

Liberty University School of Divinity

**Using Bible Reading in Moral Injury Therapy: A Mixed-Method Approach**

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The Faculty of Liberty University School of Divinity  
in Candidacy for the Degree of  
Doctor of Ministry

by

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## THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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The debilitating effect of moral injury on members of the Sergeant Major Association of California in the Bay Area/Central Valley/Los Angeles area has deprived member veterans of a good and meaningful quality of life. This study aims to recognize the challenging impact of moral injury on adult Bay Area/Central Valley/LA veterans, address its symptoms using Bible reading therapy, and reassess their progress for an effective and lasting solution to veterans who are battling with war's unseen wounds. The study used mixed research methods that incorporate the technical and social features of the combination of qualitative and quantitative means to help participant veterans to begin a healing process that would help them reconnect to self, their community, and their God. It analyzed and addressed symptoms of moral injury on ten veterans through interviews, pre-intervention survey, virtual Bible-reading group therapy sessions and debriefs, and post-intervention survey over ten weeks. The result showed that the negative effect of veterans' moral injury symptoms on their welfare was reduced, and study participants were able to manage their symptoms more efficiently after going through five controlled Bible-reading therapies. The study will help chaplains, pastoral counselors, pastors, and behavioral health personnel understand and utilize the spiritually/emotionally enriching Word of God to treat a spiritually/emotionally disparaging problem of moral injury.

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## **Chapter One**

### **Introduction**

This chapter is intended to give introductory information about the research project beginning with the ministry context and ending with a preview of chapters. It will show how the issue of moral injury has progressed over time and continues to pose challenges to its sufferers including veterans in the Sergeant Major Association of California. The debilitating fallout of moral injury among veterans has hampered their social, psychological, and spiritual wellbeing. Moral injury or spiritual/soul injury is different from Post-Traumatic Stress Disorder (PTSD); it is an emotional and spiritual wound of war, and an experience that goes against one's deeply held moral code. The basic problem of this study is that Bay Area/Central Valley/LA veterans are not receiving suitable support for the management and treatment of their unseen spiritual wounds. So, this project is designed to address the effects of moral injury through an intervention with Bible-reading therapy. The participants will be reassessed afterward to analyze the results with the goal of outlining findings and reaching conclusions. In short, this research aims to apply a workable solution for the appropriate care of those who sacrificed so much for the United States of America.

### **Ministry Context**

This project was inspired by multiple pastoral counseling/encounters between the researcher and military personnel and veterans. The issue of servicemembers and veterans' moral injury, triggered by direct or indirect contact with traumatic incidents or terrifying events, is

beginning to gain the attention of both secular and pastoral counselors. The formalization of moral injury issues among servicemembers and veterans is relatively new when compared to other emotional and mental health disorders such as clinical depression, bipolar depression, or anxiety disorder. However, moral injury challenges have plagued military personnel for just as long. Throughout the history of war, stories of undiagnosed and unattended moral wounds among warriors are evidence of the dangerous nature of the problem to humanity.

One of these narratives is the story of Israel's first king, Saul, in 1 Samuel 9 through 31. King Saul's war story depicts a typical example of a morally wounded warrior.<sup>1</sup> The story not only unveils Saul's challenges militarily, but it also shows his scuffle for political, theological, and personal survival. Saul witnessed many losses including the death of his family and friends, and he eventually took his own life.<sup>2</sup> Saul's initial positive view of himself and his position later became thwarted by the reality of war, personal struggles, and most importantly his moral stance. Even the prophet Samuel's dialogue paints the path of his kingship in an ill-fated negative way.<sup>3</sup> This lapse in Saul's moral character or stand with God triggered a sense of self-betrayal and shame over his spiritual values, and he, ultimately, was injured from inside out.

