning & Development Limited, 2011), 63.

can be performed during special events, like prayers of confession conducted before departure for an assignment, or informally during meals.<sup>17</sup>

**Mental wellness:** This phrase is linked to having a positive state of mental health or advocating for positive emotional, psychological, and social well-being as a way of promoting health and improving a person's outlook of life.<sup>18</sup> As such, mental wellness can be perceived as having a state of emotional and psychological stability.

**Military:** Entails all the components of the armed forces, regardless of specification in a practice area. Individuals who work in the military can be employed in different sectors, like the Navy, Coast Guard, Marines, Air Force, and more.<sup>19</sup>

**Military culture:** The common practices, ways of life, behaviors, beliefs, and daily activities linked to the military profession and the roles performed by individuals who work in the armed forces.<sup>20</sup>

**Pastoral care:** Relates to the social, emotional, and spiritual support offered to people in order to promote their well-being. Pastoral care focuses on the interconnection of different aspects of a person's life concerning their problems or needs.<sup>21</sup>

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<sup>17</sup> Davie, "The Military Chaplain," 9.

<sup>18</sup> Sana Loue and Martha Sajatovic, *Determinants of Minority Mental Health and Wellness* (City: Springer Science & Business Media, 2008), 1.

<sup>19</sup> Davie, "The Military Chaplain," 11.

<sup>20</sup> Averill et al., "Combat Exposure Severity," 1.

<sup>21</sup> Davie, "The Military Chaplain," 11.

Religion: An organized systems of beliefs, rituals, practices, and symbols, designed to promote a person's closeness to a higher power, deity, or transcendent being.<sup>22</sup>

Religiosity: A term used to describe a strong belief in religion that is also characterized by higher well-being and positive outcomes in a person's life.<sup>23</sup>

Religious: The aspect of believing and living according to specific guidelines or a way of life that is linked to a specific religion.<sup>24</sup>

Religious fundamentalism: This term is often used to describe the practice of rigidly interpreting the Bible or other scriptures associated with a specific religion. Religious fundamentalism suggests that individuals do not consider the variation between the context of the information written in the scriptures and the present times and often believe that scripture should not be interpreted differently but should be received as it is.<sup>25</sup>

Religious extremism: This term is closely linked to religious fundamentalism through its rigid interpretation of scripture. Religious extremism is often used to describe an exaggerated belief in one's religion and a lack of acceptance of people who hold different perceptions or religious beliefs. For instance, some Muslims in Indonesia strongly believe that ritual celebrations in Palu contributed to the deadly tsunami that hit the Indonesian coast in 2018 and

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<sup>22</sup> Prakash B. Behere et al., "Religion and Mental Health," *Indian Journal of Psychiatry* 55, Suppl. 2 (2013): S187-S194, 4 (**what does this 4 refer to?**).

<sup>23</sup> Wibisono, Louis, and Jetten, "A Multidimensional Analysis of Religious Extremism," 2.

<sup>24</sup> Davie, "The Military Chaplain," 11.

<sup>25</sup> Wibisono, Louis, and Jetten, "A Multidimensional Analysis of Religious Extremism," 2.

contributed to the death of over 2,000 people.<sup>26</sup> Religious extremism is often influenced by social and political factors.

**Spiritual care:** Relating to the religious-based assistance offered to people to help them address their problems. Unlike pastoral care, spiritual care often focuses solely on the spiritual or religious aspects of the person's life and aims to help people utilize their spiritual beliefs to understand and solve their problems.<sup>27</sup>

**Spiritual direction:** This concept can be described as a relationship between two people, possibly a chaplain and another person, formed to help the latter grow his or her relationship with a higher power/deity/God. Spiritual direction is often offered by individuals who have received advanced training on matters relating to spirituality. They have a deeper understanding of faith and are equipped with the skills to help people improve their spiritual lives.<sup>28</sup>

**Wellness:** This can be defined as the state of having good health, especially among individuals who are actively seeking it out as a goal. It can also be described as the pursuit of a state of good health.<sup>29</sup>

### Limitations

There were several limitations to the implementation of the mental wellness framework in this study. The greatest one was the reluctance by some of the participants to change, or their unwillingness to adopt certain aspects of mental wellness comprised in the framework. It was

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<sup>26</sup> Ibid., 7.

<sup>27</sup> Lindsay B. Carey and Timothy J. Hodgson, "Chaplaincy Spiritual Care and Moral Injury: Considerations Regarding Screening and Treatment," *Frontiers in Psychiatry* 9, no. 619 (2018): 1-10.

<sup>28</sup> Behere et al., "Religion and Mental Health," 4 (**check page number**).

<sup>29</sup> Loue and Sajatovic, *Determinants of Minority Mental Health*, 2.

likely that some of the military chaplains would perceive the framework as unnecessary to addressing the mental health needs of deployed soldiers. This could result from religious fundamentalism or extremism among some of the military chaplains, which might also contribute to their disregard for anything that does not directly relate to or stem from their own religious beliefs. For instance, some of the military chaplains who strongly believe and rely on the teachings of the Bible might relate mental illness to possession with demons and assume that all mental health issues can be healed by prayer and exorcism.<sup>30</sup> It is common for religious fanatics to link mental health psychosis to the biblical story of the man who was possessed by a legion of demons.<sup>31</sup> Such beliefs could affect the military chaplains' perception of mental illness and increase their likelihood to reject the framework.

The second possible limitation was that the chaplains involved in the study would not be comfortable during the one-on-one interviews, which were audio-recorded, and might withhold or sugar-coat information because of the presence of an audio recorder. People are often more cautious about the information they offer when they know they are being recorded. It was likely that some of the military chaplains at Fort Hood would withhold information about their practice as military chaplains and their roles in meeting the mental health needs of deployed soldiers, either from the fear of being judged or perceived as incompetent, of being quoted at a later date, of losing their job, or of negatively affecting the reputation of military chaplains or the army base. To reduce the likelihood of this, I informed the chaplains who participated in the study about the purpose of my research and assured them that unauthorized personnel or other staff

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<sup>30</sup> Wibisono, Louis, and Jetten, "A Multidimensional Analysis of Religious Extremism," 2-7.

<sup>31</sup> Matt 5:1-20.

working at the army base would not be allowed to review the recordings. Additionally, I assured the chaplains that their identification details would not be incorporated into this study.

The military chaplains included here all work in one geographical location, a factor that could promote bias due to a lack of representation. As a result, the responses analyzed here only reveal the nature of military chaplaincy and mental wellness at the Fort Hood Army Base. Negative responses might affect the perceptions researchers and readers have of military chaplains in other army bases. There are also limitations in the effectiveness of the audio-recording approach to data collection that can also affect the perception researchers have of military chaplains who work in the field. Such biases are unavoidable, especially where the researcher does not have pre-existing knowledge about military chaplains or the nature of their training.

Since the military chaplains at Fort Hood receive the same training and are likely to possess the same level of expertise in their roles, they likely face similar challenges. For instance, if their military chaplaincy training was focused on the delivery of spiritual support to the people they work with and did not consider topics related to mental health and the social life of the military workforce, then they might be reluctant to embrace such teachings during the delivery of the mental wellness framework. It is therefore important to understand the core aspects of the training offered to the military chaplains and determine ways they could intersect with the ideologies contained in the framework here to promote the chaplains' competency in offering quality services to deployed soldiers.

Another challenge linked to the use of audio-recording devices for the one-on-one interviews is the time consumed to transcribe the audio files. While including interviews from more military chaplains increases the representation and reduce bias, it also means the researcher

needs to dedicate more time to transcribing the audio recordings. This is time-consuming and can be costly, especially when additional staff is needed to assist the researcher in recording the data. A partial recording can be used, but it might not be effective because it risks leaving important information out. As such, I limited the audio recordings to thirty minutes and limited the number of participants to a group that would still be representative of the population of military chaplains who work at the facility, while also ensuring I would not be burdened by an excessive workload.<sup>32</sup>

### Delimitations

Delimitation refers to self-imposed challenges that can affect the quality and outcome of a study. Common delimitations include factors such as a tight schedule and budget available to complete all aspects of a study. The delimiting factor of time relates to the total time required to complete certain parts of the study along with the time assigned to specific roles. For instance, to conduct the one-on-one interviews, I projected that each interview session would take thirty minutes with a break of ten minutes to set up and prepare for the next interview. During the actual interview sessions, some of the military chaplains were late for their appointment or requested to reschedule the interview due to unavoidable circumstances. If I had not considered such challenges during the planning stage, these issues could have contributed to the loss of time dedicated for other purposes. Similarly, if a researcher fails to show up at the army base at the intended time due to transportation challenges, traffic, a busy schedule on the day of the interview, or other unexpected challenges, the time allocated for the interviews is cut short. The researcher might not have another suitable opportunity to conduct the interview.

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<sup>32</sup> Glynis M. Breakwell et al., *Research Methods in Psychology* (City: SAGE Publishing, 2006), 242.

A tight schedule can negatively impact the project if the researcher does not have enough time to complete the research. For instance, if the researcher must be at two different locations on the day they are conducting interviews or delivering the framework for mental wellness, he or she might need to reschedule one activity in favor of the other. An effective schedule is crucial to ensure that the researcher is prepared for the different research tasks. They should also take care to integrate time into the schedule to respond to any issues that might arise or rescheduling needs.<sup>33</sup> The schedule should be flexible to ease responses to unexpected changes. Pre-planning and evaluating the schedule at different points of the study will promote effective planning.

The budget developed for the research may not be enough due to unexpected expenses that arise while conducting the research. Budget-related challenges include the need for more resources for the one-on-one interviews or to implement the framework for wellness.<sup>34</sup> In cases where the budget surpasses what the researcher projected initially, they will need to assume the additional expenses or seek funding from a different source. This delimitation can be avoided through effective pre-planning and budgeting to ensure that excess funds are not used for trivial issues. Budgeting and planning for every aspect of the research and considering miscellaneous costs that might arise is essential to ensure that all parts of the study have been arranged.<sup>35</sup> This

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<sup>33</sup> Jean-Charles Billaut, Aziz Moukrim, and Eric Sanlaville, *Flexibility and Robustness in Scheduling* (City: John Wiley & Sons, 2013).

<sup>34</sup> Tănase Gabriela Lidia, "Difficulties of the Budgeting Process and Factors Leading to the Decision to Implement this Management Tool," *Procedia Economics and Finance* 15, **issue number** (2014): 466-473; Satish G. Patil, "How to Plan and Write a Budget for Research Grant Proposal?" *Journal of Ayurveda and Integrative Medicine* 10, no. 2 (2019): 139-142.

<sup>35</sup> Massimo Pica, *Project Life Cycle Economics: Cost Estimation, Management and Effectiveness in Construction Projects* (City: Routledge, 2016).

aligns with lessons drawn from the Bible on the importance of creating a financial plan and working within the developed budget.<sup>36</sup>

#### Thesis Statement

Most military chaplains who work with deployed soldiers are not well equipped with the skills they need to address the mental health needs of deployed soldiers, which explains the need for a mental wellness framework. The framework can play a supporting role to help chaplains understand the risks and common mental health illnesses that affect soldiers in the field, along with approaches they can use to offer quality mental healthcare services to support the soldiers' psychological and spiritual needs. This dissertation focuses on the importance of mental wellness and the positive impacts this framework can have on military chaplains and deployed soldiers.

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<sup>36</sup> Prov 21:5; Luke 14:28-30.

## Chapter 2: Conceptual Framework

### Literature Review

#### Introduction

The constant exposure to war-related environments leads soldiers to have a range of traumatic experiences, which can significantly affect their psychological health. Military chaplains who work with deployed soldiers often struggle to help soldiers deal with the psychological trauma linked to their work.<sup>37</sup> While spiritual guidance can offer them comfort and help them understand the importance of their work in promoting the security of their countries or resolving conflict between nations, dealing with death and other traumatic experiences linked to war can be challenging.<sup>38</sup> Military chaplains should possess knowledge that would help them support soldiers in the field deal with war-related traumas. Developing a framework to help chaplains learn about the mental health issues that affect soldiers in the field can significantly improve their competency in managing mental health challenges.

The role of chaplaincy in the military has been debated over the years. Military chaplains are currently perceived as critical to the military workforce because of their role in addressing the spiritual and emotional needs of deployed, off-duty, and veteran soldiers.<sup>39</sup> While the roles of

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<sup>37</sup> Scurfield and Platoni, *Healing War Trauma*; Irit Keynan, *Psychological War Trauma and Society: Like a Hidden Wound* (City: Routledge, 2015).

<sup>38</sup> Helmeke and Sori, *The Therapist's Notebook for Integrating Spirituality*; Christopher R. Mortenson and Paul J. Springer, *Daily Life of U.S. Soldiers: From the American Revolution to the Iraq War* [3 volumes] (City: ABC-CLIO, 2019).

<sup>39</sup> David Winter et al., *Trauma, Survival and Resilience in War Zones: The Psychological Impact of War in Sierra Leone and Beyond* (city: Routledge, 2015).

military chaplains have been associated with spiritual care, some have argued that they should be more involved in catering to the mental health needs of deployed soldiers and other military personnel. This is because of the extensive time they spend with the military workforce either during their training sessions or in the field, which gives them greater insight into the soldiers' experiences compared to psychologists or other mental health specialists, who are often consulted in serious cases.<sup>40</sup> The chaplains' constant interaction with soldiers during training or in the field allows them to understand the spiritual and mental health challenges they face. The main challenge this dissertation addresses is how to equip the chaplains with a framework that would improve their ability to handle the mental health issues that affect deployed soldiers.

The role of the military chaplains in addressing these issues is based on their experience offering spiritual guidance and their understanding of the link between spirituality and overall well-being. The need for military chaplaincy services can also be linked to the high rates of suicide, violent behavior, and mental illness among soldiers returning from war. Soldiers in the field often struggle to forget the horrific experiences they experience in war, which helps explain the changes to their mental health status and behavioral patterns when they return.<sup>41</sup> Equipping military chaplains with the skills to help them cope with these challenges during their

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<sup>40</sup> Jamshid A. Marvasti, ed., *War Trauma in Veterans and Their Families: Diagnosis and Management of PTSD, TBI and Comorbidities of Combat Trauma – From Pharmacotherapy to a 12-Step Self-Help Program for Combat Veterans* (City: Charles C. Thomas Publisher, 2012).

<sup>41</sup> R. Forrester-Jones et al., "Including the 'Spiritual' Within Mental Health Care in the UK, from the Experiences of People with Mental Health Problems," *Journal of Religion and Health* 57 no. 1 (2018): 385; Lorraine Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans: A Systematic Review," *Military Medicine* 182, no. 11-12 (2017): e1920. <https://academic.oup.com/milmed/article/182/11-12/e1920/4661639>.

deployment could reduce the risks associated with mental illnesses among soldiers significantly and improve their interaction with others after they return from combat zones.<sup>42</sup>

This review of the literature seeks to outline the connection between religion and mental well-being in order to determine which concepts can be used to develop a framework for mental wellness that military chaplains can use to work with deployed soldiers. The sections below are divided according to the relevant themes: mental wellness, religion in military chaplaincy, the intersectionality of religion and mental wellness in military chaplaincy, components of a framework for mental wellness, and potential benefits of the framework for mental wellness. The themes discussed here have been extracted from different research studies conducted on military chaplaincy and mental health.

### **Mental Wellness**

Mental wellness emerges from the need to promote mental health and is similar to mental well-being. The World Health Organization (WHO) defines health as a state of total physical, social, and mental well-being and not necessarily the absence of illness or infirmity.<sup>43</sup> The concept of mental well-being moves attention away from a focus on illness and to ongoing efforts to promote good health. It relates to a positive psychology through its emphasis on forgiveness of oneself, spirituality, wisdom, mindfulness of the future and what one wants the future to reflect about themselves, contentment with one's life, and the nurturing of positive thoughts and habits.<sup>44</sup> Believers can also draw on scriptures that advocate for people to seek

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<sup>42</sup> Marek S. Kopacz et al., "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper," *SAGE Open* vol, issue? (2014): 1-10.

<sup>43</sup> Mike Slade, "Mental Illness and Well-Being: The Central Importance of Positive Psychology and Recovery Approaches," *BMC Health Services Research* 10, no. 26 (2010): 2.

<sup>44</sup> 1 Sam 16:23.

health and solutions for life's challenges from God.<sup>45</sup> As such, mental wellness extends beyond the absence of a mental illness and entails the promotion of overall well-being as a strategy for promoting positivity in one's life.<sup>46</sup>

The ability to attain mental wellness often depends on an individual's ability to recover from any past trauma or mental illnesses that might have contributed to the disruption of their mental health status. Researchers have defined recovery as a deep and personal process that entails changing one's attitude, values, skills, goals, roles, and feelings towards something or towards an experience they underwent by adopting a way of living that does not focus on the limitations caused by the illness. Scripture motivates believers to cast their burdens and anxieties to God as a way to access divine healing and cope with the challenges in their lives.<sup>47</sup> This is often seen to bring new meaning and purpose to a person's life as they move beyond the severe effects mental illness had on their lives. As such, attaining mental wellness through recovery involves a consistent focus on establishing a meaningful life and a positive sense of self through self-determination, faith in oneself, and commitment. The aspects of mental wellness linked to recovery can be used to manage mental illness and to promote the transition from a state of illness to one of health among affected individuals.<sup>48</sup>

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<sup>45</sup> Rom 12:1-2. See also Agnieszka Bozek, Pawel F. Nowak, and Mateusz Blukacz, "The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being," *Frontiers in Psychology* 11 (2020): 5-6.

<sup>46</sup> Slade, "Mental Illness and Well-Being," 2.

<sup>47</sup> 1 Pet 5:7; Matt 6:34.

<sup>48</sup> Slade, "Mental Illness and Well-Being," 2.

## Religion in Military Chaplaincy

Religion offers ways to understand the meaning of life, the relationship between man and a higher power, the influence that the higher power has on the lives of those on Earth, and the connection between spirituality and life after death. The organized nature of religion also offers society a purpose, as it tells people what they should look forward to in their lives.<sup>49</sup> Religion also promotes social connection among people within the same community by creating a sense of belonging and offering people a safe space for social engagement. Rituals linked to religion help people cope with difficult situations in their lives, like the deaths of loved ones, through the religious ceremonies performed after the death of an individual. Religious rituals also provide structure, predictability, and regularity in people's lives by creating patterns that dictate their activities on specific days.<sup>50</sup> For instance, through religion, people dedicate special days for rest and family celebrations, which offer them time to reflect and interact with their family members.

Religion in military chaplaincy relates to the provision of spiritual support to different military professionals in order to satisfy their spiritual needs. While military chaplains do not need to understand all other religious or cultural practices, they are expected to offer their services to people from different religious groups and backgrounds without discriminating against them.<sup>51</sup> The teachings linked to different religious groups all show the importance of doing the right thing and teaching people gratitude, compassion, and other important lessons they

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<sup>49</sup> 1 Cor 14:40.

<sup>50</sup> Jer 29:11.

<sup>51</sup> Monir Ramezani, Fazlollah Ahmandi, and Eesa Mohammadi, "Spirituality in Contemporary Paradigms: An Integrative Review," *Evidence Based Care Journal* 6, no. 22 (2016): 8.

should apply in their lives. Individuals who believe in religion can extract life lessons even from the most challenging situations because of their commitment to their faith.<sup>52</sup>

There are certain shared aspects of religion across different faiths that can help military chaplains excel in offering spiritual guidance to all people, regardless of their backgrounds.<sup>53</sup> For instance, Christians, Buddhists, Muslims, and those who practice Confucianism share similar beliefs about happiness, the importance of faith, compassion, the governance of behavior, and health. The Chinese place great emphasis on harmonious living, interpersonal relationships, and meditation as a way to promote mental clarity based on beliefs drawn from Confucianism, Taoism, and Buddhism. Meanwhile, Muslims also base their religious practices and beliefs about life, health, mental wellness, and social interaction with others on lessons drawn from their religious teachings.<sup>54</sup> The similarity of beliefs held in the different religious groups suggests that military chaplains whose background is in Christianity, Islam, or any other faith can still meet the spiritual needs of deployed soldiers.<sup>55</sup>

### **The Intersectionality of Religion and Mental Wellness in Military Chaplaincy**

There is a strong connection between religion and mental wellness in military chaplaincy. Scholars have proven the importance of chaplains in the military during World War II by showing how their presence decreased anxiety among soldiers.<sup>56</sup> During the war, some of the

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<sup>52</sup> Phil 4:13.

<sup>53</sup> Ibid.; Wendy Cadge et al. "Training Chaplains and Spiritual Chaplaincy Programs in Theological Education: Pastoral Psychology," **needs full citation information for the journal**: 199.

<sup>54</sup> Walaa M. Sabry and Adarsh Vohra, "Role of Islam in the Management of Psychiatric Disorders," *Indian Journal of Psychiatry* 55, Suppl. 2 (2013): S206-S208.

<sup>55</sup> 1 Cor 14:33.

<sup>56</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

servicemen sought the chaplains' assistance to help them manage their traumatic experiences. The servicemen reported that the presence of the chaplains assured them nothing could go wrong, boosted their confidence in their ability to fight, and helped them deal with the traumas linked to their actions. The soldiers also voiced their respect for the chaplains who risked their lives by going to dangerous areas to assist soldiers who were wounded, to minister to them, or to perform liturgies upon the death of a soldier.

This research shows that mental health support is an essential part of the role of military chaplains. The benefits the soldiers who were accompanied by chaplains during World War II experienced illustrates the connection between religion and mental wellness, as the soldiers fared better in the presence of chaplains despite the dangerous nature of their work.<sup>57</sup> The mental wellness and peace associated with the presence of the military chaplains in warzones finds resonance in the story of Jesus and his disciples when they were on the boat during the storm and relied on Jesus for guidance.<sup>58</sup>

Chaplains are respected by the soldiers with whom they work because of their concern regarding the soldiers' welfare and their ability to offer the spiritual guidance in times of need. During World War II, chaplains offered a safe haven for deployed soldiers by offering them a place to seek counsel, relax, confess their sins, pray, and talk about their challenges.<sup>59</sup> The roles chaplains played during the war suggests that military chaplains can offer deployed soldiers a wide range of services to help them cope with their psychological stress. Their image as religious

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<sup>57</sup> Seddon, Jones, and Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel," 1358.

<sup>58</sup> Mark 4:35-41; Luke 8:22-25.

<sup>59</sup> Seddon, Jones, and Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel," 1358.

figures offered assurance to the servicemen in World War II and suggests that these benefits can be replicated in other situations. Jesus was referred to as the Prince of Peace, which could explain why deployed soldiers during World War II associated military chaplains with peace.<sup>60</sup> Additionally, a key aspect of therapy is confession and sharing one's traumatic experiences without the fear of being judged and with the hope that talking about the events could promote clarity and a better understanding of the situation.<sup>61</sup> Military chaplains can offer deployed soldiers a safe place to disclose sensitive information without being judged and with the assurance that they will receive the help they need to relieve them of the psychological stress that stems from their actions.<sup>62</sup>

People whose beliefs are grounded in religion are likely to rely on their faith in challenging times. Such individuals might perceive the challenges associated with combat zones as trials and tribulations directed towards their faith. Military chaplains can work with deployed soldiers by guiding them in their faith to help them deal with the negative emotions linked to their service. Helping deployed soldiers understand the connection between their work, faith, and mental health can point them in the right direction as they confront their challenges. Research suggests that mental wellness is directly linked to spiritual maturity, as individuals who have a strong faith and rely on their religious beliefs to understand the meaning of life attain positive mental states more easily.<sup>63</sup> The Bible also links a strong faith with reduced anxiety and worry

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<sup>60</sup> 1 Cor 14:33; Isa 9:6.

<sup>61</sup> Janice M. Bell, "The Central Importance of Therapeutic Conversations in Family Nursing: Can Talking Be Healing?" *Journal of Family Nursing* 22, no. 4 (2016): 440-441, <https://journals.sagepub.com/doi/pdf/10.1177/1074840716680837>.

<sup>62</sup> Davie, "The Military Chaplain."

<sup>63</sup> Bozek, Nowak, and Blukacz, "The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being"; Beata Zarzycka and Pawel Zietek, "Spiritual Growth or Decline and Meaning-Making

about life's trials and tribulations.<sup>64</sup> As such, military chaplains can help deployed soldiers grow their faith regardless of their religious background and work with them to achieve mental clarity. Applying these approaches in military chaplaincy could promote mental wellness.

### The Framework for Mental Wellness

#### Understanding Common Mental Illnesses among Deployed Soldiers

##### Depression

Understanding mental illness in chaplaincy entails understanding the common mental health issues that affect deployed soldiers, their clinical presentation, and the approaches that can be used to manage them. One of the most common mental health issues among deployed soldiers is depression. It has been linked to factors such as being female, low education qualifications, being unmarried, and the fear of missing out on important life events due to military duties and traumatic experiences during combat.<sup>65</sup> Some of the common signs military chaplains observe in depressed soldiers include sadness and misery, extreme fatigue, loss of appetite, excessive worry about trivial events, an unjustified feeling of guilt, hopelessness, and the constant belief that one is a failure. Military chaplains can help deployed soldiers deal with depression by acknowledging their mental health issues, listening to them, and helping them understand the root cause of their depressive feelings. They can also help them understand that stress and having occasional depressive feelings relating to their work is a common human response to trauma and that they

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as Mediators of Anxiety and Satisfaction with Life During Religious Struggle," *Journal of Religion and Health* 58, no. issue (2019): 1072-1086.

<sup>64</sup> Isa 26:3-4; Pss 34:10; Exod 15:2.

<sup>65</sup> Gadermann, Engel, and Kessler, "Prevalence of DSM-IV Major Depression," 47-48.

should rely on their faith to overcome such feelings.<sup>66</sup> By working with soldiers to address their underlying problems, military chaplains can help them manage any depression.

Depression among soldiers in the field can also stem from the feeling that one's life is meaningless. This can be challenging for deployed soldiers because they are constantly exposed to a high-stress work environment. Research shows that the constant exposure to combat among military personnel leads to high rates of severe depression. Evidence also suggests that major depression linked to combat is more common than post-traumatic stress disorder among deployed soldiers and veterans.<sup>67</sup> When deployed soldiers work in specific locations for prolonged periods without success, they are likely to develop depression associated with a feeling of failure or loss of the meaning of life. Military chaplains can encourage deployed soldiers to address these feelings by finding their purpose in life again. They can also offer them spiritual support that is directly linked to their symptoms to help them understand and deal with their problems. Helping them re-establish their purpose in life through talk therapy and scriptural guidance can reduce their symptoms and promote their recovery.<sup>68</sup>

### Anxiety

Anxiety is another common mental health problem that can affect deployed soldiers. Military chaplains can identify anxiety through clinical symptoms like feelings of shame, increased breathing and pulse rate, aggression, social apprehension, isolation, irritability, loss of appetite, and difficulty sleeping. While some of the symptoms linked to anxiety are similar to those associated with depression, anxiety is often associated with unexpected irritability or a

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<sup>66</sup> John 16:33.

<sup>67</sup> Gadermann, Engel, and Kessler, "Prevalence of DSM-IV Major Depression," **1-2. Check numbers.**

<sup>68</sup> Slade, "Mental Illness and Well-Being," 2-3; Jer 33:3.

constant state of panic. Among deployed soldiers and other military personnel, common factors that result in anxiety include a loss of the meaning of life, obsessive thoughts regarding certain aspects of the job, having no sense of the future, fear of death or the consequences of sin linked to combat, and a loss of previously-held spiritual beliefs. Research has shown that listening and talking with deployed soldiers during their rest time can help them deal with their anxieties indirectly by helping them understand that other people also face similar stresses in life. The study on the role of military chaplains during World War II showed that the conversations chaplains had with servicemen during their rest time helped them deal with their anxieties and develop self-confidence.<sup>69</sup>

Military chaplains can also apply their spiritual knowledge to assist soldiers dealing with anxiety by helping them engage in activities such as meditation and prayer, which can help them relax. Mental healthcare providers have also found that meditation which trains the mind to think positively and maintain a calm state promotes recovery from anxiety and other mental health-related stress.<sup>70</sup> Engaging in activities such as yoga or pilates and meditation has also been associated with improved mental health and reduced anxiety in qualitative studies. A recent systematic review that specifically explored the role of yoga in promoting relaxation and reducing anxiety showed that such exercises can reduce anxiety significantly and improve the mental health status of an individual.<sup>71</sup> Military chaplains can combine aspects of mindful meditation with spirituality and lead deployed soldiers with anxiety in spiritual meditation to

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<sup>69</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

<sup>70</sup> "Mindfulness Meditation: A Research-Proven Way to Reduce Stress," *American Psychological Association*, 30 October 2019, <https://www.apa.org/topics/mindfulness/meditation>.

<sup>71</sup> Deborah Cornah, "The Impact of Spirituality on Mental Health," *Mental Health Foundation* (2006), <https://www.mentalhealth.org.uk/sites/default/files/impact-spirituality.pdf>.

help them recover. Military chaplains can also use scripture to offer deployed soldiers guided spiritual meditation to ease their anxiety. Using scriptures can help soldiers understand that their worries are not beyond God's power and that they can rely on God for guidance and support.<sup>72</sup>

### Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a common mental health problem among deployed and off-duty soldiers. It entails the feeling of reliving traumatic experiences long after they originally occurred. Common causes of PTSD include living through natural disasters, emotional or physical abuse, car or aircraft accidents, war and terrorism, and more. Among the military workforce, PTSD results from traumatic experiences linked to combat or war. Some of the common symptoms include hallucinations relating to past experiences, nightmares or an inability to sleep, anxiety and/or depression, fear of the unknown, extreme grief, and more. Understanding the past experiences of an individual can help military chaplains differentiate between PTSD, anxiety, and major depression.<sup>73</sup>

Military chaplains can use evidence from studies on PTSD to understand how it functions and the approaches that can help affected deployed soldiers address their symptoms. One of the spiritual pathways that has been proven effective in helping deployed and off-duty soldiers deal with PTSD has been a meditation on words that have spiritual significance, using the same concept applied in the recitation of a mantra. Researchers have proven that meditating on a single word or a few spiritual phrases can help soldiers with PTSD focus on the present instead of traumatic events from the past. Evidence from a study on sixty-two soldiers who were engaged

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<sup>72</sup> Ps 119:130; Matt 19:26; Isa 55:9.

<sup>73</sup> Cornah, "The Impact of Spirituality on Mental Health," 14; "Mindfulness Meditation," *American Psychological Association*; Bozek, Nowak, and Blukacz, "The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being," 4-6.

in ninety minutes of spiritual meditation per week for a period of five weeks showed that spiritual meditation or the use of a spiritual mantra was effective in coping with PTSD.<sup>74</sup> In the research, mantra repetition was associated with reduced symptoms of anxiety, stress, anger, and aggression among soldiers struggling with PTSD.

Military chaplains can use scriptures relating to strength to help deployed soldiers formulate mantras that they can repeat whenever they experience a PTSD attack. When dealing with soldiers from different religious groups, military chaplains can formulate the mantra from scriptures that align with their faith. Different religious groups share similar beliefs linked to mental healthcare, meditation, stress, anxiety, and the fear of the unknown.<sup>75</sup> For instance, Islam offers Muslims a set of ethical codes, social values, and guidance on proper behaviour that they can use to develop adaptive coping strategies to deal with stressful events. Additionally, Islam offers Muslims approaches that they can use to live in harmony with those around them. Religious teachings advocate for doing good to others. Soldiers in the field can use such spiritual mantras to cope with stressful situations and focus on the positive aspects of their present lives. Additionally, the Bible, among other religious teachings, encourages believers not to give up on God's soothing mercy, as only the people who do not have faith in God despair over his mercy. These teachings promote a reliance on God's mercy, healing, and assistance whenever one is faced with suffering and pain in life.<sup>76</sup>

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<sup>74</sup> Cornah, "The Impact of Spirituality on Mental Health," 14.

<sup>75</sup> Ibid., 14; 2 Tim 1:7; 2 Cor 10:5; Isa 41:10.

<sup>76</sup> Rom 12:1-2; John 14:27; Gen 39:21; Matt 5:7.

## Understanding the Cultural Attributes of Mental Health among Deployed Soldiers

Different cultures vary in their perceptions of mental illness. In most cultures, mental illness is associated with suffering caused by a person's sin or disregard for cultural practices. Among some religious or cultural groups, suffering is perceived as the sole purpose of people's lives.<sup>77</sup> This perspective is common among Buddhists and those who practice Confucianism. Qualitative studies on the beliefs and cultural practices of Buddhists have proven that they perceive suffering to be the heart of the human condition and believe that suffering exists both physically and psychologically. One of the noble truths of Buddhism is that the end of suffering can only be attained by breaking one's attachment to transient things. Suffering among Buddhists is also perceived as the road towards self-improvement. Similarly, Christianity teaches that suffering is to be expected in life and that God's mercy can redeem Christians from suffering.<sup>78</sup> Military chaplains can therefore draw on studies on different religious and cultural practices to help them understand the beliefs of soldiers from those groups.

The lives of people like Job, Moses, and David from the Bible have been used to illustrate different forms of suffering people experience in their lives, as well as God's ability to guide them through their suffering.<sup>79</sup> Military chaplains can use these examples to help deployed soldiers struggle with mental illness understand that they can overcome suffering without needing to wallow in self-pity for prolonged periods. Additionally, military chaplains can learn from the approaches these individuals used to overcome their problems and help deployed

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<sup>77</sup> Grant Murray and Andrew Agyare, "Religion and perceptions of community-based conservation in Ghana, West Africa." *PLOS ONE* volume, issue no. (2018): pages?, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0195498>.

<sup>78</sup> Cornah, "The Impact of Spirituality on Mental Health," 16.

<sup>79</sup> Job 1:20-21; Ps 142:1-2; Exod 15:25.

soldiers apply the same principles in their lives. For instance, Job relied on his faith to guide him through his challenges.<sup>80</sup> Similarly, deployed soldiers can perceive their mental illness as common life challenges and use their faith in God to trust that their perseverance and focus on Him will support them in their recovery.<sup>81</sup>

### **Coping Mechanisms That Can be Taught to Deployed Soldiers**

While military chaplains may not possess advanced psychological and psychiatric training on the management of mental health problems that affect deployed soldiers, understanding these mental illnesses can help them devise coping mechanisms soldiers in the field can use to address their problems. One of the coping mechanisms that has been proven effective entails using collaborative approaches that involve working with a spiritual leader or obtaining social support that will help the person understand the link between their mental health struggles and past experiences.<sup>82</sup> Military chaplains can use collaborative approaches to help deployed soldiers understand the role of the Holy Spirit in helping them cope with difficult situations.<sup>83</sup>

Studies suggest that people with mental health issues who rely on collaborative mental health approaches to cope with their problems either by using religious problem-solving techniques, basing their life decisions on faith, or by having a strong faith-based vision of recovery, had a higher likelihood of recovering from mental health issues when compared to

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<sup>80</sup> Catholic Biblical Association of America, *The Bible on Suffering: Social and Political Implications* (City: Paulistic Press, 2001), 51-54.

<sup>81</sup> Job 4-23.

<sup>82</sup> Cornah, "The Impact of Spirituality on Mental Health," 18-19.

<sup>83</sup> Acts 15:8; Rom 5:5.

those who used deferred to other approaches. This suggests that military chaplains can link their understanding of mental illnesses through this framework with their chaplaincy knowledge to help deployed soldiers address their mental health problems.<sup>84</sup> The evidence also suggests that deployed soldiers need to have a strong religious practice and believe that their faith in God can guide them through their recovery process.<sup>85</sup>

#### Potential Benefits of the Wellness Framework

Personal recovery entails working to heal oneself from illness or unhealthy behaviors by focusing on the positive practices that can promote and sustain the changes needed. People who are diagnosed with mental illnesses or who suffer mental trauma and wish to recover are expected to engage in relationships that offer them hope, to develop a positive identity, and to engage in activities that support well-being and reduce the severity of the mental illness. Military chaplains need a framework that can offer them effective ways to address mental health issues among deployed soldiers. It is essential that they adopt the appropriate techniques, and an effective mental wellness framework will help them understand the steps they should take to initiate a conversation about mental health with soldiers in the field. Some deployed soldiers are likely to overlook the importance of mental healthcare and might perceive themselves as “tough” and incapable of being affected by “trivial” issues like mental illness. Having a framework designed to meet their needs is likely to help military chaplains understand the right way to approach deployed soldiers who struggle with mental illness.

The framework can significantly help military chaplains adopt better approaches for helping deployed soldiers deal with mental health issues. For example, personal recovery

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<sup>84</sup> Cornah, “The Impact of Spirituality on Mental Health,” 19; Slade, “Mental Illness and Well-Being,” 3-4.

<sup>85</sup> Phil 4:13; Luke 5:31-32.

requires participating in social activities that promote change. Through the mental wellness framework, military chaplains can be taught approaches they can use to support deployed soldiers in their recovery process.<sup>86</sup> For instance, since deployed soldiers need relationships that give them hope and help them accept and move on from the traumatic experiences they have experienced, military chaplains can offer this support through spiritual guidance. If targeted towards their exact mental health problem, this could significantly improve their ability to promote progressive recovery from the suffering associated with the specific mental illness.

Military chaplains can help deployed soldiers change their perceptions of the suffering linked to their mental illness by teaching them about God's mercy, explaining the importance of relying on God's strength for guidance, and helping them cope with feelings of guilt, self-hatred, and other negative emotions that might be associated with the experience.<sup>87</sup> Spiritual care has been linked to improved emotional well-being, which suggests that military chaplains can be beneficial in helping deployed soldiers during their recovery phase.<sup>88</sup> Based on the evidence obtained from the different sources included in this literature review, military chaplains can actively engage in activities that can help deployed soldiers recover from mental health issues. The evidence suggests that military chaplains can apply both spiritual and psychological perspectives to help soldiers manage their mental health issues.<sup>89</sup> For instance, they can use talk

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<sup>86</sup> Slade, "Mental Illness and Well-Being," 2-3.

<sup>87</sup> Karen Besterman-Dahan et al., "The Role of Military Chaplains in Mental Health Care of the Deployed Service Member," *Military Medicine* 177, no. 9 (2012): 1028-1033; Jonathan Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (City: Simon and Schuster, 2010), 87.

<sup>88</sup> Forrester-Jones et al., "Including the 'Spiritual' Within Mental Health Care in the UK," 385; Cadge et al. "Training Chaplains and Spiritual Chaplaincy Programs in Theological Education: Pastoral Psychology," *Pastoral Psychology* 69 (2020): 199.

<sup>89</sup> Cornah, "The Impact of Spirituality on Mental Health," 14.

therapy and guided meditation, practices drawn from psychological studies, to offer soldiers relief from stress, guilt, depression, and anxiety. Similarly, military chaplains can use their chaplaincy knowledge and skills to offer spiritual guidance to soldiers in the field, regardless of their religious backgrounds, and thereby bring relief from suffering and stress.

#### Future Research

While studies have been conducted on the effects of war on the mental health of deployed soldiers and the role of military chaplains in offering them spiritual guidance, there is limited research on the chaplains' ability to offer mental health support, especially in the field. Previous studies have assessed the benefits of spiritual guidance in helping deployed soldiers cope with the challenges related to their roles but have not necessarily addressed the provision of specific mental healthcare. The information presented in this study shows that military chaplains understand the importance of mental health care and argues that further research is needed on this topic. Scholars can use this research as a foundation to examine the importance of mental health care provision by military chaplains. Understanding the current state of the chaplains' knowledge of mental wellness and their ability to cater to the needs of deployed soldiers could significantly improve the mental health care offered to soldiers in the field.

#### Theological Foundations

Theological foundations relate to the use of theological perspectives in contemporary human life by applying scripture, religion-based reasoning, and faith to different aspects of human life. Theological foundations offer theologians, researchers, and readers an understanding of the background of the topic being studied and the link between the variables and concepts discussed in religious teachings. They also enable researchers to examine the connection between events described in scripture and modern-day problems. As such, theological

foundations can help both researchers and readers gain a deeper understanding of the research topic and derive solutions from the theological texts used.

The theological underpinnings for this dissertation are drawn from biblical teachings on human suffering and the link between suffering and events that occurred in the Bible, along with compassion, spiritual meditation, and respect towards others. The main individuals whose lives have been examined are Job, Jesus, and other believers in the Bible who experienced suffering.<sup>90</sup> Other theological concepts used in this dissertation will revolve around the military chaplains who work with deployed soldiers and deal with mental health issues, and who need to apply the different theological underpinnings drawn from the Bible to promote healthy relationships with the deployed soldiers to help them recover successfully from mental illness.

#### Biblical Insights on Human Suffering

The main theological foundation used in this thesis to understand human suffering require an examination of the lives of Job and King David, the challenges they experienced, and the approaches they took to confront their problems. For instance, Job was exposed to suffering when Satan asked God if he could tempt Job to determine whether his faith in God was based on the earthy wealth he had amassed or whether he truly believed in God. The heart of the lessons in this account revolves around the relationship between God and Man and the importance of believing in God.<sup>91</sup>

Military chaplains can use the Book of Job to help deployed soldiers understand the suffering Job experienced and offer lessons on what individuals who have integrity should do

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<sup>90</sup> Job 1-42; 1 Sam 20:1-10.

<sup>91</sup> Job 1-42.

when faced with similar challenges.<sup>92</sup> Job was a man of integrity, and, even in the face of humiliation and suffering, he chose to believe in God and trust that God could restore his peace. The Book of Job offers insights into the different challenges that Job went through, which included the death of his children, the loss of his wealth, and suffering from disease-related physical pain.<sup>93</sup> The fragility of Job's life can be compared to that of the soldiers who face challenges linked to war.<sup>94</sup> Despite his struggles, Job still retained his integrity, believing in God and refusing to rebuke God for his suffering because he understood that He had not caused his suffering.

Military chaplains can adopt the approaches Job used to manage his suffering to assist soldiers in their recovery process. They can help deployed soldiers understand the correlation between their suffering and that experienced by others, either from the biblical perspective or by people in similar situations. This can help soldiers perceive their mental illness as a common problem, accept their mental status, and work towards their recovery instead of rebuking or blaming God or others around them for their problems.<sup>95</sup> When focusing on offering spiritual guidance, military chaplains can rely on the teaching drawn from the Book of Job to help deployed soldiers who suffer from mental health issues understand that God can help them get through any challenge they might encounter.<sup>96</sup>

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<sup>92</sup> Job 6:11.

<sup>93</sup> Job 1:12.

<sup>94</sup> Gerald H. Wilson, *Job (Understanding the Bible Commentary Series)* (City: Baker Books, 2012), 19.

<sup>95</sup> Job 1:13-22.

<sup>96</sup> Cornah, "The Impact of Spirituality on Mental Health," 14; Kopacz et al., "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts," 3-4; Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1924.