Like Saul's unbearable wounds, many warriors in antiquity have shown signs of moral injury in their military experiences due to direct betrayal of what they believe to be morally or ethically right. Their experiences, in one way or the other, exposed them to incidents of despair and violence, hampered their ability to trust, and in some cases, lured them into interpersonal violence and suicide. In ancient Greece, for instance, battles between opposing infantries would

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<sup>1</sup> Brad E. Kelle, *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds* (Nashville, TN: Abingdon Press, 2020), 43.

<sup>2</sup> *Ibid.*, 48.

<sup>3</sup> 1 Samuel 12, NIV.

not only include violence but exposure to moral and emotional agony. Jonathan Shay, in his *Moral Injury* article, described the level of violence and agony these infantrymen endured even in partial combats:

While mass hoplite battles were fairly rare, even more, limited skirmishes between smaller numbers of Greek infantry would have been sudden and violent. Hoplite engagements would mean that an enemy combatant would have to be brought down at close quarters with the spear, either under, or, over the shield; or, by hacking at the head, arms, and legs with a short sword. Such penetrating or lacerating injuries would have produced a great deal of blood. There is no doubt that hoplite warfare was brutal: At the battle of Plataea in 479 BCE, a Spartan warrior—named Aeimnestos—killed the Persian general Maradonius by crushing his skull with a rock. At the battle of Thermopylae, the Spartans resorted to fighting with their “bare hands and teeth” once their spears and swords had broken. Those who served in the Athenian navy also endured terrifying conditions and brutal combat.<sup>4</sup>

The consequential outcome of such engagement is a group of men whose moral codes became muddled and violated.

Although traces of moral injury were evident among warriors in antiquity, it was not until the 1990s that Jonathan Shay’s moral injury terminology began to be used to describe an injustice or a violation of what servicemembers initially believed to be morally legitimate or ethically right. The work of Brad E. Kelle has added to the vernacular. With the conversation started, incidents and stories of combat-related debilitating moral injuries have been verbalized among servicemembers and veterans.

The heart-wrenching story of seventeen-year-old Noah Pierce, an enlisted soldier with the United States Army, illustrates how unfathomable moral injury eats away the humanity and psyche of America’s servicemembers and veterans. During the invasion of Iraq, Noah deployed with his unit full of hope and enthusiasm for a successful tour. Following his deployment, Noah was received with open arms by his family members at the airport. However, as he scrambles to

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<sup>4</sup> Jonathan Shay, “Moral Injury,” *Intertext* Vol. 16 Issue 1 (Spring 2012): 57-66.

reintegrate into normalcy in his hometown the emotional impact of his deployment experiences began to crop up. Robert Emmet Meagher narrated Noah Pierce's tragic end-of-life journey:

Four years later [after deployment] he sat alone in his pickup truck in Gilbert, Minnesota, put a gun to his head, and ended the life that had for him become unendurable. Scribbled on the back of an NRA pistol-safety certificate were these words to his mother: "Mom, I am so sorry. My life has been hell since March 2003 when I was part of the Iraq invasion... I am freeing myself from the desert once and for all... I am not a good person. I have done bad things. I have taken lives. Now it's time to take mine." In the words of a close family friend, Noah was "too sensitive" and "too caring" to go to war and ever come back whole. Those words proved prophetic. He came back different, darkened, broken, haunted. In his letters home, Noah had described many of the "bad things" that he had witnessed and done in Iraq, as fear turned to anger, and anger turned to hatred.<sup>5</sup>

Unfortunately, Noah's case was one of the many tragic stories of moral injury. These stories may not have ended so tragically if proper support had been implemented.

Like Noah, many servicemembers and veterans suffered from the broken and debilitating effects of moral injury with little or no spiritual care. Most veterans who complained about the effect of their wrongdoings in their everyday lives were generalized with other mental health sufferers by clinicians and psychiatrists. These veterans simply learned to shield their inner wounds while the struggles continued to bubble silently. The concealment can make it challenging for the pastoral counselor or behavioral health team to explore the root of their spiritual struggles and to provide suitable holistic support for them.

Personally, this researcher has seen several veterans in the Bay Area/Central Valley/LA vicinity expressing religious/spiritual distress because of unsolved issues arising from wounds to their moral ideology and belief system. A Vietnam-era veteran in a PTSD group in Central Valley expounded on how his involvement in a mission in Vietnam seriously violated his belief in God's love for all of humanity. Consequently, the veteran thought for a very long time (and

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<sup>5</sup> Robert Emmet Meagher, *Killing from the Inside Out: Moral Injury and Just War* (Eugene, Oregon: Cascade Books, 2014), 4.

sometimes still believes) that God has abandoned him because of his sinful acts of violence and hatred. Looking at the ministry context it is apparent that there is a moral injury situation needing to be addressed.

### **Problem Presented**

The problem this project will address is the limited support, often scanty spiritual and emotional care, veterans in Bay Area/Central Valley/Los Angeles, California are experiencing for their injured moral code. Some combat-related wounds such as moral injury and PTSD are not always visible and could pose challenges to address or treat. Such wounds in many cases, surface through emotional stress, fear, grief, guilt, anger, and shame. They could equally cause outward challenging stressors, such as marital and relationship issues, as well as a loss of resources or social functioning. Without intervention, they can deter or wreck veterans' beliefs about their place with God.<sup>6</sup>

On many occasions during the Sergeant Major Association veteran meetings, veterans have expressed that the constant struggle to balance their positive moral and ethical feelings with their negative transgressions during military service can be concerning or even mystifying. They also expressed feelings of guilt, shame, anger, sadness, regrets, and thoughts of suicide. The tension between their faith or religious beliefs and their experiences during deployment have impacted their relationship with God and with others. They need an avenue to process internally and to express externally the conflict they are still fighting.

These problems are comparable to the challenges of other veterans around the nation. Findings from several studies done in different locations on the destabilizing impact of moral

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<sup>6</sup> Brad E. Kelle, *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds* (Nashville, TN: Abingdon Press, 2020), 1-2.

wounds on military personnel and veterans as explained in *The Journal of Traumatic Stress* show a similar trend. According to this research, servicemembers and veterans who were exposed to or are experiencing morally injurious index events display some level of guilt/self-blame, shame, hopelessness, depression, substance abuse, anhedonia (i.e., inability to feel pleasure), social alienation, loss of meaning, and appraisal of one's actions as wrong.<sup>7</sup>

Military veterans and servicemembers involved in the death of civilians or children during deployment were more prone to self-deprecation, aggression toward others, suicidal thoughts/attempt, and social isolation. In the same vein, individuals who had traces of moral injury indicated that they had violated their moral values or rejecting previously held religious beliefs. They also reported spiritual/emotional distress, difficulty forgiving, and were more inclined to attempt suicide.<sup>8</sup>

Additionally, these challenges impact the veterans' social, religious/spiritual, and biological well-being. One of the veterans in the Bay Area/Central Valley/LA area avowed that his teenage children see him as an evil person due to his shared experience during deployment. Likewise, other researchers have examined social, cultural, and/or interpersonal dimensions of moral injury and their impact on servicemembers and veterans' wellbeing. Findings of their qualitative studies have suggested a range of potential relational conflicts and social problems associated with exposure to moral injury. For instance, some active-duty military personnel have complained of perceived or actual rejection by family or friends as well as resentment due to

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<sup>7</sup> Brett T. Litz and Patricia K. Kerig, "Special Issues on Moral Injury," *Journal of Traumatic Stress – International Society for Traumatic Stress Studies* Vol. 32 No. 1 (June 2019): 337-373.