The Book of Job can also be used to understand the meaning of suffering and why good people suffer. Like Job, one of the main challenges deployed soldiers face when dealing with mental illness is the struggle to understand why bad things happen to good people.<sup>97</sup> This is common among deployed soldiers who are physically hurt while on duty and develop mental health issues connected to their physical injuries. It is also common among deployed soldiers who experience traumatic events, such as the death of innocent people, the assault of women and young children, mass murder, the destruction of property owned by poor families, and more.<sup>98</sup> Such experiences can affect the faith of deployed soldiers, worsen their mental health condition, and contribute to a reduced will to live.

Military chaplains can use the example of Job to help soldiers dealing with such issues understand human suffering and retain their faith in God. Using such examples from the Bible can help deployed soldiers understand that suffering is not permanent and that God is the one who gives and takes away.<sup>99</sup> It can also help them understand that maintaining their belief and trust in God is an essential aspect of their life, and one they should not neglect.<sup>100</sup> Working closely with deployed soldiers who face such issues and helping them understand that these challenges can affect anyone can increase their confidence and make them more willing to work towards their recovery.

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<sup>97</sup> Wilson, *Job*, 7-8; Job 3:11-26.

<sup>98</sup> Seddon, Jones, and Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel," 1361.

<sup>99</sup> Job 1:21.

<sup>100</sup> Job 1:20; Job 27:3-4.

Military chaplains can also use the Book of Job to help deployed soldiers understand that experiencing suffering does not necessarily mean that someone has sinned or gone against God's command. In the Book of Job, Zophar, who was one of Job's friends, declared Job a sinner and assumed that Job was going through his challenges because he had not repented. In his commentary, Matthew Henry describes Zophar's actions as a temptation directed towards Job to see if he would turn his back to God.<sup>101</sup> It is common for deployed soldiers who have mental health issues to assume that their suffering is linked to something they might have done wrong, either intentionally or unintentionally. In such cases, the deployed soldiers often spend a lot of time feeling self-pity and guilt.<sup>102</sup> While they have been trained to help others during the war, they often do not know how to help themselves when they are having mental health difficulties. In *The Holman Illustrated Bible Commentary*, the author explains how Job knew what to tell others when they were going through difficulties and pain, but he was speechless when faced with the same pain.<sup>103</sup> Soldiers might also spend prolonged time wondering why they were selected for such missions, especially if the mission is characterized by extensive human suffering, death, and horrific experiences. They might even perceive the mission as a punishment from God because of the physical and psychological trauma they sustain in the field.

The military chaplain can work with soldiers who feel this way by helping them understand that human suffering can happen to anyone regardless of their previous actions, sins,

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<sup>101</sup> Job 11:20; Matthew Henry, *Book of Job – Complete Bible Commentary Verse by Verse: Volume 3 of Bible Commentaries of Matthew Henry* (City: Bible Study Books, 2016).

<sup>102</sup> Marty Mendenhall, "Chaplains in Mental Health: Healing the Spiritual Wounds of War," *Annals of the American Psychotherapy Association* 12, no. 1 (2009): 8.

<sup>103</sup> Job 4:3-5; Ray E. Clendenen and Jeremy Royal Howard, *The Holman Illustrated Bible Commentary* (City: B&H Publishing Group, 2015), 514.

or way of life. Mental health guidance directed towards an understanding of human suffering can also be tailored towards helping deployed soldiers perceive their experiences as lessons on the importance of being thankful for their lives.<sup>104</sup> Military chaplains can help deployed soldiers understand that they do not need to continue carrying the burden of their problem and that they should focus on God for support.

### **Compassion**

The Bible also advocates for compassion toward those who are suffering. Military chaplains can use the teachings from the Bible regarding compassion and Jesus' mercy to direct the same form of compassion to other people. God extends his mercy to those who serve Him and expects the same kind of compassion to be directed towards others.<sup>105</sup> The Bible states that the Lord longs to be gracious to people and that He will rise up to show compassion to those who serve Him. Military chaplains can therefore use biblical teachings to promote compassion among deployed soldiers, offer them help when they are dealing with mental health issues and supporting them in their recovery process.<sup>106</sup> Focusing on compassionate care can ensure that military chaplains treat the deployed soldiers who struggle with mental illness with kindness.

Jesus performed numerous miracles as part of His ministry and was compassionate to individuals who were sinners or believed themselves to be unworthy of God's love. Numerous verses in the Bible address the role of Jesus in the world as God's chosen son who was selected to be the propitiation for people's sins. Understanding that one's sins are forgiven after prayer

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<sup>104</sup> Job 42:2; Job 42:5-6; Tremper Longman III, *Job (Baker Commentary on the Old Testament Wisdom and Psalms)* (City: Baker Books, 2012).

<sup>105</sup> Exod 33:19.

<sup>106</sup> Cornah, "The Impact of Spirituality on Mental Health," 19.

can help deployed soldiers redeem themselves of the shame that might be linked to unpleasant actions they engaged in during combat.<sup>107</sup> In their commentary, Clendenen and Howard describe how tax collectors were detested by most of the Jews because they served under the oppressive Roman government and often abused their power. Regardless of their history, Jesus still forgave them and allowed them to dine with Him and His disciples.<sup>108</sup> The Bible also states that Jesus was sent to the world to die for the sins of the world.<sup>109</sup> As such, military chaplains can use their understanding of scripture and belief in God to convince deployed soldiers who might be dealing with guilt and self-hatred that Jesus died for their sins.

Compassion can also be directed to deployed soldiers facing mental health issues through the equal treatment of soldiers regardless of their religious background. Jesus extended His compassion to people who did not believe in God or who held different beliefs. For instance, when dealing with the Samaritan woman, Jesus understood the differences between the beliefs held by Jews and Samaritans. He explained to the woman that anyone who received God's word could be saved, regardless of their religious beliefs or background.<sup>110</sup> Similarly, military chaplains can extend the same kind of compassion towards individuals from different religious backgrounds. Welcoming everyone to the Kingdom of God can make deployed soldiers who struggle with mental health issues feel accepted.<sup>111</sup> Clendenen and Howard perceive this form of compassion of welcoming people to the Kingdom of God through the different verses in the first

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<sup>107</sup> Matt 9:10; 1 John 5:11-23.

<sup>108</sup> Clendenen and Howard, *The Holman Illustrated Bible Commentary*, 1021.

<sup>109</sup> John 3:16.

<sup>110</sup> John 4:4-42; Matt 5:1-48.

<sup>111</sup> 1 John 2:1-29; 1 Tim 2:1-15; 1 Pet 2:1-25; 2 Cor 6:1-10.

and second Book of Timothy, as being a form of offering people the Gospel.<sup>112</sup> Military chaplains should also perceive compassion as a way of bringing people the Gospel.

Additionally, the social support associated with the feeling of belonging to a community of believers can help deployed soldiers coping with mental health issues recover through the support offered to them. Group therapy is a critical aspect of psychological therapy. It is often used in cases where the group members share similar experiences or suffer from the same illness. Using group therapies can help deployed soldiers with mental illness understand that they are not alone and get support from their colleagues. Applying the story of the Samaritan woman along with the other verses in the Bible that address the equal treatment of people regardless of their age, background, or economic status can promote effective development of group therapies in military bases during deployment.<sup>113</sup>

### **Spiritual Meditation**

Spiritual meditation as a theoretical concept relates to an understanding God's work and teachings regarding difficult issues in life by examining the life of Jesus in the New Testament and the actions He took when faced with trials. The Bible encourages Christians to meditate in prayer to cope with their problems and offers numerous examples of people who found their answers in spiritual meditation. A key example can be seen in the story of Hezekiah, who was ill and had been informed of his impending death. Hezekiah's prayer was answered by God after he humbled himself before God and prayed.<sup>114</sup> Hannah also prayed and her prayers were answered by God. Her suffering emerged from her childlessness in her polygamous married, which had

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<sup>112</sup> Clendenen and Howard, *The Holman Illustrated Bible Commentary*, 1321.

<sup>113</sup> Acts 2:17-21.

<sup>114</sup> Isa 65:24.

made her envious of Peninnah. Although Hannah was childless for a long period, she continued dedicating her life to prayer.<sup>115</sup> In her grief and bitterness, she lifted her voice to God and was blessed with a child, Samuel, and later on gave birth to five more children.<sup>116</sup>

Military chaplains can use the example of the individuals in the Bible who prayed and whose prayers were answered to help deployed soldiers with mental illness. By focusing on prayer, the soldiers can redirect their focus from their problems and to their recovery. Focusing too much on one's problem can magnify the nature of the problem and reduce the likelihood of recovery. Research has shown that meditation or the use of mantras can help deployed soldiers deal with serious mental health issues. The proven benefits of spiritual meditation used to manage mental health issues suggest that deployed soldiers can rely on spiritual meditation, especially during their deployment, to help them deal with mental health issues.<sup>117</sup>

Before Jesus was crucified, He understood the fate that awaited Him and dedicated His time in spiritual meditation through prayer. Jesus expressed the sorrow that He was feeling to His disciples (Peter and the two sons of Zebedee) before He left them and went to pray.<sup>118</sup> Jesus dedicated time to meditate in prayer and while praying He accepted the crucifixion that he was going to face.<sup>119</sup> After meditating in prayer, he went back to his disciples and found them sleeping. His commitment to prayer and acceptance of the death that He was going to face can be

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<sup>115</sup> 1 Sam 7; 1 Sam 9-19; Michael Rydelnik and Michael Vanlaningham, *The Moody Bible Commentary* (City: Moody Publishers, 2014).

<sup>116</sup> 1 Sam 1:20.

<sup>117</sup> Kent D. Drescher et al., "A Qualitative Examination of VA Chaplains' Understandings," *Journal of Religion and Health* 57, no. 6, (2018): 2444-2445; Cornah, "The Impact of Spirituality on Mental Health," 14; Rydelnik and Vanlaningham, *The Moody Bible Commentary*.

<sup>118</sup> Matt 26:37.

<sup>119</sup> Matt 26:36-44; Luke 22:39-46.

emulated by soldiers who face difficult issues. Jesus' actions proved that He relied on God for His strength. By taking time to pray and connect with God, Jesus made peace with his fate. The Bible's examples of the challenges Jesus faced and the actions he took offer guidance that military chaplains can apply in their line of work. These teaching can also help soldiers deal with mental health issues that affect them during their deployment.

Military chaplains can pray and offer spiritual meditation to deployed soldiers to help them accept the things they cannot change and focus on improving those they can. Deployed soldiers who have mental health issues due to severe injuries or deformities sustained during war often struggle to accept the physical impact combat has had on them, especially if the injury occurred early in their careers.<sup>120</sup> Military chaplains can help them accept the physical changes in their body and embrace their new lives, while using spiritual guidance to help them deal with the emotional impacts of the injury.<sup>121</sup>

## **Respect**

Respect entails showing regard for other people and treating them fairly regardless of their social, political, or economic status. The focus on the respect of others here means showing regard for their emotions and suffering and not overlooking the challenges they face or associating them with their beliefs or lack of faith in God. This ensures that military chaplains do not focus on any selfish ambitions or vain conceit when they offer their services to deployed soldiers, especially those whose religious beliefs do not align with their own. The Bible emphasizes the importance of not doing anything with selfish ambitions and advocates for

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<sup>120</sup> Heb 5:7; Mark 11:24.

<sup>121</sup> Jas 5:16; Ian J. Hamilton, "Do Primary Care Chaplains Need Training in Mental Health Issues?" *British Journal of General Practice* 67, no. ??? (2017): **657, 158. Check page numbers**

serving others with humility and valuing others more than oneself.<sup>122</sup> This theological underpinning will be used to promote fairness and equality in serving others by supporting the equal treatment of deployed soldiers regardless of their religious backgrounds or beliefs.

### **Empathy**

Jesus was a leader who understood the challenges affecting those who followed Him and who was willing to help them deal with their problems. For example, Jesus went out of his way to assist Jairus by resurrecting his daughter. He empathized with the Jairus who was suffering after the loss of his daughter and offered his assistance by resurrecting her.<sup>123</sup> While military chaplains may not possess the same power to resurrect the dead or help all victims of war, they can offer their support to soldiers in the field. The constant exposure to communities that struggle because of war, death, and the loss of property due to war can have severe effects on the mental health of deployed soldiers. Military chaplains can offer their help by praying with the soldiers to help them deal with the traumatic nature of the situation. Additionally, they can offer deployed soldiers a shoulder to lean on, listen to them, and help them understand they are not alone.

The different theological concepts drawn from the Bible are used here to guide the actions the military chaplains should take in helping deployed soldiers deal with mental health issues. These theological underpinnings are also critical to the framework used to help military chaplains understand mental illness and mental wellness. The program promotes mental wellness using scripture and ideologies drawn from other religious books that share similar concepts regarding human suffering and mental health and that offer ways to manage mental health

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<sup>122</sup> Phil 2:3; Rom 12:10; 1 Pet 2:17.

<sup>123</sup> Luke 8:43-48.

problems among deployed soldiers and promote their recovery. The theological concepts included in this section thus illustrate the correlation between chaplaincy and mental health from a biblical perspective.

### Theoretical Foundations

Theoretical foundations relate to peer-reviewed theories or models that support the ideas discussed in the research or that can be used to explain how to apply the concepts. Researchers use existing theories to support their work and build their arguments on certain topics related to their research. Theoretical foundations illustrate the connection between the current focus and pre-existing theories, models, or scientific studies. Thus, a solid theoretical foundation helps researchers connect what is already known to what they are contributing to the knowledge. In this way, they form the link between the known and the unknown ideas in research.

The theoretical foundation of this dissertation draws on a combination of the concepts discussed in the theological foundations and ideologies in Hans Selye's stress theory. It assesses the identified scriptures and concepts examined in this section and their correlation with the ideas in Selye's stress theory.<sup>124</sup> This section will have two parts. The first offers a definition and description of the stress theory, its major concepts, the ideologies Selye had in mind, and the examples he used in his work to help readers understand his theory.

The second part then illustrates the connection between stress theory and the present topic: the importance of equipping military chaplains with a framework for mental wellness. Stress theory is used because of its previous application in the fields of psychology, psychiatry,

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<sup>124</sup> Sandor Szabo, Yvette Tache, and Arpad Somogyi, "The Legacy of Hans Selye and the Origins of Stress Research: A Retrospective 75 Years after his Landmark Brief 'Letter' to the Editor of Nature," *Stress* 15, no. 5 (2012): 472-478; Ajit Avasthi, "Are Social Theories Still Relevant in Current Psychiatric Practice?" *Indian Journal of Social Psychiatry* 32, no. 1 (2016): 3-9.

and sociology to study mental health and the effects of stress on people's lives.<sup>125</sup> A discussion of these aspects will help readers understand the role of the theory in this project.

### **Hans Selye's Stress Theory**

Selye was an endocrinologist and is recognized as the pioneer of studies on biological stress. Selye perceived stress as a nonspecific bodily response initiated by unpleasant or pleasant conditions within an individual's environment. His definition of stress differs slightly from the popular perception of stress, as most people link stress to internal feelings or states related to factors that threaten the physical and mental well-being of an individual. In his research, Selye introduced the term "General Adaptation Syndrome" (GAS), which he used to describe the reactions of both humans and animals to external stressors.<sup>126</sup> GAS consists of three stages: the alarm or reaction stage; the resistance stage, which he also referred to as the adaptation phase; and the exhaustion stage. He used these stages to describe how a body prepares to either flee from or to confront a stressor.<sup>127</sup>

#### The Alarm or Reaction Stage

Selye believed that stressors in an individual's immediate environment can disturb that person's homeostasis, thereby resulting in a state of alarm. He described the state of alarm as increased bodily function seen in the autonomous nervous system and pointed out that these changes increase an individual's physical strength and help them protect themselves from attack. His description of the alarm stage aligns with the biological "fight or flight" response that

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<sup>125</sup> Avasthi, "Are Social Theories Still Relevant in Current Psychiatric Practice?"

<sup>126</sup> Szabo, Tache, and Somogyi, "The Legacy of Hans Selye," 473.

<sup>127</sup> Giubert Ulric Crevecoeur, "A System Approach to the General Adaptation Syndrome," *Basics on Mechanisms of Aging and Evolution* **volume, issue** (2016): 1-2; Avasthi, "Are Social Theories Still Relevant in Current Psychiatric Practice?," 3-9.

describes the natural response to stressors or threats. Selye also pointed out that the alarm reaction does not last for long periods in normal circumstances because it is based on the initial reaction a person has towards the threat or stressor. In most cases, the alarm phase lasts between six to 48 hours after the injury or exposure to the stressor.<sup>128</sup>

#### The Resistance/Adaptation Stage

After the initial shock wears off, a certain resistance is built up against the stressor, and if the stressor remains a reoccurring problem in a person's life, then that person is likely to lose their resistance to the stressor. Selye characterized this stage with factors like fatigue, lapses in concentration, irritability, lethargy, an inability to sleep, or spending prolonged periods without rest. If the resistance phase continues for a long time without rest, individuals affected by stress are likely to respond through a fight or flight response to remove themselves from the situation or to reduce their likelihood of facing the negative consequences of the stressor. Regardless of the time taken between the exposure to the stressor and the individual's ability to deal with the threat, the individual can return to the pre-activated state or recover from the stress.<sup>129</sup>

#### Exhaustion Stage

According to Selye, the exhaustion state is characterized by continued exposure to the stressor or stressful environment. Selye observed that when humans or animals are subjected to stressful environments continuously, they begin to show signs of adaptation failure as their systems begin to fail or break down and their risks of negative biopsychosocial symptoms increase. In mental health, the exhaustion state can be characterized by depression, extreme

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<sup>128</sup> Crevecoeur, "A System Approach to the General Adaptation Syndrome," 2.

<sup>129</sup> Ibid., 3.

anxiety, lack of belief that one can recover from mental illness, recurrent episodes of panic attacks, the loss of a will to live, and extreme exhaustion.<sup>130</sup> According to Selye, individuals have the highest chance of recovering from a stressor during the resistance phase because it is characterized by a better understanding of adaptation to the idea of the stressor. In the resistance stage, the initial shock of the stressor has also worn off, thereby increasing a person's likelihood to react to the situation.<sup>131</sup> Despite this, he believed that an individual could recover from the effects of a stressor regardless of the time between the initial exposure to the stressor and the individual's response to the stressor.

### The Association of Theory and Mental Health

This theory is closely linked to questions of mental health because of its focus on the different responses people exhibit to stress. Selye distinguished acute stress from chronic stress through his GAS model. In terms of mental health, stressors can cause acute or chronic stress depending on the continued existence of the trigger in the individual's environment or mind.<sup>132</sup> Stressors associated with the development of mental illnesses can include exposure to traumatic events, like in a car accident, the death of a loved one, illness-associated suffering, daily-life stresses, and more. The inability to resolve the stressors in an individual's life can contribute to anxiety and, over time, lead to other mental health issues. A recent study on dental practitioners found that, despite their healthcare knowledge and skills in preventing hospital-acquired infections, the practitioners reported high states of stress while working due to the fear of

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<sup>130</sup> Ibid., 3-4.

<sup>131</sup> Szabo, Tache, and Somogyi, "The Legacy of Hans Selye," 474-475.

<sup>132</sup> Siang Yong Tan and **A. Yip**, "Hans Selye (1907-1982): Founder of the Stress Theory," *Singapore Medicine Journal* 59, no. 4 (2018): 170-171; Crevecoeur, "A System Approach to the General Adaptation Syndrome," 2-3.

contracting the coronavirus. While their protective clothing reduced their risks of contracting the virus, they were still afraid of being infected.<sup>133</sup> Stressors can affect a person's quality of work, especially if the stressor is a constant factor that cannot be addressed easily or if the individual is unaware of the impact of the stressor on their life or work.

The Link between Theory, Theological Foundations, and Their Use Here

### **Biblical Insights on Human Suffering**

People react to stress differently. The theological foundations critically examined the life of Job, the sufferings he experienced, and the effects of his suffering on his health and relationships with those around him. Job's faith was strong, and his initial response to the stress he faced was to turn to God and pray.<sup>134</sup> Since people react differently to stressful situations; the reactions of deployed soldiers to traumatic events can differ from Job's response, regardless of their faith in God. Military chaplains can use the stress theory together with the mental wellness framework to help soldiers get over the initial shock linked to traumatic events. By understanding the impact of stressors on individual wellbeing, military chaplains can examine the symptoms soldiers show that might affect their mental health status and offer them the appropriate guidance to address the situation.<sup>135</sup> Incorporating responses to stress and human suffering in the mental wellness framework would ensure that military chaplains receive adequate education on ways to deal with similar circumstances in the field.

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<sup>133</sup> Saquib Mulla et al., "Effects of COVID-19 Pandemic and the Stress Levels among Dental Practitioners – A Short Study," *The International Journal of Indian Psychology* 8, no. 3 (2020): 19-22.

<sup>134</sup> Job 1:20-21.

<sup>135</sup> Sebastian Vlasceanu, "A Theoretical Approach to Stress and Self-Efficacy," *Procedia – Social and Behavioral Sciences* 78 (2013): 556-557.

## Compassion

Compassion is essential when dealing with individuals who have psychological trauma. The theological foundations used here focus on the importance of being compassionate towards those who are experiencing suffering.

Military chaplains can apply the stress theory to better understand human suffering and its potential impact on a person's life. This theory can be used in the mental wellness framework to help military chaplains understand how stress affects people based on Selye's three phases of stress. For instance, by understanding that the alarm phase can last six to 48 hours, the mental health framework can be developed in a manner that teaches military chaplains how to interact with a soldier in the field who has just experienced a traumatic event and is still in shock.