<sup>8</sup> Ibid.

feelings of being misunderstood by civilians. These individuals no longer trust in military command, romantic partners, government, or society in general.<sup>9</sup>

These studies further found that veterans who killed or believed they killed during deployment questioned others' positive evaluations of themselves felt detached from civilians who were not acquainted with the burden of taking a life, and these veterans also felt that they must remain silent about their experiences to maintain healthy relationships. When controlling for demographic variables and combat exposure, U.S. military veterans of the Iraq and Afghanistan wars who killed enemy combatants or noncombatants were more likely to report marital or relationship issues than those who did not kill.<sup>10</sup>

Recent studies that surveyed links between exposure to morally injurious outcomes and religious or spiritual concepts find that veterans who had been exposed to moral injury sometimes reported experiencing religious or spiritual distress such as cynicism about their religious beliefs and criticism of religious authorities who justify war. Among veterans receiving psychological services, reports of exposure to moral injury were associated with feelings of abandonment by God, feelings of doubt of the veteran's faith or belief system, feelings of fear of the unknown regarding the veteran's sole purpose in life, and feelings that his or her actions violate a divinely established ethical or moral statute.<sup>11</sup>

In the same way, Brett T. Litz and Patricia K. Kerig, in agreement with multiple findings on moral injury predicaments among veterans and servicemembers, link some morally injurious outcomes of veterans and servicemembers to difficulty with physical activity, sensitivity to pain,

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<sup>9</sup> Litz and Kerig, 337-373.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

arthritis (especially for Vietnam war survivors who were exposed to killing), and possible neurobiological issues. When Bay Area/Central Valley/LA area veterans learned of these physical/biological tendencies for moral injury sufferers, they concurred to its validity. For example, a veteran once asserted how his guilt (emotional dilemma) pushed him into drunkenness (response to emotive consciousness), and consequentially, liver damage (physical/biological illness). Despite a connection between moral wounds and other serious health issues, there is still a gap in the support being received.

### **Purpose Statement**

The purpose of this Doctor of Ministry study is to address the impact of moral injury on adult Bay Area/Central Valley/Los Angeles veterans by intervening with Bible-reading therapy. Afterward, these veterans who are battling with war's unseen wounds will be reassessed to determine their progress toward an effective and lasting solution.

### **Rationale**

The primary reason why this researcher decided to focus this research project on morally injured veterans is because of its negative emotional effect on veterans coupled with the fact that there are limited therapies or solutions to the problem. In conversations, many veterans shared that they simply gave up seeking help for moral injury issues due to lack of services or inadequate programs/services. A workable therapy that would help guide veterans toward finding peace and healing is missing in this context. The need for Bay Area/Central Valley/LA veterans to use spiritually and emotionally charging tools to tackle their personal battles and reintegrate properly into their communities is essential. It is time to emerge and address moral injury as a life-debilitating disorder among treasured heroes and engage the problem with effective spiritual care and solutions.

The results of this study will benefit Bay Area/Central Valley/LA veterans in several ways. First, it would give them the needed platform to openly voice their previously veiled struggles. One of the components of moral injury is shame. There is shame not just for what the person had experienced or done during service, but there is shame to be open with their disorder. The military and many post-military institutions are structured to shun and, in some cases, castigate individuals who are perceived as not strong enough to handle emotional stressors. Consequently, veterans and military personnel would rather not make their struggles known, especially when there are no direct physical injuries like those resulting from an Improvised Explosive Device or gunshot.

Second, this study will help rejuvenate and strengthen the veterans' relationship with God and give them a pathway for better spiritual formation as a community of believers. The hopeful understanding that their sin-scarred lives can and will become transformed more into the life of Christ is simply priceless. Ruth Haley Barton puts it well:

Salvation is not merely about knowing where we are going when we die; it is also about the possibility of kingdom living here and now. It is about being fundamentally changed in the depths of our being so that the will of God can be done in our lives on earth as it is in heaven. Spiritual transformation is the process by which Christ is formed in us— for the glory of God, for the abundance of our own lives and for the sake of others; it results in an increasing capacity to discern and do the will of God. Spiritual transformation in the lives of redeemed people is a testimony to the power of the gospel; indeed, it is an act of worship in which our very lives testify or ascribe worth to the One who made us, who calls us by name and redeems us for his purposes.<sup>12</sup>

God's will for us as Christians is not only for us to go to heaven but also to live well spiritually, physically, and emotionally here on earth through the transforming power of His Spirit.

For years, these veterans felt rejected and reproached by themselves, their community, and their God. This study can begin a process of healing that unveils the promise of God for

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<sup>12</sup> Ruth Haley Barton, *Life Together in Christ: Experiencing Transformation in Community* (Downers Grove, IL: InterVarsity Press, 2014), 12.

these veterans as outlined in the infallible Word of God. It can give them hope, and it can launch them into developing a more resilient mindset. They will be assured that the will of God is for them to have life and to have it fully.<sup>13</sup>

Third, this study will help Bay Area/Central Valley/LA veterans to cultivate a sustainable pattern of treating and coping with the symptoms of moral injury. This study will address the emotional/spiritual needs of these warriors through structured scriptural reading and practice. Brad E. Kelle asserted that “reintegration, recovery, and repair” are major areas of need<sup>14</sup> Kelle further maintained that these needs are addressed through speaking honestly and openly about what had happened, forgiving self and others, and communalizing the moral and emotional experiences.<sup>15</sup> One practice that could address all these needs is reading and studying the Bible including the Old Testament laments and the Psalms.

### **Basic Assumptions**

This researcher’s basic supposition is that the therapeutic intervention toward the challenges and issues of moral injury among Bay Area/Central Valley/LA veterans, as well as veterans in the United States, have been somewhat shabby, mismanaged, and vague. Thus, this research is designed to seek and use meaningful solutions and therapy (i.e., Bible reading) to intervene and help veterans begin a process of healing and overcome their challenges. Since detailing these gaps could be its own project, the assumption will be supported here with material from another study.

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<sup>13</sup> John 10:10, NIV.

<sup>14</sup> Brad E. Kelle, *The Bible and Moral Injury: Reading Scripture Alongside War’s Unseen Wounds* (Nashville, TN: Abingdon Press, 2020), 129.

<sup>15</sup> Ibid.

When examining the support available for post-Afghanistan and post-Iraq veterans and servicemembers who were undergoing emotional crises (including moral injury), Tanielian and Jaycox pointed out two major gaps in services: First is the gap in access to care, and the second is the gap in quality of care or support offered to veterans.<sup>16</sup> Accordingly, a gap in access also occurs when many veterans who need services are not using them, or even worse, the services are not publicized to those who need the support.

Many issues can contribute to the underuse of such services. Following a conceptual model commonly used in health services research, Tanielian and Jaycox established the contributing factors into two broad domains: First, the structural and financial features of the Veteran Affairs (VA) systems (e.g., eligibility rules, financial incentives, availability of services, willingness for VA to implement such service) were difficult to navigate. The second factor was a set of personal and social reasons composed of individual ideals and military culture which could be a barrier.<sup>17</sup>

Furthermore, gaps in quality occur when the services and support the veterans receive are not in line with the level of care required. The issue includes effective or workable service, morally and ethically safe service, services that emphasize chiefly on the veteran, timely accurate services, services that utilize resources efficiently, and services that benefit military veterans equitably.<sup>18</sup> These gaps in quality, mirror more closely what the Bay Area/Central Valley/LA veterans are experiencing. Interestingly, of all the large cities/towns in this part of California, only a few locations have a weekly group therapy that supports veterans with PTSD. Although

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<sup>16</sup> Terri Tanielian and Lisa H. Jaycox, *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injury* (Santa Monica, CA: RAND Corporation, 2008), 245.

<sup>17</sup> *Ibid.*, 245.

<sup>18</sup> *Ibid.*, 246.

these groups occasionally add moral injury to their program, most of the topics center on the issues and symptom management of PTSD such as Nightmares, Distress Tolerance, Substance Abuse, Interpersonal Effectiveness, Mood Regulation, Managing Depression, and Stress Management Techniques. Thus, the deeper feelings and struggles of many veterans in the area remain unkempt and ignored to an extent.