The framework can be used to help military chaplains show compassion to deployed soldiers who have experienced traumatic events by making them feel accepted by listening to them and by making them feel like they are still part of the family or Kingdom of God.<sup>136</sup> Instead of emphasizing the monstrosity of the trauma, military chaplains should rid the soldiers affected of any malice and help them rebuild faith in God.<sup>137</sup> Case studies that illustrate the link between stressors in combat zones and their effects on deployed soldiers' mental health can help military chaplains respond in such situations. For instance, the training can use examples of veterans who developed post-traumatic stress disorder after constant exposure to stressors in their line of work. The impact of the stressors on the lives of the veterans over time can help military chaplains

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<sup>136</sup> 1 John 2:1-29.

<sup>137</sup> 1 Pet 2:1-25.

understand the reality of mental health issues and increase their compassion towards deployed soldiers who face similar issues.<sup>138</sup>

### Spiritual Meditation

Military chaplains can also use stress theory together with theological underpinnings to help soldiers understand why they are going through a hard time or why they might be struggling to deal with the impact of a stressor in their work. The Bible encourages Christians to meditate in prayer as a way of coping with stress and human suffering. The stories of individuals like Hezekiah and Hannah reflect the role that prayer or spiritual meditation can have on a person's life. While Hezekiah's stress was linked to his illness and the news of his impending death, and Hannah's was associated with her childlessness, their meditation in prayer led them out of the stressful situations.<sup>139</sup>

Soldiers exposed to war-related stressors in the field, such as injuries, the deaths of their colleagues, and exposure to other forms of war-related trauma, are likely to experience the initial shock of the trauma and then proceed to the resistance phase, which is characterized by fatigue, loss of concentration, irritability, and an inability to sleep. This phase can lead to serious mental health issues if proper interventions are not made. Like Hezekiah and Hannah, who could not simply wake up and walk away from the stressors in their lives, deployed soldiers are often faced with stressful situations they cannot walk away from, but are forced to remain within the stressful environment.<sup>140</sup>

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<sup>138</sup> Suzanne Gordon, *Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation's Veterans* (City: Cornell University Press, 2018).

<sup>139</sup> I Sam 7; 1 Sam 9-19; 1 Sam 1:20.

<sup>140</sup> Isa 65:24.

The mental wellness framework can help military chaplains understand mental illness, while the theory can offer them an understanding of the psychological challenges deployed soldiers face when dealing with stressors. Military chaplains can use lessons from Hezekiah and Hannah's experiences and Selye's theory to help deployed soldiers understand the impact of stress in their lives, especially when they are constantly exposed to the same stressors.<sup>141</sup> For instance, military chaplains can guide deployed soldiers in spiritual meditation to help them understand that they cannot change the outcome of the traumatic events that happened in combat.

### Respect

This theoretical concept aligns with the idea of respect for others' emotions, feelings, and reactions towards stressors. Selye's theory explains the serious impact stress can have on a person's life and the stages of stress development using the GAP model. His stress theory can be used in the mental wellness framework to help military chaplains understand the importance of respecting the emotions of deployed soldiers who struggle with mental health issues.<sup>142</sup> Military chaplains might perceive deployed soldiers as strong, invincible individuals who have been trained to deal with even the toughest combat situations. While soldiers do have a wide range of skills to help them deal with the situations or challenges they face on the battlefield, military chaplains need to remember that soldiers are human and vulnerable to human emotions and responses to threats in their environment. As such, they should be dedicated to helping them deal with difficult situations that might affect their psychological and spiritual health.<sup>143</sup>

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<sup>141</sup> 1 Sam 1:20.

<sup>142</sup> Crevecoeur, "A System Approach to the General Adaptation Syndrome," 2-3.

<sup>143</sup> Phil 2:3-4; Rom 12:10.

## Empathy

Selye's theory relates to the concepts discussed in the theoretical foundation on empathy and the concerns raised regarding the need to promote mental wellness by providing mental healthcare services to deployed soldiers. The theological framework section illustrates how Jesus was empathetic towards the suffering of those who followed Him and outlines the lessons military chaplains can learn from Jesus' ministry. Like military chaplains, who confront the challenges deployed soldiers face during their deployment and the effects of war on people's lives, Jesus had the opportunity to observe the daily suffering of the people who followed Him and asked Him for assistance.<sup>144</sup> Military chaplains can use Jesus' approaches to those who were suffering in combination with the lessons from Selye's theory regarding stress to develop better ways of dealing with deployed soldiers who are impacted negatively by the stressors in their environment. For instance, military chaplains can use their understanding of the impact of stressors characterized by the resistance phase of the GAP model to help them address the issues that affect deployed soldiers with empathy, so the soldiers feel understood and accepted regardless of the mental health challenges they face.<sup>145</sup>

This theoretical framework aims to help military chaplains understand the potential impact of stress on people's lives and use this information in their interactions with deployed soldiers facing mental health issues that may have been caused by stressors in their environment. Selye's theory about the different phases of stress illustrates the responses that people exhibit towards stressors in their environment. The concepts drawn from his theory can be used to develop a mental wellness framework for military chaplains, which can help them deal with the

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<sup>144</sup> Luke 8:43-48.

<sup>145</sup> Crevecoeur, "A System Approach to the General Adaptation Syndrome," 3.

biological and psychological responses deployed soldiers face at the alarm, resistance, and exhaustion stages. Selye believed that individuals at any phase of the GAP model could overcome or deal with the stressors in their environment. Understanding the responses to stress will help military chaplains learn effective ways to cope with stress that they can use to assist soldiers in the field.

### Chapter 3: Methodology

The primary research question in this study is based on the need to equip military chaplains with a framework for mental wellness for deployed soldiers. This chapter outlines the intervention design used in this study. Mental healthcare is paramount for deployed soldiers because of the effects exposure to war, which can negatively affect their mental well-being and relationships with friends and family members.<sup>146</sup> There is a need to equip military chaplains with a framework for mental wellness to ensure an improved mental health status among deployed soldiers. It is fundamental that we analyze and evaluate the skills of military chaplains on issues that relate to mental health and offering training sessions on ways to manage various mental health conditions that are common among deployed soldiers, in order to improve how they are addressed.<sup>147</sup> This is the problem at the core of this study.

Previous research has focused on military chaplains, but little attention has been given to their roles in managing mental health conditions that affect deployed soldiers. Studies have mainly focused on the spiritual aspects of chaplaincy, the chaplains' readiness to manage the spiritual needs of deployed soldiers and veterans, and their contributions to the military workforce.

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<sup>146</sup> Suzannah K. Creech, Wendy Hadley, and Brian Borsari, "The Impact of Military Deployment and Reintegration on Children and Parenting: A Systematic Review," *Professional Psychology, Research and Practice* **volume or issue numbers** (2014): 454-460; Aleksandra Stevanovi, Tanja Franciskovic, and Eric Vermetten, "Relationship of Early-Life Trauma, War-Related Trauma, Personality Traits and PTSD Symptom Severity," *European Journal of Psychotraumatology* 7 (2016): 1-10; Thomas W. Britt, Tiffany M. Greene-Shorridge, and Carl Andrew Castro, "The Stigma of Mental Health Problems in the Military," *Military Medicine* 172, no. 2 (2007): 157.

<sup>147</sup> Carey and Hodgson, "Chaplaincy Spiritual Care and Moral Injury"; Kopacz et al., "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts," 1-10.

The lack of evidence on military chaplains and their involvement in managing mental health conditions reflects the need for this project, as does the existing research on the mental health issues of deployed soldiers and veterans, and the impact of these mental health issues.<sup>148</sup> The results presented here thus offer insights on the need to equip military chaplains with a framework for mental wellness for deployed soldiers. There is a need for training and education interventions that can help them acquire the necessary skills to improve how they approach mental health issues that stem from war. This chapter outlines the methodology used in this study by describing the research design and approaches used to implement it.

### Intervention Design

This study uses a qualitative methodology, which draws on a systematic approach that explains and provides meaning to the experiences of individuals.<sup>149</sup> Previous studies on the roles of military chaplains in managing mental health among soldiers have used a qualitative approach, which is better suited for examining the relationship between variables.<sup>150</sup> In contrast, qualitative research can help us examine the issues that relate to a phenomenon in depth.

Qualitative research is an appropriate method here, as its purpose is to offer an in-depth analysis of data with detailed descriptions through the use of both verbal and visual

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<sup>148</sup> Britt, Greene-Shortridge, and Castro, "The Stigma of Mental Health Problems in the Military," 157; George M. Eliopoulos et al., "The Use of Interpretation of Quasi-Experimental Studies in Infectious Diseases," *Infectious Diseases Society of America Journals* 38, no. 11 (2004): 1586-1591; Carey and Hodgson, "Chaplaincy Spiritual Care and Moral Injury"; Kopacz et al., "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts," 4.

<sup>149</sup> Joanna Tai and Rola Ajjawi, "Undertaking and Reporting Qualitative Research," *The Clinical Teacher* 13, no. 3 (2016): 177.

<sup>150</sup> Lisa A. Brenner et al., "Soldiers Returning from Deployment: A Qualitative Study Regarding Exposure, Coping and Reintegration," *Rehabilitation Psychology* 60, no. 3 (2015): 288; Phillip D. Rumrill, "Non-Manipulation Quantitative Design," *Work* 22, no. 3 (2004): 257.

communication.<sup>151</sup> Qualitative data helps explain “how” and “why” a phenomenon occurs and is based on the lived experiences of individuals.<sup>152</sup> For these reasons, a qualitative methodology is the best option to use here, as it is well-suited to fill the gap in the literature by understanding the opinions, concepts, and experiences of the participants in the study, rather than examining relationships between variables.

### Purpose and Objective

This study uses a qualitative methodology with a descriptive design. The purpose is to equip military chaplains at Fort Hood, Texas with a framework to address mental wellness among deployed soldiers. This intervention is consistent with the thesis because it aims to assess the knowledge military chaplains have on issues related to mental health and to implement a framework for mental wellness. It also aligns with the problem statement and research questions in its concern for the mental well-being of deployed soldiers. Further academic research is needed that can one day provide a satisfactory level of explanation regarding the key factors that affect and individual military veteran’s lived experiences.<sup>153</sup> Other qualitative research designs include grounded theory, narratives, case studies, and phenomenology. I chose the descriptive study approach because of the need to obtain extensive information on the topic.

It is unclear how military chaplains in Fort Hood, Texas are equipped with a framework for mental wellness. Qualitative methodology is generally inductive and moves from the specific

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<sup>151</sup> Robert Yin, *Case Study Research and Applications: Design and Methods* (New York: SAGE Publishing, 2012), 241.

<sup>152</sup> Tai and Ajjawi, “Undertaking and Reporting Qualitative Research,” 177.

<sup>153</sup> Britt, Greene-Shorridge, and Castro, “The Stigma of Mental Health Problems in the Military,” 157.

to the general and is focused on the how and why of a phenomenon.<sup>154</sup> The presentation of data requires a straightforward descriptive overview of the informational contents, which were organized logically. Bakanay and Cakir (2016) assert that qualitative descriptive studies are designed according to a natural paradigm, in which data is not examined or interpreted in-depth, like in ethnography studies, grounded theory, and phenomenology, but where social events and facts are presented originally through observation, interviews, or documentary examination.<sup>155</sup> A descriptive design provides a detailed and thorough account of the phenomenon being investigated.<sup>156</sup> The data collected here provides insights on the issues affecting military chaplains in their roles and sheds light on the approaches that can be used to address their issues.

The qualitative descriptive study design was chosen here because it is the best way to gather the views and opinions of participants for more detailed insight into the problem under investigation. Several qualitative designs can help facilitate a study of certain phenomena in their natural environments, and the descriptive qualitative study is one of them.<sup>157</sup> It also helps the researcher gather data by spending a minimal amount of contact time for interviews. Even though qualitative descriptive studies are more time-consuming when compared with traditional data collection, interviews were best suited for this study because they presented rich data for analysis.

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<sup>154</sup> Yin, *Case Study Research and Applications*, 255.

<sup>155</sup> Cicek Dilek Bakanay and Mustafa Cakir, "Phenomenology and its Reflection on Science Education Research," *International Online Journal of Educational Sciences* 8, no. 4 (2016): 13.

<sup>156</sup> Yin, *Case Study Research and Applications*, 255.

<sup>157</sup> Toby Robert Raeburn et al., "Self-Determination Theory: A Framework for Clubhouse Psychosocial Rehabilitation Research," *Issues in Mental Health Nursing* 36, no. 2 (2014): 147.

## Tasks

The tasks related to the design of this intervention revolved around the need to collect qualitative data from military chaplains. This study used interviews and focused groups to do so. A descriptive research design was preferred because the researcher sought to describe a phenomenon, and this offered a way to obtain first-hand knowledge of the participants' experiences concerning a specific subject matter. The specific tasks performed in the study entailed data collection through interviews and an analysis of the data to assess the mental health knowledge and skills of the military chaplains.

The interviews were used to evaluate the chaplains' knowledge and skills regarding the mental health problems among deployed soldiers and how to manage them. They also helped reveal the chaplains' understanding of different mental health conditions. The interviews and this intervention focused on determining whether incorporating lessons on mental health issues in military chaplaincy training can help military chaplains manage these problems better.

### Steps Taken for Each Task

#### **Interviews**

Interviews were used to collect rich sources of information from the sample.<sup>158</sup> These help the researcher describe the behaviors, feelings, opinions, attributes, preferences, attitudes, and knowledge of the people they study. They are, therefore, the most effective for qualitative descriptive studies because they allow us to understand, explain, and explore the experiences, behaviors, opinions, and phenomena lived by the subjects.<sup>159</sup> The interview questions used in this

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<sup>158</sup> Syed Kabir, *Basic Guidelines for Research: An Introductory Approach for All Disciplines* (Chittagong: Book Zone Publication, 2016), 201-275; Shazia Jamshed, "Qualitative Research Method- Interviewing and Observation," *Journal of Basic and Clinical Pharmacy* 5, no. 4 (2014): 87.

<sup>159</sup> Hyejin Kim, Justine S. Sefcik, and Christine Bradway, "Characteristics of Qualitative Descriptive Studies: A Systematic Review," *Research in Nursing and Health* 40, no. 1 (2016): 33; Karin Hammarberg, Maggie

project were open-ended to promote the collection of detailed information. Each interview lasted between 45 minutes and 60 minutes.

The data collected through the interviews was password-protected and stored in an external hard drive, thus protecting its privacy. All physical transcriptions were stored inside a locked cabinet, which only the researcher could access. Digital files of the interviews were saved on a computer, transferred to an external hard drive, and transcribed. Audio recordings were also used to enable the researcher to have access to the raw interview, in case of any omissions or errors. The audio recordings were password-protected and stored on an external drive to ensure they could not be accessed by unauthorized persons. Physical transcriptions of the interviews were stored inside a locked cabinet, which only the researcher could access. The digital files of the interviews, including the audio records, were then deleted from the external drive.

### **Focus Group Discussions**

Focus group discussions were used to collect additional data to complement the information collected through the interviews. The data collected through these discussions was used to offer more insight into the lives of military chaplains, their roles in offering deployed soldiers mental healthcare, and their knowledge and skills in managing mental health issues. The information was collected in a group format, with five to seven military chaplains per group. The focused group discussions were conducted in a comfortable environment and the individuals included in the discussions were seated in a circular seating arrangement to promote effective interaction. An audio recorder was used to record the discussions.

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Kirkman, and Seryl de Lacey, "Qualitative Research Methods: When to Use Them and How to Judge Them," *Human Reproduction* 31, no. 3 (2016): 499; Amanda Bolderston, "Conducting a Research Interview," *Journal of Medical Imaging and Radiation Sciences* 43, no. 1 (2012): 69.

The focus group discussions were overseen by a moderator. Moderators are essential in such formats, as they help ensure the conversation in the group does not veer off-topic. The moderator also used pre-determined questions drawn from the questionnaire to gain more insight into the perceptions the military chaplains had regarding mental health issues among deployed soldiers. The pre-formulated questions related to the research questions and objectives of this dissertation.<sup>160</sup> The focus group discussion thus offered insights regarding the measures that can be taken to improve the mental health status of deployed soldiers.

The moderator's other roles included regulating the discussions to ensure that the group members did not get into arguments, prolong their discussions, or introduce an issue that was not related to the topic at hand. The moderator used pauses and probes to obtain more information from the participants regarding the questions being posed. These ensured that adequate information was obtained from the participants and eliminated the risk of half-answered questions. The moderator was also required to be mentally prepared to ensure that he or she listened to the information provided by the participants, was not distracted, and was familiar with the questions. Additionally, the moderator initiated purposeful small talk at the start of the meeting to create a warm and friendly environment that increased the participants' likelihood of opening up during the discussions and encouraged positive interaction between the moderator and the military chaplains.<sup>161</sup>

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<sup>160</sup> Greg Guest, Emily E. Namely, and Marilyn L. Mitchell, *Collecting Qualitative Data: A Field Manual for Applied Research* (City: SAGE Publishing, 2013), 176-178; Margaret R. Roller and Paul J. Lavrakas, *Applied Qualitative Research Design: A Total Quality Framework Approach* (City: Guilford Publications, 2015).

<sup>161</sup> Monique M. Hennink, *Understanding Focus Group Discussions* (City: OUP USA, 2014), 108-110; Richard A. Krueger, *Focus Groups: A Practical Guide for Applied Research* (City: SAGE Publishing, 2014), 19-21; Pranee Liamputtong, *Focus Group Methodology: Principle and Practice* (City: SAGE Publishing, 2011).

An assistant moderator was also included in each of the focus group discussions to facilitate the collection of data. The roles of the assistant moderator included taking notes and asking questions whenever invited to do so or when they required clarification on an answer provided by one of the participants. In addition, the assistant moderator was responsible for debriefing the moderator before and after each focus group discussion, arranging the room to ensure that the seating arrangement promoted effective interaction, and operating the audio recording equipment.<sup>162</sup>

During the focus group discussions, the meetings began with a welcome to the participants, an introduction to the topic, and a statement informing the participants about how the results would be used. The participants were also informed about why they had been selected for the study and offered guidelines on the approaches that would be used to lead the discussions. Some of the guidelines highlighted included the right to ask questions, the importance of not speaking over others, and the need to use the codes given to identify each participant during the discussion as a way of retaining each member's privacy.<sup>163</sup> Rules for using mobile phones or pagers were also addressed; members were asked to leave the meeting quietly if they wished to answer their phones. They were also requested to either switch their phones off during the discussion or reduce the volume of their ringtones to ensure that their phones did not interrupt the meeting.

The questions used during the focus group discussions aimed to yield useful information. As such, dichotomous questions that required a "yes" or "no" response were not asked. Instead,

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<sup>162</sup> Jennifer Cyr, *Focus Groups for the Social Science Researcher* (City: Cambridge University Press, 2019), 71-75; Guest, Namely, and Mitchell, *Collecting Qualitative Data*, 172-176.

<sup>163</sup> Rosaline S. Barbour and Morgan L. David, *A New Era in Focus Group Research: Challenges, Innovation and Practice* (City: Palgrave Macmillan, 2017), 172.

the questions focused on attributes or factors that influence behaviors and attitudes. The moderator and assistant moderator used probing cues to obtain more information from the participants when asking questions that resulted in short answers.

Final questions were also strategically formulated to ensure that all the information needed from the group was captured. The ending question required the participants to reflect on the entire discussion and then offer their positions or opinions regarding issues that generalized the topic discussed. For instance, the participants were asked about their perception of the importance of mental health education in their curriculum or their overall perception of mental health issues. The ending questions also asked the participants to reflect on the aspects of their career training they would change to improve their performance in managing mental health issues affecting deployed soldiers. The table below illustrates how the focus group discussions were broken down into specific segments to promote the participation of the military chaplains and to ensure that the appropriate data was collected from the study.

Session duration: 45-60 minutes	
Participants: moderator, assistant moderator, and military chaplains	
<b>Activity</b>	<b>Implementation</b>
Start of meeting	Introduction of moderator and assistant
Introduction	Introduction of topic for discussion
Guidelines	Explanation of general rules for the focus group discussion e.g. pointing out that there are no right and wrong answers, identification of members by codes and role of moderator
Opening Question	The first question is read out and members of the group are allowed to respond
Ending Question	All things considered kind of question/ Summary question/final question to the group

Figure 1. Table illustrating the approaches taken to conduct a focus group discussion.

## Participants

### Military Chaplains

Selecting the right participants is important to ensure the information used in a study is collected from the right individuals. Participants should align with the objectives of the study and the research questions.<sup>164</sup> The participants involved in the present study were military chaplains from the Fort Hood military base in Texas. The military chaplains needed to have prior experience working with deployed soldiers during their missions to ensure that they understood the challenges that affect soldiers in warzones. The military chaplains selected for the study also

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<sup>164</sup> Yin, *Case Study Research and Applications*, 241; Bakanay and Cakir, "Phenomenology and Its Reflection on Science Education Research," 13.

needed to have completed the majority of their chaplaincy training. This ensured that they had a clear understanding of their roles as military chaplains and some experience performing their roles in their respective fields.

An average of between fifteen to twenty participants was included in the study. The selection of the respondents from the facility eliminated the risks of incorporating under-qualified participants. It also eliminated biases linked to the qualifications of the military chaplains who participated in the study. Since Fort Hood is the largest military base in the world and has numerous sub-divisions, participants were selected from the different sectors to eliminate bias. The size of Fort Hood also eliminates the need to use more than one military base, as the facility serves a large population of soldiers and has a large number of chaplains in comparison to other military bases. The availability of different types of military workforce training at the facility also ensured that the military chaplains incorporated here had some experience working with different types of soldiers.