Similarly, the gaps in the access of care are due to the obscurity of feasible services that could help morally injured veterans in their healing process due to the Department of Defense (DoD) and VA's effort to degrade the intensity of the challenges of moral injury and PTSD. Many veterans who qualify for moral injury support do not receive the support for this simple reason. For DoD and VA, it can be more about business and less about helping individuals who are facing life-debilitating challenges that could cause severe harm to them and their families and sometimes lead to loss of life or lives. Tanielian and Jaycox affirmed this trepidation in their assessment of servicemembers and veterans who were recently deployed to Iraq and/or Afghanistan:

An additional concern is the large proportion of individuals with a post-deployment health-assessment referral for mental health services who do not receive treatment. The assessment, which is designed to identify post-deployment health concerns early, entails completing an online health screening, then having an interview with a medical provider, wherein the servicemember's responses are discussed and, if necessary, a referral for mental health services [including PTSD and Moral Injury] is provided. Only about half of OEF [Operation Enduring Freedom] or OIF [Operation Iraqi Freedom] veterans with a referral for a mental health problem listed on the post-deployment health assessment used mental health services. Most mental health services were delivered through mental health clinics; a few were delivered in a primary care setting. The number of servicemembers receiving a mental health referral following the post-deployment health screening may be artificially low. Servicemembers, say they do not always report mental health concerns because they fear that doing so might delay their return home. Only one in five of those who met screening criteria for PTSD on the assessment were referred for follow-up evaluation, indicating that a substantially smaller percentage of servicemembers who need services upon returning home might actually receive them. The limited data available suggest substantial gaps between the need and the desire for mental health services and access to care. Reasons for these gaps include structural issues, such as the

organization of the DoD and VA health care systems; eligibility requirements for using care; staffing; and information flows.<sup>19</sup>

Many veterans and servicemembers, who through service for the country they love and for the defense of its freedom sustained injuries of the mind, are not receiving the support they deserve.

Thus, this study will attempt to generate a process which prioritizes the needs of morally injured veterans in the Bay Area/Central Valley/LA and engages the underlying issues of moral injury among these brave men and women. Furthermore, it is imagined that the study would ignite a movement that would begin in Bay Area/Central Valley/LA, California, and filter into other parts of the nation for positive change. The researcher has assumed that reading the Bible personally will lead to this reformation.

### **Definitions**

Moral injury, also known as “spiritual or soul injury/distress or an inner struggle,”<sup>20</sup> is an alternative yet complementary model for addressing emotional and spiritual wounds of war that are not well captured by a diagnosis of PTSD. It results from perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. It also could be an experience or exposure to a betrayal of what is right by someone who holds legitimate authority in a high-stakes situation. Although moral injury is mostly addressed as a minor sub-part of PTSD, it is different from PTSD.<sup>21</sup>

PTSD, on the other hand, is a disorder that develops in some people who were exposed to or have experienced a dreadful, scary, or dangerous event or series of events. It is natural to feel

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<sup>19</sup> Tanielian and Jaycox, 252.

<sup>20</sup> Merek S. Kopacz, Courtney Ducharme, and David Ani, “Towards a Faith-Based Understanding of Moral Injury,” *Journal of Pastoral Care and Counseling* (December 10, 2017): 1.

<sup>21</sup> Karen V. Guth, “Moral Injury, Feminist and Womanist Ethics, and Tainted Legacies,” *Journal of the Society of Christian Ethics* Volume 38 Number 1 (Spring/Summer 2018): 167-186.

afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This fight-or-flight response triggered by the sympathetic nervous system is a typical reaction meant to protect an individual from harm. Nearly everyone will experience a range of reactions after trauma, yet most people mend from initial symptoms naturally. Those who continue to experience challenging issues and problems may be diagnosed with PTSD. Veterans and servicemembers who have PTSD may feel stressed or terrified, even when they are not in immediate danger.<sup>22</sup>