### **The Moderator and Assistant Moderator**

The moderator and assistant moderator were involved in collecting data from the focus group discussions. They were required to have an in-depth understanding of the research and its purpose to ensure that they could effectively regulate the focus group discussion and collect useful data. The moderator and assistant moderator were also involved in conducting the interviews through pre-formulated questionnaires and offered the military chaplains any support they needed during the data-collection process. Additionally, they were involved in cleaning the data after it was collected in order to facilitate its analysis.

## Location

The location or setting where research is conducted reflects the kind of data the researchers are interested in collecting.<sup>165</sup> This research was carried out at the Fort Hood military base in Texas. The facility is located in Killeen, Texas and was named after Confederate General John Bell Hood. It is located between two popular cities in Texas: Waco and Austin. The average distance from the military base to the two cities is sixty miles. The facility is located on a 214,968-acre installation and is the only military training base in the country that can train two armored divisions. It is located on rolling semi-arid terrain, which makes it ideal for multifaceted training programs and for testing military trainees and units. The Killeen community also provides a lot of support for army families through networks and resources that were developed to ensure that the military workforce has an easy training time. The facility consists of three sections, which include the main cantonment, North Fort Hood, and South Fort Hood.<sup>166</sup>

Fort Hood base is the headquarters of III Corps and the 1st Army Division West. It is also home to the 1st Cavalry Division and the 3rd Cavalry Regiment. It was established as a way to increase the space for training soldiers and test tank destroyers during World War II.<sup>167</sup> Aside from being the biggest military base in the US, it is also the most populous military installation in the world. In 2014, the facility had 45,414 assigned soldiers and employed 8,900 civilians. It was built in 1942 and has been upgraded progressively over time to ensure that it suits the needs of the military soldiers who train at the facility. The main aim of the facility is to train soldiers

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<sup>165</sup> Kabir, *Basic Guidelines for Research*, 215.

<sup>166</sup> "Fort Hood Military Base, Texas," *Army Technology* (2021), <https://www.army-technology.com/projects/forthoodmilitarybase/>.

<sup>167</sup> David Ford, *Fort Hood in World War II* (City: Arcadia Publishing, 2015).

who can act as army reserves or who can be deployed for the National Guard. The facility is also a strategic protector of power and security. The facility's accessibility ensures that soldiers have adequate space in which to conduct their training and eliminates external pressures or distractions, which could affect the soldiers' performance.<sup>168</sup>

Currently, the base has corps-level headquarters, two army division-level headquarters, and a corps sustainment command. It also houses six brigade combat teams and has five other brigade-sized formations and smaller major organizations. All these units live, train, are maintained by, and obtain their daily sustenance from the facility. The geographical division of the facility ensures that each team has adequate space for training.<sup>169</sup> The facility also has two airstrips namely Longhorn and Shorthorn and two airfields namely Robert Gray Army Airfield and Hood Army Airfield.

This location was selected because of the number of military chaplains who train and work at the facility. They also have some experience in working with deployed soldiers during their missions, which makes them suitable for the study. Their exposure to the working conditions of deployed soldiers suggests that they understand the challenges deployed soldiers face during their deployment.<sup>170</sup> They also have some experience managing mental health issues that affect deployed soldiers before, during, and after their time in the field. This military base was also selected due to the large number of soldiers connected to the facility.

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<sup>168</sup> "Fort Hood Army Base Guide," *Military.com* (2021), <https://www.military.com/base-guide/fort-hood/>; "Fort Hood Army Base in Killeen, TX," *Militarybases.com* (2021), <https://militarybases.com/texas/fort-hood/>.

<sup>169</sup> "Fort Hood Army Base Guide," *Military.com*.

<sup>170</sup> Kenneth T. MacLeish, *Making War at Fort Hood: Life and Uncertainty in a Military Community* (City: Princeton University Press, 2015).

### Timelines and Duration of Activities

The data collection process lasted two weeks. The time was used to conduct interviews using the pre-developed questionnaires and to conduct the focus group discussions. The duration of the data collection process was based on the schedules of the participants. The data was collected when the military chaplains were free, to ensure that the research did not interfere with their regular activities at the military base and to promote their maximum concentration during the data collection process.

### Ethical Issues

Ethical considerations are an important part of the research. The participants were informed about the study prior to the day of data collection. Informed consent refers to the permission given by a person speaking on their own behalf, or by someone acting on behalf of a minor or an individual whose mental status disqualifies them from making their own decisions. Informed consent became important to research over the twentieth century, due to issues related to the mistreatment of research participants.<sup>171</sup> In this study, a consent form was sent to the participants by email to ensure that they understood the purpose of the research and its potential impact on their lives and careers. The participants who did not receive the consent forms by email for any reason were offered them on the day of data collection before they were incorporated into the research. They were informed about what was expected of them if they decided to participate in the research, the benefits they would gain, such as additional knowledge and skills about mental health illnesses and approaches to their management.<sup>172</sup>

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<sup>171</sup> Evan DeRenzo, Eric A. Singer, and Joel Moss, *Ethical Considerations When Preparing a Clinical Research Protocol* (City: Elsevier, 2020), 149.

<sup>172</sup> Harris M. Cooper, *Ethical Choices in Research: Managing Data, Writing Reports and Publishing Results in the Social Sciences* (City: American Psychological Association, 2016).

Other aspects discussed with the participants include the preservation of their anonymity in the research and their right to privacy and to safety, which assured them that they would not be exposed to mental stress during the project and that their right to choose whether or not to participate in the study was protected. The participants were not coerced to participate and were allowed to make an independent decision regarding their willingness to do so. Before the study, the participants had a clear understanding of their roles in the study and their rights as participants. They were also informed about the estimated duration of the research to ensure that they understood the time they were being asked to dedicate to the study. Informing participants about these factors eliminated the risks of discontinuation during the project.<sup>173</sup>

Ethical issues were also addressed by informing the participants about the approaches the researchers were taking to address other ethical issues, such as selling participants' information or involving them in studies that would cause embarrassment, offend them, or negatively affect the credibility of their work. The participants were informed about their rights to question the researcher about the people who would have access to the information collected in the study. They were also informed about their rights to file legal cases against the researchers in the event that they discovered the researcher has sold their personal data to a third party. This assured them of the safety of their data and reduced their likelihood of withholding information during the study.<sup>174</sup>

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<sup>173</sup> Malcolm Cowburn, Loraine Gelsthorpe, and Azrini Wahidin, *Research Ethics in Criminology: Dilemmas, Issues and Solutions* (City: Taylor & Francis, 2016).

<sup>174</sup> DeRenzo, Singer, and Moss, *Ethical Considerations*; Bernadette Mazurek Melnyk and Dianne Morrison-Beedy, *Intervention Research: Designing, Conducting, Analyzing and Funding* (City: Springer Publishing Company, 2012).

Additionally, the military chaplains who were interested in participating were informed about the voluntary nature of their participation in the research and their right to leave at any point if they felt uncomfortable or believed their rights to have been violated. These clauses were included in the consent form, and the participants were de-briefed about their rights before the beginning of the data collection process to ensure that they understood the extent of their rights. The participants had a right to be respected and treated with basic human dignity throughout the project and were not subject to situations that caused them distress, harm, or embarrassment.<sup>175</sup> They were also informed about their right to redress if they felt they had been offended by the information communicated by the researcher.

Aside from this, the participants were also informed about the procedures that were used in the study to ensure that they were not involved in the research without their knowledge and did not think it was a disguise for their training as military chaplains. While the framework associated with this research was designed to improve the training offered to military chaplains, they were informed about the independent nature of the research.<sup>176</sup> This ensured that they retained their rights to the information they wished to share. At the end of the debriefing, the participants were asked if they had any questions regarding the research and data collection process and then were asked to sign a consent form to show that they were participating in the study willingly.<sup>177</sup> Those who had already sent their signed consent forms by email or any other

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<sup>175</sup> Duane R. Monette, Thomas J. Sullivan, and Cornell R. DeJong, *Applied Social Research: A Tool for the Human Services* (City: Cengage Learning, 2013); A.T. Panter and Sonya K. Sterba, *Handbook of Ethics in Quantitative Methodology* (City: Routledge, 2011).

<sup>176</sup> Rose Wiles, *What are Qualitative Research Ethics?* (City: A&C Black, 2012).

<sup>177</sup> Ellen Perelman and Sara R. Curran, *A Handbook for Social Science Field Research: Essays & Bibliographic Sources on Research Design and Methods* (City: SAGE Publishing, 2006); Ian Shaw, Graham Ronald, and Sally Holland, *Doing Qualitative Research in Social Work* (City: SAGE Publishing, 2014).

format were asked whether they wished to retract their consent. Addressing these ethical issues ensured that the participants understood the study, their roles, and those of the researchers, along with the extent of their rights.<sup>178</sup>

Aside from informing the participants about the nature of the research, additional measures were taken to ensure that the data collected during the study were protected. Privacy during participation in the study was maintained since the interviews and the focus group discussions were conducted in meeting rooms within the office space of the organization.<sup>179</sup> The identities of the participants were confidential, which means that the participants were not required to provide their names or any other information that could be used to identify them during the interviews and focus group discussions.<sup>180</sup> Codes such as A, B, and C were used in place of names. For instance, during the interviews, the questionnaires contained the codes in place of the participants' names. In the focus group discussions, the participants in each group were identified using letter codes to ensure that their names were not revealed at any point.

### Resources Required

The only resource required for the research was paper on which to print the interview questions and consent forms. Although most of the consent forms were sent to the participants via email, those who did not receive them were offered print forms during one of the visits to the facility before the day the data was collected. This ensured that all the military chaplains who

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<sup>178</sup> Lene Arnett Jensen, *The Oxford Handbook of Human Development and Culture: An Interdisciplinary Perspective* (City: Oxford University Press, 2015).

<sup>179</sup> Marilyn Lichtman, *Qualitative Research for the Social Sciences* (City: SAGE Publishing, 2013); Cowburn, Gelsthorpe, and Wahidin, *Research Ethics in Criminology*, 11-12.

<sup>180</sup> Zvonimir Koporc, *Ethics and Integrity in Health and Life Sciences Research* (City: Emerald Group Publishing, 2018).

participated in the study received a consent form. A copy of the interview questions used for the questionnaire has been included in Appendix 1.

### Data Collection

Primary data was collected for this study. It was raw qualitative data and was collected by the researcher using an in-person approach. Qualitative data is information that is descriptive in nature. It is used to understand a group of individuals or a problem through data that explains the feelings, attitudes, knowledge, or perceptions of individuals. Qualitative data cannot be quantified.<sup>181</sup> For instance, when assessing people's feelings towards something, the data collected would examine whether they are happy or dissatisfied.<sup>182</sup> Levels of happiness or dissatisfaction cannot be quantified. This type of primary data was gathered through interviews and focus group discussions to ensure the participants answered the research questions effectively.<sup>183</sup>

The types of data collected in the research were divided into four major segments, which address this study's thesis. These include: 1) understanding military chaplains' perception of mental health and mental wellness; 2) examining the experience of military chaplains in dealing with mental health issues and showing concern for those affected by mental illness; 3) examining military chaplains' ability to initiate dialogues related to mental health; and 4) assessing military chaplains' ability to offer deployed soldiers professional mental health assistance or to assist

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<sup>181</sup> Uwe Flick, *The SAGE Handbook of Qualitative Data Collection* (City: SAGE Publishing, 2017), 231-232.

<sup>182</sup> Flick, *The SAGE Handbook of Qualitative Data Collection*, 237-328.

<sup>183</sup> Rebecca Whiting and Katrina Pritchard, *Collecting Qualitative Data Using Digital Methods* (City: SAGE Publishing, 2020).

them in seeking professional help. These four segments were used as guidelines for the interview questions and focus group discussions.

### **Tools for Data Collection**

#### Interview Questions and Focus Group Discussions

Interview questions were used in the study to facilitate the collection of data. A copy of the interview questions used has been included in Appendix 1. A questionnaire was used to conduct one-on-one interviews, and the focus group discussions were based on some of the concepts addressed in the interview questions.<sup>184</sup> The difference between the approach used in delivering the questions during the interviews and the focus group discussions was the mode of conducting in-depth discussions during the focus group meetings.<sup>185</sup>

The focus groups allowed the participants to offer more detailed responses to questions on the same topics addressed in the interview questions.<sup>186</sup> The researcher used an audio recorder to capture the participants' responses and then transcribed some of them. The combination of the written and audio-recorded data offered the researcher adequate information to conclude the study.<sup>187</sup>

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<sup>184</sup> Flick, *The SAGE Handbook of Qualitative Data Collection*, 237-238.

<sup>185</sup> Felice D. Billups, *Qualitative Data Collection Tools: Design, Development and Applications* (City: SAGE Publishing, 2019).

<sup>186</sup> Guest, Namely, and Mitchell, *Collecting Qualitative Data*, 172.

<sup>187</sup> Guest, Namely, and Mitchell, *Collecting Qualitative Data*, 174; Virginia Braun, *Collecting Qualitative Data: A Practical Guide to Textual, Media and Virtual Techniques* (City: Cambridge University Press, 2016).

## **Protocols for Data Collection**

### **Guidelines on Interaction**

During the focus group discussions, the participants were informed about what was expected of them at the start of the meeting. Some of the guidelines they were offered included the importance of not speaking over others, to ensure that each response was captured clearly, not using each other's names during the interaction, to ensure that the identities of the participants were protected, and following the cues provided by the moderator and assistant moderator. Other guidelines offered to the participants included instructions on the approaches they should use to answer the interview questions and the need to read and sign the consent form before participating in the study.

### **Use of Audio-Recording Devices**

Protocols for the usage of the audio-recording device were also included in the study. During the focus group discussion, the audio recorder was turned on after the participants had been informed about the objective of the study and the intended use of the audio recorder to capture their response for easy data analysis. The audio recorder was turned on after the introductions to ensure that the question-answer segment was recorded. The participants were informed at the exact time when the audio-recorder was turned on, to ensure they were aware that the recording session had begun. It was then turned off immediately after the last question and the summary of the focus group discussion. The participants were also signaled to ensure that they knew when the assistant moderator planned to turn the audio recorder off. This ensured that no responses were left out and that the participants were aware of the end of the recording session.

### Analysis/Evaluation Procedures

The data collected was analyzed using different charts and diagrams that provided summaries of the evidence collected in the study. The charts summarized the participants' responses, which ensured that the critical data has been recorded. The charts and diagrams used were created after the data had been cleaned and the responses offered by the participants in the major groups categorized. The diagrams and charts are used to analyze the results; for example, they allow us to compare the responses of the individuals who perceived mental health care to be an important aspect of military chaplaincy and the specific reasons provided by those who did not perceive it to be an essential component of their work.

### Securing Institutional Review Board (IRB) Approval

Institutional Review Board (IRB) approval is essential for any study with human participants. For this study, IRB approval was obtained and presented to the authority in charge of the Fort Hood facility before the day of data collection. The IRB approval letter assured the leaders at the facility of the nature of the study, the kind of data that would be collected, and the safety of the participants who would be included in the research. The approval of the research by the IRB also assured the leaders at the facility of the genuine nature of the study, especially since the study was conducted at a national facility for training military staff. A copy of the approved IRB form is included in the appendix.

### Relationship to Participants

As a chaplain and the primary researcher in this study, I maintained a professional relationship with the participants. Although I have a background in chaplaincy, I did not use my knowledge and skills to influence the answers of the participants during the data collection process. Additionally, I did not try to sway the participants' responses during the focus group

discussion sessions and focused solely on documenting the responses they provided. This ensured that I avoided introducing bias to the study.

My roles during the data collection process entailed conducting the interviews and acting as the moderator during the focus group discussions. As the moderator, I posed the questions to the participants and documented their responses. Additionally, I informed them of the rules that governed the focus group discussion to ensure that order was maintained. Other specific roles I played during the data collection process included clarifying any questions the participants did not understand to ensure that they could provide responses that aligned with the questions.

Some of the assumptions I brought to the study included the belief that all the military chaplains employed at the facility had worked directly with deployed soldiers who at some point have struggled with mental health issues, and that all the military chaplains stationed at the facility had received the same level of education and had a unified understanding of their roles as military chaplains. Another assumption I brought to the study was that all the military chaplains I worked with had the same perception of the importance of mental health services and, given the chance, would advocate for the incorporation of a framework for mental health instruction in their training program. These assumptions may have affected my interactions with the military chaplains I encountered at the facility, especially in cases where they considered spiritual care to be more important than mental health.

Another form of bias I may have unknowingly introduced in the study was based on the literature review and research I conducted prior to the data collection process. The literature I interacted with shaped my understanding of mental health care, its impact on the work of deployed soldiers, and the potential benefits that military chaplains could gain by providing mental health services to deployed soldiers. This literature may have shaped my perception of

the importance of mental health care among deployed soldiers and affected my judgment or reception of the participants' responses during the data collection process.

### Implementation of the Intervention Design

The implementation of the intervention design entailed applying the approaches that were used in data collection. The selection of interviews and focus group discussions was based on the need to collect comprehensive information from the participants. The focus group discussion allowed me to collect more data and gather comprehensive responses from the participants regarding the interview questions. The implementation phase involved executing the activities discussed in the intervention design segment. This section, therefore, entailed collecting data from the identified participants through the different data collection methods discussed. The first approach entailed ensuring that all the participants involved in the study had read, understood, and signed the consent form. This also entailed ensuring that the right number of participants had been attained. Other activities involved in this section included data triangulation, describing the sequence for data collection, and outlining the data analysis approaches that were used.

### **Data Triangulation**

Data triangulation entails the use of more than one approach to collecting data, in order to promote the credibility of the results obtained from the research by approaching the same topic from several different angles. This ensures that different dimensions of a single phenomenon are captured, thereby improving the overall quality of the final result. In this research, triangulation was achieved by collecting data through interview questions, note-taking during focus group

discussions, and audio recording.<sup>188</sup> The researcher was assisted by the assistant moderator during the focus group discussions, who took concise notes.

### Interviews

During the interviews, data was collected using an audio recording device. The researcher also registered the responses provided by the participants in a form containing the interview questions. Using the audio recorder ensured that any data the researcher was unable to note in the interview question form was captured by the audio recorder. The participants were informed of the use of the audio recorder and its purpose in the research to ensure that they were comfortable during the interviews. These two approaches to data collection ensured that the adequate information was captured.

### Audio Recording during Focus Group Discussions

The researcher used an audio recorder during the focus group discussions to ensure that the entire conversation was captured and to avoid missing any of the responses the members of the groups offered. The use of the audio recorder during the focus groups also allowed the researcher to focus on moderating the discussion and interacting with the participants.<sup>189</sup> As such, the researcher was not distracted and focused on the responses. The audio recorder also allowed the researcher to capture answers to probes and questions that arose during the discussion, which enriched the quality of the overall results.

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<sup>188</sup> Flick, *The SAGE Handbook of Qualitative Data Collection*, 525-526; Uwe Flick, *Doing Triangulation and Mixed Methods* (City: SAGE Publishing, 2018), 80.

<sup>189</sup> Trena Paulus, Jessica Lester and Paul Dempster, *Digital Tools for Qualitative Research* (City: SAGE Publishing, 2013), 94-95.

### Note-Taking during the Focus Group Discussions

During the focus groups, the researcher engaged in minimal note-taking activities. Note-taking during this session was directed towards capturing the most essential information related to the research. It also helped the researcher highlight responses from the participants, which could be pinpointed during the data analysis. Additionally, note-taking helped the researcher break the responses of the participants into different categories. This eased the workload related to coming up with themes and categories for the responses during the phase of data analysis.

### **Sequence for Data Collection**

#### Interviews

During the interviews, a question-answer sequence was used to obtain responses from the participants. The researcher conducted one-on-one meetings with the participants, asking questions from the interview form and documenting their responses. The participants were allowed to ask for clarification if they were unsure of what the question meant. The researcher also provided examples of scenarios to help the participants understand the questions and to ensure that their responses were clear. The responses offered by the participants were recorded word-for-word using an audio recorder to eliminate bias and to ensure that all the necessary information was captured.

#### Focus Group Discussion

During the focus group discussion, the sequence for data collection was based on a question-answer format, whereby the researcher acted as the moderator and asked the members of the focus group a question and then documented the responses. The moderator only moved to the next question after ensuring that the participants had completed their responses to the first question. Each participant was given a few minutes to contribute to the discussion. Participants

were also allowed to raise questions among themselves regarding the responses provided by their colleagues. The researcher did not participate in answering the questions but only focused on ensuring that the discussions ran smoothly.

### **Data Analysis**

The information collected was analyzed using a qualitative data analysis approach. The data was cleaned to eliminate incomplete interviews and other unnecessary fluff. The information obtained from the participants was then categorized based on their responses to the four categories of research questions used in the interview, including their perception of mental health and mental healthcare, their knowledge of mental illnesses, and their perceptions of the potential benefits of a mental health framework. Some of the intriguing responses recorded either during the interview or the focus groups were incorporated in the results to illustrate the participants' different thoughts on the central topic of mental well-being.

## **Chapter 4: Analysis and Discussion**

This chapter evaluates the results extracted from the data collected by analyzing mental wellness among deployed soldiers to provide military chaplains with a framework they can use to help them. The information from the interviews was analyzed by theme, and this chapter offers a quantitative analysis of the qualitative data. The correlations and descriptive statistics are included in Appendix 2. Furthermore, the conclusions reached here are compared with previous studies to explore whether they support or contradict previous findings. The intervention design adopted here was based on a qualitative research methodology, and the design played an important role in how the data was extracted from the study. The interview questionnaire had both open-ended and close-ended questions and was designed on the basis of four themes, which allowed the research to gain in-depth observations regarding the research problem in order to equip military chaplains with a mental wellness framework.

### **Quantitative Analysis on the Basis of Qualitative Data**

#### **Theme 1: Military Chaplains' Perceptions of Mental Well-Being**

The first part of the interview was designed to gauge the military chaplains' perceptions of mental health and mental illness. In the first question, respondents were asked about the meaning of mental illness, to gain insight on their general understanding of the concept. One of the participants responded that, "Mental illnesses are common and are health conditions involving changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities." Another participant remarked, "As a chaplain, if we look at it on the medical aspect of it, I will

think mental illness could be seen as a state of chemical imbalance or a health condition that negatively impacts a person's emotion or ability to think."

The descriptive statistics show a mean value of 1, reflecting that the participants did have an understanding of mental illness and its meaning. If the mean value was close to 2, the reverse would be true. As such, in this case we must conclude that the participants had an understanding of the meaning of mental illness. This shows they can play a positive role in responding to the research questions; if they did not understand mental illness, their participation would not bring value to this study. This is supported by the findings of Mike Slade, who showed that mental wellness goes beyond the absence of a mental illness or well-being and is central to promoting positivity in one's life.<sup>190</sup>

In response to the second question on the meaning of mental wellness, Participant 1 stated that, "Mental wellness is when an individual is able to properly manage/deal with the stressors of life and remain emotional intelligent," while Participant 6 said, "It is an offset of mental illness when your mind functions properly." Participant 10 responded, "Mental wellness means when you are able to manage yourself: you can think straight and on top of all that is going on in your life – you are able to manage what is going on and think straight. That is when you have high mental acumen and you are able to focus on what you're doing and regardless of what is happening to you. You are destabilized but rather you're able to be in control of what is going on. You are mentally alert." The descriptive statistics show a mean value of 1.16, which means that the participants differ slightly in their opinions, but their understanding of mental wellness and mental health is accurate (Appendix 2).

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<sup>190</sup> Slade, "Mental Illness and Well-Being," 2.

The third question asked the respondents whether mental wellness is the same as happiness. They were also asked to elaborate on the differences between these concepts. Participant 4 stated, “I don’t think they are the same. A person can be happy and still not be mentally well, and a person can be mentally well and still not be happy. Happiness is a response to a particular situation in a person’s life at some point, and so I don’t think they are the same.” On the other hand, Participant 7 remarked, “No, they are not the same because somebody could be happy and yet mentally ill. Happiness could be seen as an emotional state of mind that entails a sense of self-satisfaction or contentment. When it comes to mental wellness, I think it is different from happiness.” Participant 9 elaborated on this point and said, “Mental wellness is not happiness because happiness is from within and it is a state of mind – it can come and go. Mental wellness means you are fine, you are okay, everything is fine with you, you can control whatever is going on with you. The happiness, you don’t have it all the time.” The descriptive statistical analysis shows a mean value of 1, which shows that the chaplains who participated agreed that happiness and mental wellness are not the same (Appendix 2).

Question 4 asked the participants whether stressful conditions can cause mental illness. Participant 1 responded, “Most definitely. Especially when we fail to properly deal with these conditions,” and Participant 5 responded, “I believe so, because mental illness is connected to our emotional wellbeing as well. Stress affects emotional wellbeing and if sustained for some time could create some form of the disorder that would lead to mental illness. So, therefore, stress is a big factor that could cause mental illness.” Participant 10 stated, “Yes, in sort of a way. I will not say absolute, but stressful conditions can cause that. It depends on the level of stress that one has which can trigger mental illness.” The descriptive statistics based on the data of all the participants shows a mean value of 1, as almost all the participants agreed that stressful

conditions can cause mental illness (Appendix 2). Grace Davie’s findings support these results; she found that psychological stress was a common reason for mental illness and that mental health can be improved by relieving this stress.<sup>191</sup>

Question 5 asked whether mental illnesses can be treated or not. According to Participant 2, “A lot of studies show the progression of the outcome of having some applied intervention to somebody who has a mental illness. Mental illness is a psychological thing and that’s why chaplains with psychological/psychotherapy experiences... Yes, if it is recognized on time, there are adaptable interventions that can be used such as therapy or medications. The important thing is to recognize it and make necessary referrals as necessary. Yes, it could be treated.” Participant 4 responded, “Yes it can be treated but it also depends on the cause of the mental illness. In the case of chemical imbalance or stress, then medical remedies can be applied,” while Participant 9 stated, “Yes but only to a certain degree,” suggesting that the ability to manage mental health conditions was limited. The descriptive statistics have a mean value of 1, showing that the participants agreed it is possible to treat mental illness (Appendix 2).

6. Which one of the following statements aligns with your perception of mental illnesses?	
Mental illnesses are linked to stressors in the environment	12
Mental illnesses are curses associated with sin	0
Mental illnesses are perceived ideologies developed by individuals to avoid dealing with reality	0

Figure 2. Question 6 as it was phrased and the participant responses.

In Question 6, the respondents were asked about their perceptions of mental illness. The responses from the participants are summarized above and show the frequency of each of the criteria defined for the question. All twelve participants agreed that mental illnesses are linked to

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<sup>191</sup> Davie, “The Military Chaplain.”

stressors in the environment. Studies supports these findings by highlighting that deployed soldiers are constantly exposed to high-stress, challenging work environments. This is the major reason military personnel have a high rate of severe depression.<sup>192</sup>

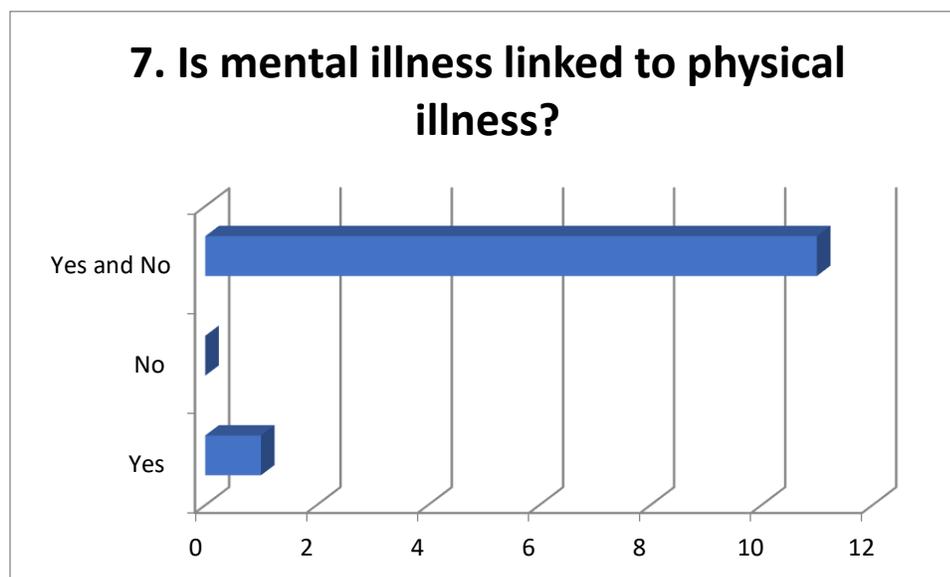


Figure 3. A chart depicting the responses to Question 7.

Based on the data collected in Question 7, mental illness can be linked to physical illness, but this is not always the case. The majority of the respondents, 11 in total, selected the “Yes and No” option, confirming that they believed that mental illness could be, but is not always, linked to physical illness. The reasons for these views can be deduced from the responses to Question 8, which asked the participants to explain why they had chosen “Yes,” “No,” or “Yes and No.” According to Participant 3, “Mental illness could have nothing to do with the physical ability to perform or to do things that will sustain life. For example, one could have a mental illness but will still be in an environment where they can function and still do what they need to do and not in physical pain or distress. However, there are mental illnesses that can cripple the individual

<sup>192</sup> Gadermann, Engel, and Kessler, “Prevalence of DSM-IV Major Depression,” **1-2. Check**

physician to the point of just laying there and doing nothing.” Participant 9, instead, stated, “Mental illness is linked to physical illness. By saying ‘Yes,’ I will say if somebody is physically ill, that might lead to a kind of depression and this might cause mental illness. And ‘No,’ because physical illness sometimes can depend on people – some people might not see it as something that will get them depressed vice versa. So, my ‘Yes and No’ depends on the individual.” These findings find support in Slade’s definition, which stated that mental wellness emerges from the need to improve mental health. The World Health Organization (WHO) defined health as a state of total physical, social, and mental well-being and stated that an absence of illness cannot define physical, social, and mental wellness.<sup>193</sup>

In Question 9, the respondents were asked whether mental wellness services should be offered to deployed soldiers or not. Participant 2 replied, “I think it should in the sense that you are in an unpredictable environment,” and Participant 9 answered, “Absolutely!! I think soldiers should be entitled to mental wellness services because soldiers work in very stressful environments, especially during deployment. Having affirmed that stress, especially sustained stress, can lead to emotional problems, which could lead to mental illness.” The descriptive statistics show a mean value of 1, showing that the chaplains agree mental wellness services should be offered to deployed soldiers, even if they identified different reasons for their stance. This is supported by sections from the Book of Isaiah, which allude to the ways in which deployed soldiers are exposed to war-related stresses, including injuries in the field, the deaths of their colleagues, and exposure to other forms of war-related trauma.<sup>194</sup> Deployed soldiers

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<sup>193</sup> Slade, “Mental Illness and Well-Being,” 2.

<sup>194</sup> Isa 65:24.

therefore face stressful situations that they cannot walk away from. They need to work in stressful environment, so they should be offered mental wellness services.

The data collected for Theme 1 shows that mental illness is common and arises from changes in emotions, thinking, or behaviour (or a combination of these). Mental illnesses are associated with distress and/or difficulties functioning in social, work, or family settings or in work-life matters. The literature shows that to attain mental wellness, a person must maintain a constant focus on having a meaningful life, having faith in oneself, and having a positive sense of self through self-determination and commitment. Mental wellness recovery is considered one way to manage mental illness and to transition from an unhealth to a healthy state.<sup>195</sup>

Mental wellness can be affected by depression, anxiety, and PTSD. The research shows that depression is one of the most common issues among soldiers in the field. However, depression cannot only be limited to war-related situations that cause stress, as other factors can contribute to it, including low education qualifications, an unmarried status, and the fear of missing out on important life events due to military duties and traumatic experiences in combat.<sup>196</sup> Military chaplains see this in symptoms of sadness and misery, extreme fatigue, loss of appetite, excessive worry about trivial events, unjustified feelings of guilt, hopelessness, and a sense of failure. Military chaplains can help deployed soldiers who struggle with depression by acknowledging their mental health issues, listening to them, and helping them understand the root cause of their feelings. They can also provide support to deployed soldiers by helping them understand that occasional depressive feelings relating to their work are a common human

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<sup>195</sup> Slade, "Mental Illness and Well-Being," 2.

<sup>196</sup> Gadermann, Engel, and Kessler, "Prevalence of DSM-IV Major Depression," 47-48.

response to trauma. In these situations, soldiers should rely on their faith to overcome such feelings.<sup>197</sup>

## **Theme 2: Military Chaplains' Experience with Mental Health Issues during Deployment and Their Ability to Show Concern for Those Struggling with Mental Illness**

The second theme focused on military chaplains' experience with mental health issues during their deployment and their ability to show concern for those who struggle with mental illness. The participants were asked about traumatic events they or someone close to them had experienced. Based on the study, 11 respondents had personally experienced traumatic events, while 1 had not. In Question 2, respondents were asked whether they felt anxiety while working with deployed soldiers coping with traumatic events, and the majority (7 out of 12) responded "no." In Question 3, participants were asked if it was bothersome when the deployed soldiers showed feelings of anxiety or nervousness, to which 9 out of 12 responded "yes" and only 3 said "no." The table below displays these results.

A review of the findings of past studies on anxiety shows that feelings of shame, aggression, isolation, irritability, increased breathing and pulse rate, loss of appetite, and difficulty sleeping are the common symptoms of anxiety.<sup>198</sup> Some of these symptoms are similar to those of depression. The findings show that some of the chaplains are bothered by the anxious or nervous disposition of others, which contradicts the findings of Montemaggi et al., which

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<sup>197</sup> John 16:33.

<sup>198</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

showed that experienced soldiers can support new soldiers by offering them ways to mitigate the anxiety and nervousness they feel.<sup>199</sup>

1. Have you ever experienced a traumatic event that impacted you or someone close to you in a negative way? (Examples can be witnessing a tragedy happening to someone else, natural disaster, witnessing the aftermath of war.)	
<input type="checkbox"/> Yes	11
<input type="checkbox"/> No	1
2. Do you ever feel affected by feelings of anxiety or nervousness when working with deployed soldiers dealing with traumatic events?	
<input type="checkbox"/> Yes	5
<input type="checkbox"/> No	7
3. Does it bother you when the deployed soldiers you work with exhibit feelings of anxiety or nervousness?	
<input type="checkbox"/> Yes	9
<input type="checkbox"/> No	3

Figure 4. Questions 1-3 asked in Part 2 and the participant responses.

The descriptive statistics show mean values of 1 and 1.25 for Questions 1 and 2, respectively. This shows that most of the respondents felt anxious when they worked with deployed soldiers with mental health issues, even though the majority responded “no” to question 2 on this topic. The mean value for Question 3 is 1.83, with more “yes” than “no” responses. Parts of Question 3 have a significant correlation with Questions 6, 8, and 9, which asked whether attention to mental healthcare was part of the work, asked about the effectiveness

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<sup>199</sup> Francesca Montemaggi, Stephen Bullivant, and Maureen Glackin, "Being There': How Catholic Chaplains Support Seafarers in the UK," **needs journal publication information** (2018): **page numbers**.

of past services, and about the access to mental health training. The significance levels were 0.014, 0.014, and 0.049, respectively (Appendix 2). Smith-MacDonald et al. produced similar results, highlighting that chaplains assisted several servicemen in managing their traumatic experiences during the war. Chaplains told the soldiers that nothing could go wrong, which ultimately enhanced their confidence and improved their abilities to fight or deal with trauma.<sup>200</sup>

According to Question 4, 10 out of 12 respondents had worked with a deployed soldier who had experienced a panic attack while on duty, while 2 said they had not done so. Descriptive statistics with a mean value of 1 support these findings. The frequency analysis of Question 5 showed that 11 out of 12 respondents thought that offering mental healthcare was part of their work. Descriptive statistics show a mean value of 1.41, which we can consider almost equivalent to 1, as it is less than 1.5. On Question 6, 8 out of 12 respondents considered themselves not skilled or well-equipped with the knowledge to address mental health issues among deployed soldiers, while 4 stated they were. The mean value for this question was 1.58, meaning that the majority responded “no” (Appendix 2). This is supported by Mendenhall Marty’s study, which showed that deployed soldiers are trained to help others in war but struggle to help themselves when their mental health suffers.<sup>201</sup>

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<sup>200</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

<sup>201</sup> Mendenhall, "Chaplains in Mental Health," 8.

4. Have you ever worked with a deployed soldier who experienced a panic attack while on duty?	
<input type="checkbox"/> Yes	10
<input type="checkbox"/> No	2
5. Do you think offering mental health care is part of the scope of your work?	
<input type="checkbox"/> Yes	11
<input type="checkbox"/> No	1
6. Do you consider yourself skilled and well-equipped with the knowledge to address mental health issues affecting deployed soldiers?	
<input type="checkbox"/> Yes	4
<input type="checkbox"/> No	8

Figure 5. Questions 4-6 asked in Part 2 and the participant responses.

The frequency analysis and mean value of 1.41 shows that the majority of respondents said “yes” when asked whether the services they had offered to deployed soldiers in the past were effective in helping them deal with mental health issues (Appendix 2). Question 8 then asked whether participants had any previous mental health training, to which 6 replied “yes” and 5 said “no.” In Question 9, all 12 respondents agreed that mental health training is important in military chaplaincy. This finds support in Jamshid A. Marvasti’s study, which shows that, unlike psychologists and health professionals, military chaplains work with deployed soldiers either on a full-time basis or during their training. As a result, constant interaction with soldiers who are either in their training stage or in the field enables the chaplains to understand the spiritual and mental health challenges they face. This is significant in supporting them as they cope with mental health issues.<sup>202</sup>

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<sup>202</sup> Marvasti, *War Trauma in Veterans and Their Families*.

7. Would you consider the services that you have offered deployed soldiers in the past effective in helping them deal with mental health issues?	
<input type="checkbox"/> Yes	12
<input type="checkbox"/> No	0
8. Have you obtained any mental health training in the past?	
<input type="checkbox"/> Yes	6
<input type="checkbox"/> No	5
9. Do you think mental health training is important in military chaplaincy?	
<input type="checkbox"/> Yes	12
<input type="checkbox"/> No	0

Figure 6. Questions 7-9 asked in Part 2 and the participant responses.

The findings show that military chaplains are capable of assisting deployed soldiers who have anxiety, nervousness, or other issues relating to mental health. However, as the responses to Question 6 demonstrate, most chaplains still feel that they are under-equipped with the skills and knowledge they need to address the various mental health problems among soldiers in the field. Studies on World War II show that the presence of military chaplains in warzones decreased anxiety among the soldiers. Chaplains also assisted some of the servicemen in dealing with traumatic experiences. This rebuilt the soldiers' confidence in their abilities to overcome the challenges linked to war. The chaplains also assisted the servicemen by offering spiritual support to wounded soldiers and by performing liturgies after the death of a soldier.<sup>203</sup>

These findings regarding the training needs shows that five participants did not have any prior training on mental health. This should be considered an area for improvement, as it

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<sup>203</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

suggests that nearly half of the chaplains employed in the military lack proper mental health management training. On the other hand, the respondents stated that training is important to their job. The findings from previous studies show that military chaplains receive basic training, but instruction specifically on how to cater to the mental well-being of deployed soldiers is limited.<sup>204</sup> However, Besterman-Dahan et al. have shown that the mental healthcare offered to soldiers after traumatic events includes counseling, debriefing, and other “first aid” interventions, which are used as forwarding care to keep the soldiers engaged militarily.<sup>205</sup>

### **Theme 3: Military Chaplains’ Ability to Open a Dialogue about Mental Health When Working with Deployed Soldiers**

The third part of the interview focused on whether the military chaplains were able to open a dialogue about mental health when working with soldiers in the field. The first question asked them to evaluate their approaches to discussions about mental health. Participant 4 explained, “A lot of the times through listening. I ask the soldiers to tell me what they are going through. This gives me the background to determine what I will say and to also define my line of counselling. In essence, I listen to them talk and allow them to freely express their moods.” Participant 9, on the other hand, said, “Actually, I will just go ahead by asking how the soldier is feeling and what has changed since their return from deployment. Did the soldier notice anything that has changed from when he was at home and up till when he came back from deployment.” Participant 10 explained, “With deployed soldiers, we, first of all, bring it to notice their feelings and what they think about is going on around them. So, what they start to tell you will trigger the

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<sup>204</sup> Pauletta Otis, "An Overview of the US Military Chaplaincy: A Ministry of Presence and Practice," *The Review of Faith & International Affairs* 7, no. 4 (2009): 3-15.

<sup>205</sup> Besterman-Dahan et al. "The Role of Military Chaplains in Mental Health Care of the Deployed Service Member," 1028-1033.

conversation.” Along with these listening and counseling approaches to stress management, Hans Selye’s Stress Theory could be used to identify the different stages of stress. The theory outlines a “General Adaptation Syndrome,” which is based on three stages, including a reaction stage, resistance stage, and exhaustion stage.<sup>206</sup>

The frequency analysis completed for Question 2 sought to understand which approaches were best for opening dialogue about a person’s mental health status. The frequency for the “All of the above” option was high, as 10 participants selected it. This shows that inquiring about their sleep patterns, appetites, and eating habits, perceptions of work, faith, changes in their perceptions of spirituality, and feelings of agitation or pain can all be insightful. This is supported by descriptive statistics, which show a mean value of 6 for the “All the above” response. It also corresponds to Selye’s theory, which finds that fatigue, lapses in concentration, irritability, lethargy, and an inability to sleep or prolonged periods without rest, are common to the resistance phase. If this phase is prolonged, the person affected by stress is likely to respond with a fight or flight response.<sup>207</sup>

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<sup>206</sup> Szabo, Tache, and Somogyi, "The Legacy of Hans Selye," 473.

<sup>207</sup> Ibid., 3. **This does not seem to be a reference to Szabo... please check!**

2. Which of the following approaches would you consider the best approach in opening a dialogue about a person's mental health status?	
• <input type="checkbox"/> Inquiring about their sleep pattern over the past month	0
• <input type="checkbox"/> Inquiring about their appetite and eating habits and whether they have changed over the past month	0
• <input type="checkbox"/> Inquiring about their perception of their work	0
• <input type="checkbox"/> Inquiring about their faith and changes in their perception of their spirituality	0
• <input type="checkbox"/> Inquiring about feelings of agitation or pain	2
• <input type="checkbox"/> All of the above	10
3. Do you think examining a person's behaviour during their deployment can offer you insights about their mental health condition?	
• <input type="checkbox"/> Yes	12
• <input type="checkbox"/> No	0
4. Do you think behaviours seen in deployed soldiers during their deployment are the result of their exposure to combat and war and should not be perceived as a reflection of their mental health status?	
• <input type="checkbox"/> Yes	7
• <input type="checkbox"/> No	4

Figure 7. Questions 2-4 asked in Part 3 and the participant responses.