Simply put, spiritual/emotional struggles involve feelings of unease or distress. It denotes conflicts or struggles over spiritual matters with God/Higher Power, within oneself, and with other people.<sup>23</sup> These conflicts generate distressing emotions and questions about one's spiritual journey in life. A spiritually/emotionally challenged individual could have difficulty in finding a basis of meaning, strength, contentment, comfort, hope, peace, love for self, love for others, and basic balance in his or her life. It mitigates or sometimes eradicates the individual's ability to remain resilient and persevere through issues of life. In such cases, the individual's moral belief and emotive consciousness (i.e., emotional awareness) becomes dented.

Although related, emotional challenges differ practically from mental health disorders. Also known as mental illness, mental disorders are different conditions that could cause distress in one's thinking process, behavior, and mood including clinical depression (i.e., loss of awareness, joy, or responsiveness in daily living), anxiety disorder (i.e., retention of strong fear that could inhibit interest in daily living), or bipolar (experiencing 'two opposite poles' in daily

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<sup>22</sup> The National Institute of Mental Health, "Post-Traumatic Stress Disorder," *National Library of Medicine* (May 2019): 1.

<sup>23</sup> BGSU College of Arts and Sciences, "Having Spiritual Conflict with God, Self, or Others," *BGSU* (Jan 2022): 1.

activities ranging from severe sadness to extremely hyper comportment) behavior. A mental illness is a health condition that changes an individual's thinking, feelings, or behavior (or all three) and causes the person distress and strain in functioning.<sup>24</sup>

For this study, military veterans are individuals who have served and are no longer serving in the military. Those who are currently serving in the military are referred to as active and reserve servicemembers.

### **Limitations/ Delimitations**

This research project is designed to focus primarily on military veterans who are seeking help with moral injury as opposed to PTSD. Most, if not all, participants in this study are members of the Sergeant Major Association group who also have had PTSD symptoms. The researcher anticipates challenges throughout the study with the veterans mixing both subjects. The study does not include individuals who are experiencing other PTSD issues without specific distress relating to moral injury.

Included in this design are veteran injuries perpetrated by the harmful actions of others and by the betrayal of authority or chain of command. However, betrayal should be considered differently than harmful actions, such as accidental or intentional aggressive torture and/or killing of noncombatants, sexual assault of combatants and non-combatants, mutation of corpses, failure to prevent death of a colleague, and it could present different emotional reactions. There is a possibility that the intervention aspect of the research project could trigger past trauma.<sup>25</sup>

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<sup>24</sup> National Institutes of Health (US), "Information about Mental Illness and the Brain," *Biological Sciences Curriculum Study* (2007): 1.

<sup>25</sup> Karen V. Guth, "Moral Injury, Feminist and Womanist Ethics, and Tainted Legacies," *Journal of the Society of Christian Ethics* Volume 38 Number 1 (Spring/Summer 2018): 167-186.

Another anticipated limitation in this study is the one-sidedness of gender in the Sergeant Major Association of California group members. There are only two female military veterans in the group. The study will encompass mostly male veterans, but the ratio is not out of proportion to the level of gender diversification in today's military. Therefore, the findings should be transferrable to other settings.

This study places great emphasis on military veterans in the Bay Area/Central Valley/LA area of California who attend the Sergeant Major Association group meeting. The hope is that the results will apply to a wider range of people suffering from the problem and improve their quality of life. The Bible-reading therapy, though, will be given to a select group in a specific location so that data from the intervention can be collected and analyzed. Those who reside outside the Bay Area/Central Valley/LA locality will not be part of this study.

### **Thesis Statement**

This research will introduce workable regulated Bible-reading therapy that will be shown not only to help military veterans cope with their daily lives but also to guide them to a healing path and to restore their faith in themselves, their God, and their communities. It will answer the question of whether, or not, this kind of intervention in a group of participants with moral injury issues will make an observable difference. The study will demonstrate, too, that this treatment is both caring and deserving.