Question 3 asked whether examining a person's behaviour during their deployment can offer insight on their mental health condition, and all 12 participants responded affirmatively. Previous studies show that after deployed soldiers return from war, they often struggle to forget horrific experiences, which may ultimately result in negative changes in their behaviour due to

changes in their mental health status.<sup>208</sup> The question sought to understand whether the behavior of deployed soldiers through their exposure to combat and war could reflect their mental health status. The response provided by 7 out of 12 respondents was “yes,” while 4 replied “no.” However, they confirmed that changes in behavior lead to a change in mental health status.<sup>209</sup>

5. Which of the following responses would trigger a discussion on mental health about the question, “Over the past week, how often have you felt any pleasure or enjoyed the activities that usually bring you joy?”	
• <input type="checkbox"/> Quite often	2
• <input type="checkbox"/> Rarely	3
• <input type="checkbox"/> I haven’t enjoyed anything since the deployment	7
6. In question (5), which follow-up question would you ask the deployed soldier to get more information about the nature of their mental health?	
• <input type="checkbox"/> Can you tell me about the activities that you used to enjoy?	0
• <input type="checkbox"/> Why do you think you no longer enjoy the activities that you used to enjoy?	0
• <input type="checkbox"/> Would you tell me more?	2
• <input type="checkbox"/> All of the above questions	7
• <input type="checkbox"/> a and b	3

Figure 8. Questions 5-6 asked in Part 3 and the participant responses.

Respondents were asked whether the question “over the previous week, they had felt any pleasure or enjoyed the activities that usually brought them joy” would elicit a discussion from a soldier they were working with. Two responded with “often” and three with “rarely,” whereas seven stated that the “I haven’t enjoyed anything since the deployment” response would be most

<sup>208</sup> Forrester-Jones et al., "Including the ‘Spiritual’ Within Mental Health Care in the UK,” 385-386.

<sup>209</sup> Ibid., 385.

likely to open discussion about mental health. The chaplains then chose different options in Question 6, which asked what questions they would ask soldiers to gather more details on the activities they no longer found joy in. Seven respondents signaled they would ask all of the questions, including “Can you tell me about the activities that you used to enjoy?,” “Why do you think you no longer enjoy the activities that you used to enjoy?,” and “Would you tell me more?” However, three of the respondents stated they would only ask “a and b.” A similar observation emerges from the literature; Deborah Cornah, for instance, has shown that pleasure and enjoyment are usually not considered part of a soldier’s job. War, terrorism, emotional or physical abuse, car or aircraft accidents are common, and all of them can increase PTSD among deployed and off-duty soldiers. The symptoms exhibited by people with PTSD can include hallucinations relating to past experiences and nightmares, which can also cause trouble sleeping, anxiety, depression, extreme grief, and other symptoms.<sup>210</sup>

When asked if soldiers’ confidence in their own abilities reflected their mental health status, the participants gave mixed responses. Participant 4 stated, “For what I have seen, I will say no! I have seen people who are not so much confident about their job but it has not gotten to the point we can say they are mentally ill.” On the other hand, Participant 8 remarked, “I say yes, but not always. The stress of their personal lives and the environment combined can be a strain on their mental health.” In Question 8, the respondents were asked how they could gather information from the soldiers regarding their confidence in their capabilities. Participant 9 stated, “I will just say, ‘On a scale of 1-10 – 1 being ‘not capable’ and 10 being ‘highly capable’ – tell me where you can place yourself right now that you just got back from the field or deployment

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<sup>210</sup> Cornah, “The Impact of Spirituality on Mental Health,” 14; “Mindfulness Meditation,” *American Psychological Association*; Bozek, Nowak, and Blukacz, “The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being,” 4-6.

about his capabilities.” This technique were not discussed in previous studies on methodologies, which usually emphasized listening and talking with deployed soldiers during their rest periods. This can help support them as they deal with their anxieties. In World War II, military chaplains played a key role in this regard, as they had conversations with soldiers during their rest periods to help them deal with anxiety, which also helped them regain confidence in themselves.<sup>211</sup>

In Question 9, respondents were asked whether inquiring about how much deployed soldiers believed in the importance of their work could shed more light on their mental health status. According to Participant 9, “Yes, because if I inquire about the soldier’s belief in the importance of their work, I will want to know if they are really on track of what they are doing. If he can tell me everything he is doing daily, I will know if he is in his right state of mind and his mental health.” In contrast, Participant 11 replied, “No, because we have some people that might be pretending.” These findings are not directly discussed in the literature. However, Slade also found it important to inquire into the mental health status of soldiers. It is clear that deployed soldiers work in specific locations for prolonged periods of time and often without success, which can ultimately lead to depression. Military chaplains help them rediscover their purpose in life and offer them spiritual support, both of which reduce symptoms of mental illness and help with recovery.<sup>212</sup> The correlation results between all the elements in this section did not have any significant relation, as none of the levels ranged between 0.01 and 0.05 (Appendix 2).

The finding in this section reflect the military chaplains’ ability to open a dialogue about mental health with deployed soldiers. The responses show that they use effective communication strategies to do so and can apply both spiritual and psychological perspectives to help soldiers

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<sup>211</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

<sup>212</sup> Slade, "Mental Illness and Well-Being," 2-3.

manage their mental health issues.<sup>213</sup> They use talk therapy and guided meditation, which emerge as strategies from psychological findings that meditation brings relief from stress, guilt, depression, and anxiety. Chaplains can also use their knowledge to offer spiritual guidance, regardless of their own religious backgrounds or that of the soldiers, which can help relieve the soldiers of their stress. Spiritual guidance is offered by people who have received advanced training on matters relating to spirituality. Chaplains can provide spiritual guidance due to their deeper understanding of faith and the skills with which they are equipped, to help people improve their spiritual lives.<sup>214</sup>

Military chaplains can also use the examples of people from the Bible whose prayers were answered to help eliminate mental illness among deployed soldiers, helping them shift their focus from depression and negative thoughts to prayer and recovery. Along with meditation, the use of mantras can also be helpful for deployed soldiers who face serious mental health issues. These are proven benefits of spiritual meditation and it can help those managing mental health issues. Studies therefore suggest that deployed soldiers should use them, particularly during their deployments, in order to resolve any mental health issues.<sup>215</sup>

#### **Theme 4: Military Chaplains' Ability to Offer Deployed Soldiers Professional Mental Health Assistance or to Help Them Find Professional Help**

Part 4 of the questionnaire focused on the military chaplains' ability to offer deployed soldiers professional mental health assistance or to help them find professional help. In the first

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<sup>213</sup> Cornah, "The Impact of Spirituality on Mental Health," 14.

<sup>214</sup> Behere et al., "Religion and Mental Health," 4. **Check page number**

<sup>215</sup> Drescher et al., "A Qualitative Examination of VA Chaplains' Understandings," 2444-2445; Cornah, "The Impact of Spirituality on Mental Health," 14; Rydelnik and Vanlaningham, *The Moody Bible Commentary*.

question, respondents were asked about their approach when speaking about mental well-being after a deployed soldier had disclosed personal mental health struggles. Nine respondents stated they would refer them to healthcare professionals and three said they would counsel them, with a mean value of 1.25 (Appendix 2). According to the study by Seddon, Jones, and Greenberg, in World War II chaplains played a crucial role as they helped soldiers by counseling them, helping them relax, confess their sins, and discussing their challenges.<sup>216</sup> My findings differ from Marvasti's research, which concluded that soldiers spend extended time with military chaplains, not psychologists and other mental health professionals. Military chaplains thus have a more accurate understanding of serious issues among soldiers, and their counseling can be effective.<sup>217</sup>

The questions about how to take action if alternative healthcare services are not available (Question 4) and how to avoid imposing religious views (Question 8) were correlated with the question on reactions to mental health symptoms (Question 2) because the significance level is 0.049, which lies between 0.01 and 0.05 (Appendix 2). The other questions in this section showed no significance between these values. In Question 2, participants were asked how they would react if they noticed a pattern of mental health symptoms among the deployed soldiers with whom they worked. Participant 2 stated, "As it is a pattern then it is a real problem. I think it is to organize/engage and recommend a psych evaluation for everyone in form of a workshop to let the service members know that it is for their good. To gain their confidence, I would have to communicate the importance of the exercise to their general wellness." Therefore, organizing workshops and sessions in which soldiers can have open discussions with each other can play a

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<sup>216</sup> Seddon, Jones, and Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel," 1358.

<sup>217</sup> Marvasti, *War Trauma in Veterans and Their Families*.

large role in mental health. The literature also points to other methods. Cornah, for example, showed the importance of exercise by tracing how yoga or pilates and meditation can lead to improvements in mental health and a reduction in anxiety. Yoga promotes relaxation, reduces anxiety, and enhances the mental health status of an individual.<sup>218</sup>

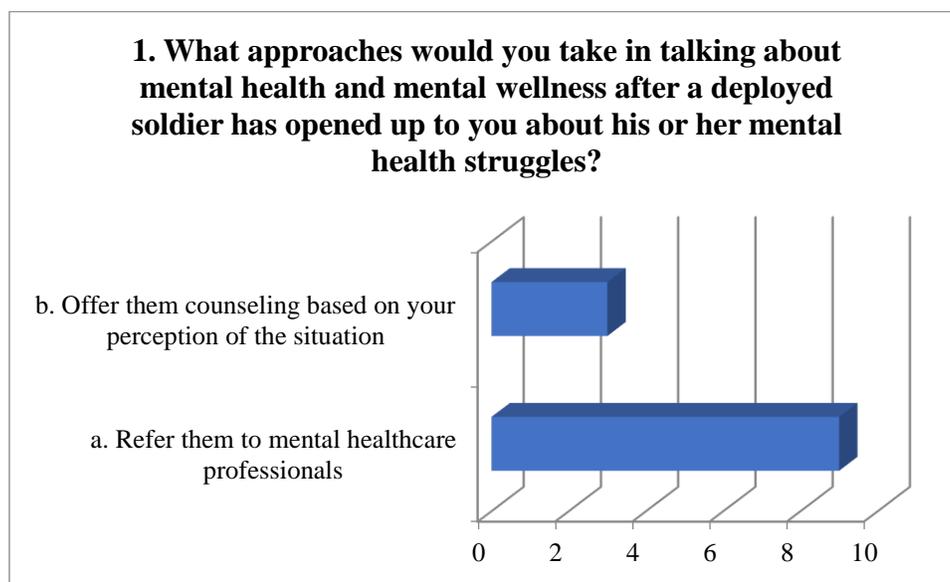


Figure 9. Chart showing responses to Question 1 in Part 4.

Question 3 considers the actions taken by respondents for external mental health care benefits to themselves and the deployed soldiers. Participant 2 stated, “I want my soldiers to well take care of so there would be no limitation to what to provide for them. I will recommend any level of support to all service members.” Similarly, Participant 6 remarked, “I would offer my counseling based on what I see and refer them. Because if I don’t have the necessary know-how/technicalities, I can’t offer help.” These recommendations can help military chaplains. Question 4 focused on actions that can serve as alternatives to mental healthcare services. Eight respondents stated they would use talk therapy and spiritual guidance, while four stated they

<sup>218</sup> Cornah, “The Impact of Spirituality on Mental Health.”

would refer soldiers to other military chaplains better equipped to deal with these problems. The mean value was 1.5, but the frequency analysis showed contrary results that supported option a. These findings are mirrored in John, which shows that military chaplains help deployed soldiers by listening to them. This is important as it offers a way for chaplains to understand the root cause of depressive feelings and mental problems so that they can be resolved.<sup>219</sup>

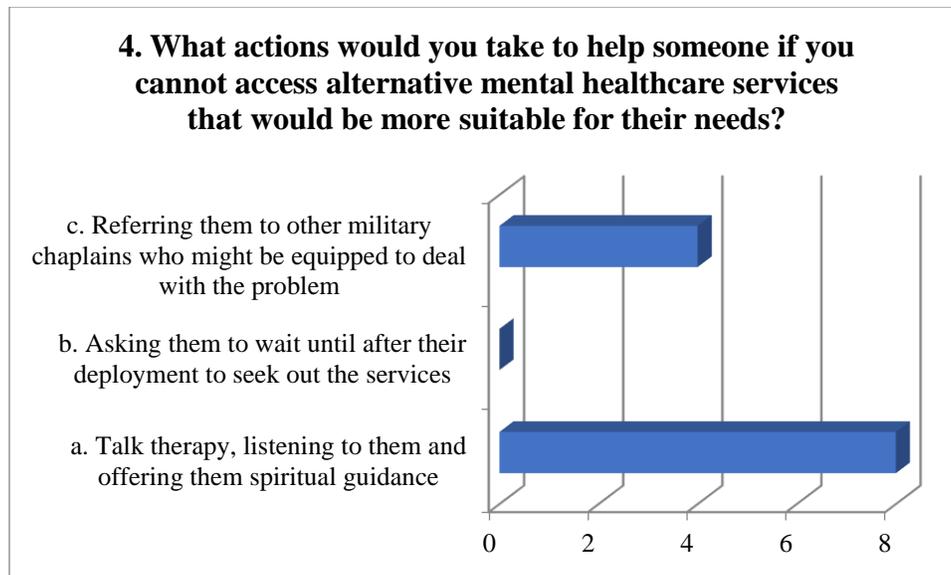


Figure 10. Chart showing responses to Question 4 in Part 4.

In Question 5, participants were asked whether referring deployed soldiers to healthcare professionals is necessary or not, and all the participants agreed by saying “yes.” The mean value was therefore 1, denoting “yes.” Question 6 asked whether spiritual guidance has a role in mental healthcare. On this, Participant 2 stated, “Oh yes! Everything starts from the spiritual,” and Participant 8 said, “Absolutely! It may be the key to unlock successful coping skills.” Generally, the responses show that both spiritual guidance and professional healthcare services are necessary to deal with mental health issues. Cornah produced supporting evidence to show that

<sup>219</sup> John 16:33.

military chaplains can apply both spiritual and psychological perspectives to help soldiers cope with their mental health challenges.<sup>220</sup>

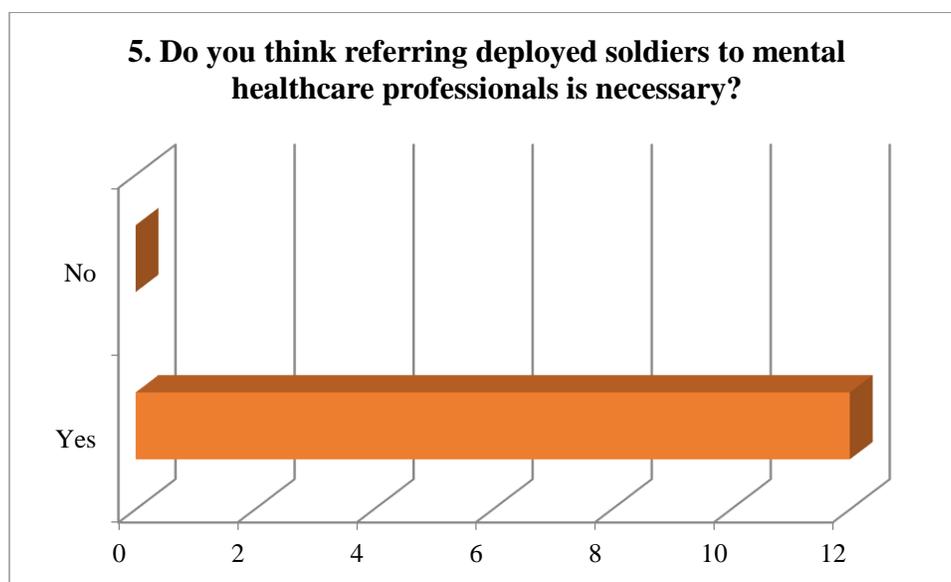


Figure 11. Chart showing responses to Question 5 in Part 4.

In Question 7, respondents were asked whether they offer mental wellness services to soldiers whose spiritual beliefs do not align with their own. All twelve chaplains responded “yes.” This contradicts Emine Rabia Ayvaci’s findings, which show that religious barriers do arise while dealing with mental health.<sup>221</sup> The perception of mental illness has a correlation significance of 0.000 with mental wellness, which demonstrates a direct association between the two (Appendix 2), whereas all the other questions in this section did not show any significant relationship, as the significance level was not between 0.01 and 0.05.

Question 8 asked how chaplains can avoid imposing their personal religious beliefs on a deployed soldier when helping them deal with mental health issues. Participant 3 replied, “By

<sup>220</sup> Cornah, “The Impact of Spirituality on Mental Health,” 14.

<sup>221</sup> Ayvaci, “Religious Barriers to Mental Healthcare.”

listening to the soldier and finding out what his belief system is,” while Participant 7 stated, “The first thing is to put whatever is my belief system behind me and see the pain that the individual before me is going through. So instead of making it about me, it should be about that individual. That will help to take away trying to impose what I think I know into the life of that person.”

Question 9 asked if a person’s spirituality could affect their ability to offer mental wellness guidance to deployed soldiers facing mental health issues. Participant 11 replied, “Yes, in a positive way because I think if soldiers can tap into their spirituality (whatever faith gives them strength), I think it will help them with that resilience and help them to develop some strength during that period of mental health crisis.” According to the research, mental wellness is directly linked to spirituality or the strength of an individual’s faith. Their religious beliefs help them understand the meaning of life, which enables them to regain a positive mental state.<sup>222</sup>

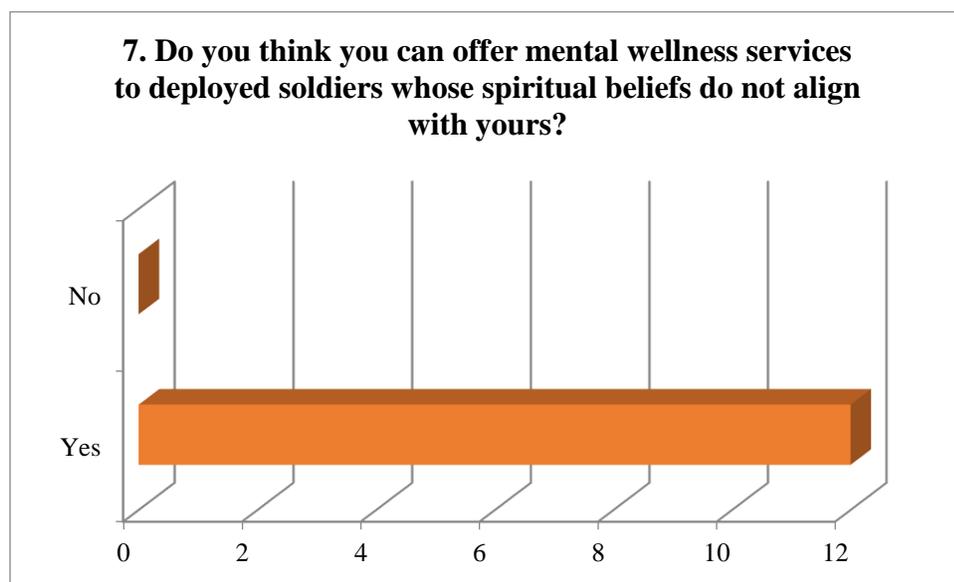


Figure 12. Chart showing responses to Question 7 in Part 4.

<sup>222</sup> Bozek, Nowak, and Blukacz, “The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being.”

The findings obtained in Part 4 show that the majority of respondents would prefer to refer deployed soldiers who have mental health issues to healthcare professionals. However, some of the findings contradict the conclusions of previous studies, which show that military chaplains, unlike psychologists and other mental health professionals, have a strong connection to and understanding of the work done by soldiers in the field, including the traumatic events they undergo in their work. This is the main reason why they have a more prominent role than mental healthcare service providers.<sup>223</sup> They work closely with deployed soldiers and can relieve their stress so their performance is less affected by mental health issues.

A past study on dental practitioners has shown that, despite the knowledge and skills in healthcare and prevention measures among the staff, the hospital was affected by Covid-19. The dental practitioners concluded that this was caused by high stress levels while working due to the fear of contracting the virus. Stress was, therefore, the main factor, which made protective clothing less able to mitigate the risks of contracting the virus.<sup>224</sup>

### Chapter Summary

The results reveal a strong relationship between mental wellness and spirituality, and military chaplains have an influential role in this. The questions asked for Theme 1 showed that the respondents were familiar with mental wellness and health and were aware that mental illness arises from stressful work environments and is linked with physical illness. Theme 2 showed that military chaplains do observe soldiers and try to support them through their mental health challenges. Theme 3 showed that military chaplains are able to open a dialogue about mental health with soldiers, as they interact routinely and the chaplains understand the challenges the

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<sup>223</sup> Marvasti, *War Trauma in Veterans and Their Families*.

<sup>224</sup> Mulla et al., "Effects of COVID-19 Pandemic and the Stress Levels among Dental Practitioners."

soldiers face and know how to resolve them. Theme 4 then revealed that military chaplains provide spiritual guidance to deployed soldiers by listening to them, which helps them recover from their mental health struggles.

The overall results of the study show that military chaplains can play an effective role in supporting deployed soldiers in dealing with their mental health problems, sometimes more than psychologists and other experts, as the chaplains spend extensive time with the soldiers in their training and deployment stages. They do this through talk therapy and in other ways, diverting the minds of deployed soldiers towards prayer, which can help reduce their stress levels. However, the chaplains still need more comprehensive training to equip them with mental health knowledge so they can effectively work on eliminating the issues faced by soldiers in the field. The aspects that can be used to create such a framework are the subject of Chapter 5.

## **Chapter 5: Conclusion**

Increasing rates of suicide, violent behavior, and mental illness among soldiers are all factors that explain the need for this type of study. This research was conducted to create a framework for mental wellness, which military chaplains can use to address mental illness among soldiers. The intervention design is based on qualitative data collected through interviews. The interview questionnaire included both open- and closed-ended questions, which offered in-depth insights into the research question. A sample of twelve participants was recruited from the Fort Hood Army Base.

Theme 1 examined how military chaplains perceive mental health and wellness. The results show that the respondents had an understanding of the differences between mental wellness and mental illness. They recognized that mental illnesses were associated with distress or problems functioning in social situations, at work, or during family activities and identified that chemical imbalances are one of the causes of mental illness, as they can negatively affect a person's emotional state or ability to think. In contrast, mental wellness is when an individual can properly manage or deal with the stressors in their life and remain emotionally intelligent. However, the participants noted that mental wellness is not the same as happiness. A person can be happy and still not be mentally well, and they can be mentally well but still not happy.

The previous literature supports these findings. Mental wellness is associated with the need to promote mental health, which is similar to mental well-being. According to WHO, health is considered a state of total physical, social, and mental well-being, and health is not only

associated with the absence of illness.<sup>225</sup> The concept of mental well-being is related to the need to promote good health and avoid illness. Mental wellness is associated with a positive psychology, where one focuses on wisdom, spirituality, mindfulness of the future, and contentment with their life. Together, these aspects nurture positive thoughts and habits.<sup>226</sup>

Findings show that stressful conditions cause mental illness and affect emotional well-being, but many people fail to properly deal with these conditions. If these situations persist for a long time, disorders and mental illnesses will arise. Davie identified that psychological stress is one of the major factors that can influence mental wellness.<sup>227</sup>

The results gathered from the interview questionnaire shows that environmental stressors are the core reason for mental illness, which is a psychological problem. This is one of the reasons chaplains with training in psychology/psychotherapy can offer useful interventions, including therapy, which can play a significant role in promoting the mental wellness of deployed soldiers. However, mental illness is also linked to physical illness and can cause other health-related problems among soldiers. According to the findings of Anne M. Gadermann, Charles C. Engel, and Ronald C. Kessler, deployed soldiers are constantly exposed to a high-stress and challenging work environments, which is the main reason the depression rate is high among them.<sup>228</sup> From these findings, we can conclude that mental illness is more common among deployed soldiers. They therefore need better mental health services.

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<sup>225</sup> Slade, "Mental Illness and Well-Being," 2.

<sup>226</sup> 1 Samuel 16:23.

<sup>227</sup> Davie, "The Military Chaplain."

<sup>228</sup> Gadermann, Engel, and Kessler, "Prevalence of DSM-IV Major Depression," **1-2. Check!**

The second theme examined the military chaplains' experience with mental health issues during their deployment and their ability to show concern for those who struggle with mental illness. The participants stated that they often feel anxious or nervous when working with deployed soldiers who are coping with traumatic events, some of whom also experience panic attacks. Mendenhall Marty's research has shown that soldiers are trained to help others in war who suffer from panic attacks or other issues. However, while soldiers are skilled at helping civilians, they often struggle to cope with their own panic attacks or mental health issues.<sup>229</sup>

On the other hand, Smith-MacDonald et al. have shown that chaplains have a central role in supporting servicemen in war to manage their traumatic experiences. Through conversational support, they boost the soldiers' confidence levels and thereby enhance their abilities to fight.<sup>230</sup> However, my study differs from Mendenhall's, as my results show that the majority of respondents are not well-equipped with the knowledge they need to address these issues.

The present findings show that military chaplains do undergo training, which is central to their ability to help soldiers address their mental health struggles. Marvasti showed that military chaplains have a much more prominent role in this than psychologists and health professionals because they work with soldiers who are deployed on a full-time basis or in their training stage. This constant interaction gives the chaplains a better understanding of the mental health issues soldiers face. They can then address them by offering spiritual guidance, conversation, and by listening to the soldiers' problems.<sup>231</sup>

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<sup>229</sup> Mendenhall, "Chaplains in Mental Health," 8.

<sup>230</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

<sup>231</sup> Marvasti, *War Trauma in Veterans and Their Families*.

The third theme explored whether military chaplains are able to open a dialogue about mental health with deployed soldiers. The approaches they take usually include listening, talking, and counseling. Chaplains first allow the soldiers to freely express their feelings in order to understand their mental health status. As Smith-MacDonald et al. observed, in World War II this usually took place during the soldiers' rest periods. This helps identify the source of their anxieties, and counseling can then help resolve these issues so the soldiers can regain self-confidence.<sup>232</sup>

The chaplains can also identify the different stages of mental illness by drawing on Hans Selye's Stress Theory, which sheds light on the "General Adaptation Syndrome." The three stages include the reaction stage, the resistance stage, and the exhaustion stage.<sup>233</sup>

Furthermore, inquiring about the soldiers' sleep patterns, appetites and eating habits, perceptions about work, faith, changes in their perceptions of spirituality, and feelings of agitation or pain, can also be insightful. Some of these patterns fall under the resistance stage of Selye's stress theory, which identifies fatigue, lapses in concentration, irritability, and an inability to sleep or spending prolonged periods without rest as the common symptoms. However, if the situation worsens, the person will move into the exhaustion stage and will likely react with a fight or flight response.<sup>234</sup>

The interview responses from this section show that the respondents did not feel much joy or happiness after the deployment. Similarly, Cornah identified that pleasure and enjoyment are not a part of a soldier's job. PTSD is common among soldiers, as they are heavily exposed to

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<sup>232</sup> Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans," e1922-e1923.

<sup>233</sup> Szabo, Tache, and Somogyi, "The Legacy of Hans Selye," 473.

<sup>234</sup> Ibid., 3. **This does not seem to refer to Szabo... please check!**

war, terrorism, emotional or physical abuse, and car or aircraft accidents. This leads to a range of symptoms, including hallucinations relating to past experiences, nightmares, trouble sleeping, anxiety, depression, and extreme grief.<sup>235</sup> It is also clear that after soldiers return from war, they struggle to forget the horrific experiences, and these can create negative changes in their behavior or mental health status. As a result, their behavior after they return from deployment can be seen as a reflection of their mental health status. Changes in their behavior can result from a change in mental health status due to war-related trauma.<sup>236</sup>

The final theme examined whether the military chaplains were able to offer deployed soldiers professional mental health assistance or assist them in seeking professional help. The results show that nine respondents referred deployed soldiers to healthcare professionals but also counseled them on mental wellness. Seddon, Jones, and Greenberg showed that chaplains helped soldiers in World War II by offering them counsel. The soldiers also relaxed after they were able to discuss their challenges and confess their sins.<sup>237</sup> Marvasti's findings differ in his opinion of whether soldiers should be referred to healthcare professionals, as chaplains spend extended time with deployed soldiers and develop stronger connections with them than psychologists or other mental health professionals. The chaplains' closer ties with deployed soldiers give them a more

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<sup>235</sup> Cornah, "The Impact of Spirituality on Mental Health," 14; "Mindfulness Meditation," *American Psychological Association*; Bozek, Nowak, and Blukacz, "The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being," 4-6.

<sup>236</sup> Forrester-Jones et al., "Including the 'Spiritual' Within Mental Health Care in the UK," 385.

<sup>237</sup> Seddon, Jones, and Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel," 1358.

accurate understanding of the serious issues the soldiers are facing so that they can counsel them effectively.<sup>238</sup>

The participants suggested that organizing workshops and sessions in which soldiers have open discussions can support them on their paths to mental well-being. Cornah also argues that exercises, yoga, pilates, and meditation can reduce anxiety levels. Yoga exercises promote relaxation and enhance the mental health status and should be used as a therapeutic approach with soldiers.<sup>239</sup>

Furthermore, the chaplains agreed that religion cannot be a barrier to offering mental wellness services. This differs from the research by Ayvaci, who argued that religious barriers can have negative effects while dealing with mental health,<sup>240</sup> but agrees with Bozek, Nowak, and Blukacz's study, which found that spirituality and mental wellness are strongly correlated. Spirituality can improve the mental health condition of soldiers as they draw closer to their religious beliefs. This leads to a positive sense of life, which helps them attain a positive mental state.<sup>241</sup>

The results also show that the spiritual guidance military chaplains offer reduces depression and anxiety. John supports this and shows that military chaplains help deployed soldiers by listening to them and helping them understand the root cause of their depressive

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<sup>238</sup> Marvasti, *War Trauma in Veterans and Their Families*.

<sup>239</sup> Cornah, "The Impact of Spirituality on Mental Health."

<sup>240</sup> Ayvaci, "Religious Barriers to Mental Healthcare."

<sup>241</sup> Bozek, Nowak, and Blukacz, "The Relationship between Spirituality, Health-Related Behavior and Psychological Well-Being."

feelings or mental struggles.<sup>242</sup> When they identify the source, they can find ways to change their mental health status. Cornah found that military chaplains draw on spiritual and psychological knowledge to help soldiers manage their mental health issues.<sup>243</sup>

#### Directions for Future Research

This study shows that conducting research using a mixed methodology can pave the way for new insights in the future. When survey questionnaires and interviews are used in combination, they offer greater insight into the problem at hand. In this case, however, the sample of respondents was limited to Fort Hood. In the future, looking at different bases would produce more variety in the numbers and figures pertaining to the research question.

In terms of the data collected, it is clear that spiritual guidance can be one of the core factors in helping deployed soldiers overcome their mental health challenges. The responses collected here and in past studies show that there is a relationship between spiritual guidance and mental wellness. Spirituality can therefore be central to the strategies military chaplains take to treat deployed soldiers. Additionally, exercise, yoga, pilates, and meditation should be integrated, as they reduce depression, anxiety, and other mental health issues. Finally, approaches to mental health should draw on Hans Selye's Stress Theory so the chaplains can better identify the individual stages of stress and treat them accordingly.<sup>244</sup>

#### Practical Implications

This study argues that the mental wellness services offered by military chaplains can be improved through listening and counseling sessions with deployed soldiers. This argument is

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<sup>242</sup> John 16:33.

<sup>243</sup> Cornah, "The Impact of Spirituality on Mental Health," 14

<sup>244</sup> Szabo, Tache, and Somogyi, "The Legacy of Hans Selye," 473.

supported not only by the responses of the participants, but also by past studies, such as Sedon, Jones, and Greenberg's study, which showed that chaplains helped soldiers in World War II by counseling them, helping them relax, confessing their sins, and discussing their challenges.<sup>245</sup> Military chaplains should therefore use these practices to understand the mental health issues deployed soldiers face, and also draw on Hans Selye's Stress Theory to identify the stages of stress the soldiers are experiencing.<sup>246</sup> This can be part of the mental wellness framework and be utilized alongside spiritual guidance.

Understanding the mental health issues that affect deployed soldiers is an important aspect of military chaplaincy because chaplains play an important role in helping soldiers cope with the mental health challenges they experience in the field. Implementing exercise sessions, meditation, yoga, or pilates also help improve a soldier's mental health status and reduce their anxiety levels, depression, promote relaxation, and improve their mental well-being, thereby transforming their performance while on duty.<sup>247</sup> However, to implement such a framework practically, we must also consult the perspectives of military chaplains so that we can integrate the findings from their opinions and experiences accordingly.

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<sup>245</sup> Seddon, Jones, and Greenberg, "The Role of Chaplains in Maintaining the Psychological Health of Military Personnel," 1358.

<sup>246</sup> Szabo, Tache, and Somogyi, "The Legacy of Hans Selye," 473.

<sup>247</sup> Cornah, "The Impact of Spirituality on Mental Health."

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## Appendix 1

### Interview Questions

#### **I. Understanding military chaplains' perception of mental health and mental wellness.**

1. What does mental illness mean to you?
2. What does mental wellness mean to you?
3. Is mental wellness the same as happiness? If not, what are the differences between the two concepts?
4. Do you think stressful conditions can cause mental illness?
5. Do you think mental illnesses can be treated?
6. Which one of the following statements align with your perception of mental illnesses?
  - Mental illnesses are linked to stressors in the environment
  - Mental illnesses are curses associated with sin
  - Mental illnesses are perceived ideologies developed by individuals to avoid dealing with reality
7. Is mental illness linked to physical illness?
  - Yes
  - No
  - Yes and No
8. If your answer was “Yes and No” in the previous question, provide an explanation for your answer.
9. Do you think mental wellness services should be offered to deployed soldiers?

**II. Examining military chaplains' experience with mental health issues during their deployment and their ability to show concern for someone who is struggling with mental health issues.**

1. Have you ever experienced a traumatic event that impacted you or someone close to you in a negative way? (Examples can be witnessing a tragedy happening to someone else, natural disaster, witnessing the aftermath of war)  
 Yes  
 No
2. Do you ever feel affected by feelings of anxiety or nervousness when working with deployed soldiers dealing with traumatic events?  
 Yes  
 No
3. Does it bother you when the deployed soldiers you work with exhibit feelings of anxiety or nervousness?  
 Yes  
 No
4. Have you ever worked with a deployed soldiers who had experienced a panic attack while on duty?  
 Yes  
 No
5. Do you think offering mental health care is part of the scope of your work?  
 Yes  
 No

6. Do you consider yourself skilled and well-equipped with knowledge to address mental health issues affecting deployed soldiers?  
 Yes  
 No
7. Would you consider the services that you have offered deployed soldiers in the past effective in helping them deal with mental health issues?  
 Yes  
 No
8. Have you obtained any mental health training in the past?  
 Yes  
 No
9. Do you think mental health training is important in military chaplaincy?  
 Yes  
 No

**III. Examining military chaplains' ability to open a dialogue about mental health when working with deployed soldiers.**

1. How do you approach mental health discussions when working with deployed soldiers?
2. Which of the following approaches would you consider the best approach in opening a dialogue about a person's mental health status?  
 Inquiring about their sleep pattern over the past month  
 Inquiring about their appetite and eating habits and whether they have changed over the past month

- Inquiring about their perception of their work
  - Inquiring about their faith and changes in their perception of their spirituality
  - Inquiring about feelings of agitation or pain
  - All of the above
3. Do you think examining a person's behavior during their deployment can offer you insights about their mental health condition?
- Yes
  - No
4. Do you think behaviors seen in deployed soldiers during their deployment are the result of their exposure to combat and war and should not be perceived as a reflection of their mental health status?
- Yes
  - No
5. Which of the following responses would trigger a discussion on mental health in relations to the question, "Over the past week, how often have you felt any pleasure or enjoyed the activities that usually bring you joy?"
- Quite often
  - Rarely
  - I haven't enjoyed anything since the deployment
6. In question (5), which follow up question would you ask the deployed soldier to get more information about the nature of their mental health?
- a. Can you tell me about the activities that you used to enjoy?
  - b. Why do you think you no longer enjoy the activities that you used to enjoy?

- c. Would you tell me more?
  - d. All of the above questions
  - e. a and b
7. Do you think deployed soldiers' confidence in their abilities reflect their mental health status?
  8. Which question or questions would you ask deployed soldiers to get more information about their confidence in their capabilities based on the experiences they have had in the field? Provide a descriptive answer.
  9. Do you think inquiring about deployed soldiers' belief in the importance of their work can offer you more insights about their mental health status? Explain.

**IV. Military chaplain's ability to offer deployed soldiers professional mental health assistance or assist them in seeking professional help.**

1. What approaches would you take in talking about mental health and mental wellness after a deployed soldier has opened up to you about his or her mental health struggles?
  - a. Refer them to mental healthcare professionals
  - b. Offer them counseling based on your perception of the situation
2. How would you react if you noticed a pattern of mental health symptoms among the deployed soldiers you were working with during your deployment? Explain.
3. How might taking action through recommendation to external mental health care benefit you and the deployed soldiers? Explain.
4. What actions would you take to help someone if you cannot access alternative mental healthcare services that would be more suitable for their needs?

- a. Talk therapy, listening to them and offering them spiritual guidance
  - b. Asking them to wait until after their deployment to seek out the services
  - c. Referring them to other military chaplains who might be equipped in dealing with the problem
5. Do you think referring deployed soldiers to mental healthcare professionals is necessary?
    - Yes
    - No
  6. Do you think spiritual guidance has a role in mental healthcare? Explain.
  7. Do you think you can offer mental wellness services to deployed soldiers whose spiritual beliefs do not align with yours?
    - Yes
    - No
  8. How would you avoid imposing your religious beliefs on a deployed soldier when helping them deal with mental health issues?
  9. Do you think your spirituality can affect your ability to offer mental wellness guidance to deployed soldiers dealing with mental health issues?

## Appendix 2: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Mental_illness_meaning	12	1.00	1.00	1.0000	0.00000
Mental_wellnes_meaning	12	1.00	2.00	1.1667	0.38925
Mental_wellness_and_happiness	12	1.00	1.00	1.0000	0.00000
Stress_and_mental_illness	12	1.00	1.00	1.0000	0.00000
Treatment_of_mental_illness	12	1.00	1.00	1.0000	0.00000
Mental_illness_perception	12	1.00	3.00	1.2500	0.62158
Linking_physical_mental_illness	12	1.00	3.00	2.0000	1.04447
Link_between_mental_and_physical_illness	12	1.00	1.00	1.0000	0.00000
Deployed_soldier_available_mental_wellness_services	12	1.00	1.00	1.0000	0.00000
Traumatic_event_experience	12	1.00	1.00	1.0000	0.00000
Feeling_anxiety_nervousness	12	1.00	2.00	1.2500	0.45227
Experience_with_deployed_soldiers_with_nervousness_and_anxiety	12	1.00	2.00	1.8333	0.38925
Work_with_deployed_soldier_experiencing_panic_attack	12	1.00	1.00	1.0000	0.00000

Mental_health_care_part_of_work	12	1.00	2.00	1.4167	0.51493
Considering_myself_skilled_and_well_equipped	12	1.00	2.00	1.5833	0.51493
Effectiveness_prior_services	12	1.00	2.00	1.4167	0.51493
Obtaining_mental_health_training	12	1.00	2.00	1.5000	0.52223
Importance_of_mental_health_training	12	1.00	1.00	1.0000	0.00000
Approach_for_mental_health_discussion	12	1.00	2.00	1.1667	0.38925
Opening_mental_health_dialogue	12	6.00	6.00	6.0000	0.00000
Insight_of_mental_health_conditions	12	1.00	1.00	1.0000	0.00000
Reflection_of_mental_health_status_of_soldiers	12	1.00	2.00	1.5000	0.52223
Triggering_discussion_on_mental_health	12	3.00	3.00	3.0000	0.00000
Asked_Follow-up_question	12	3.00	4.00	3.8333	0.38925
Ability_of_reflecting_mental_health_status	12	1.00	1.00	1.0000	0.00000
Question_asked_to_gather_insight_about_confidence	12	1.00	3.00	1.3333	0.65134

More_insight_about_mental_health_status	12	1.00	1.00	1.0000	0.00000
Approach_in_discussing_mental_health_and_wellness	12	1.00	2.00	1.2500	0.45227
Reaction_for_mental_health_symptoms	12	1.00	2.00	1.5000	0.52223
Benefit_to_the_deployed_soldier	12	1.00	1.00	1.0000	0.00000
Taking_action_if_alternative_healthcare_services_not_available	12	1.00	3.00	1.5000	0.90453
Referring_deployed_soldier_to_mental_healthcare	12	1.00	1.00	1.0000	0.00000
Spiritual_guidance_in_mental_healthcare	12	1.00	1.00	1.0000	0.00000
Offering_mental_wellness_services	12	1.00	1.00	1.0000	0.00000
Avoiding_imposing_religious_views	12	1.00	2.00	1.7500	0.45227
Spirituality_affect_mental_wellness_guidance	12	2.00	2.00	2.0000	0.00000
Valid N (listwise)	12				

## Appendix 3

### Consent

**Title of the Project:** Equipping Military Chaplains with a Framework for Mental Wellness: A Qualitative Descriptive Study.

**Principal Investigator:** Stephanie Rocky Okolo

#### 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 military chaplain at Fort Hood, TX who has been deployed. Taking part in this research project is voluntary.

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

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

The purpose of the study is to equip military chaplains in Fort Hood, Texas, with a framework for mental wellness for deployed soldiers.

#### What will happen if you take part in this study?

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

1. Participate in a one-on-one interview that will be conducted in a meeting room within the office space. The interview will be audio-recorded and is expected to last not more than 45 minutes.

#### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include creating awareness to better understand the need for training in mental wellness.

**What risks might you experience from being in this study?**

The risks involved in this study are minimal, which means 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 records.

- Participant responses will be kept confidential through the use of codes. Interviews will be conducted in meeting rooms within the office space, where no one is likely to overhear the conversation.
- Data will be password protected and will be stored on an external hard drive. After three years, all electronic records will be deleted.

Liberty University  
IRB-FY20-21-844  
Approved on 6-22-2021

- Interviews will be recorded and transcribed. Recordings will be password protected and will be stored on an external hard drive for three years and then erased. Only the researcher and the faculty chair will have access to these recordings. Any physical transcriptions of the interviews will be stored inside a locked cabinet, to which only the researcher has access.

**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 or the military. If you decide to participate, you are free to not 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/phone number included in the next paragraph. Should you choose 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 Stephanie Okolo. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, [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](mailto:irb@liberty.edu).

### **Your Consent**

By signing this document, you are agreeing 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.*

The researcher has my permission to audio-record me as part of my participation in this study.

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Printed Subject Name

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Signature & Date

Liberty University  
IRB-FY20-21-844  
Approved on 6-22-2021

**Appendix 4****LIBERTY UNIVERSITY**  
INSTITUTIONAL REVIEW BOARD

June 22, 2021

Stephanie Okolo

Roy Lucas

Re: IRB Exemption - IRB-FY20-21-844 Equipping Military Chaplains with a Framework for Mental Wellness: A Qualitative Descriptive Study.

Dear Stephanie Okolo, Roy Lucas:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b): Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7). Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional

Research Research Ethics Office