### **Preview of Chapters**

In chapter one of this paper the researcher introduced and illustrated the outlook of the project. The chapter contained the ministry context of the study including the historical and impending problem of moral injury, how the condition is affecting veterans in the Bay Area, Central Valley, and Los Angeles, the proposed solution to the issues and expected benefits, the

reasons and rationale for the researcher's decision to focus on moral injury, and the overarching purpose of the research project. The chapter also contained a definition of moral injury as well as an explanation of its dissimilarity to PTSD. The researcher noted the scope of the project and identified the main research question along with the proposed way to answer the question in the subsequent chapters.

Chapter two outlined the conceptual framework of the research via both theological and theoretical literature. In the first section, the researcher analyzed certain Biblical and theological details, practices, and models for their significance to the knowledge and treatment of moral injury. In the second part, a review of two relevant texts on moral injury issues and treatment (i.e., Jonathan Shay's *Achilles in Vietnam: Combat Trauma and the Undoing of Character* and Brad E. Kelle's *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds*) was given. The researcher detailed both authors' contributions and knowledge on matters relating to moral injury as well as linked those elements to the proposed study.

Chapter three covered the intended methodology for the study's intervention design and implementation. The intervention directly addressed the issues of moral injury amongst veterans in the Sergeant Major Association of California and helped participants manage their symptoms properly to begin a healing process. In the implementation process, the researcher shared tasks and details of the work, including dynamic participant responses and the researcher's method to gather, store, and analyze the data collected from participants.

In chapters four and five, the researcher presented the results/findings and conclusions of the research project. Chapter four has a list of the sessions proposed in chapter three. The researchers noted the participants' condition before the intervention, their state during the intervention, and their state after the intervention. He also provided a list of findings that act as

common denominators to all sessions. Chapter five was a review of the entire research project and reiteration of the connection between the study and other similar work on moral injury. The researcher reflected on research that still needs to be done, and shared lessons learned during the study for other pastoral caregivers.

### **Summary**

In a nutshell, this project was designed to confront a haunting problem amongst veterans in Bay Area/Central/LA vicinity with little or no feasible treatments or therapies. These veterans once served in the United States military and were exposed to or experienced things that went against their moral beliefs. These veterans also underwent spiritual/emotional distress that caused them to struggle to find meaning, hope, and peace in life. As a response to this problem, it was proposed that the intervention of a Bible-reading therapy will make a notable change to the participants. Although challenges are expected, there is great hope that the outcome will help Bay Area/Central Valley/LA area veterans to begin a process of healing and reconnect to God and others.

## **Chapter 2**

### **Conceptual Framework**

This chapter will be a review of the theological and theoretical foundation of this study. The theological foundation will unveil biblical precepts that explain, examine, and provide ultimate answers to the issues of moral injury. On the other hand, the theoretical feature will analyze the ministry and books of Jonathan Shay and Brad E. Kelle. These authors have created the current system of thought to identify, analyze, and manage issues relating to moral injury. Putting together all the parts of the literature review will provide a stable base on which to build the framework of this research study.

#### **Theological Foundation**

The theological foundation of this study was designed to show the significance of biblical principles as they relate to issues of moral injury. This section will cover some biblical examples of moral injury looking at the consequences of moral injury from a biblical point of view and the hope outlined in the Bible for individuals whose moral standard has been dented.

#### **Biblical Examples of Moral Injury**

As the people of God, believers are called to lead a Christlike life. Included in this group are Christian veterans and servicemembers. All believers should try in their daily living to ascend to the position to which God had separated us to walk both collectively and individually. By design, man and woman were made in the “image of God.”<sup>26</sup> Now, the expectation to operate

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<sup>26</sup> Genesis 1:27, NIV.

in this image is what propels God’s people to accept and form moral standards. Our keenness to practice compassion, goodness, empathy, and love points to this eagerness to live up to the standard we are called to and walk in communion with God. However, once such a journey is interrupted by impeding issues or experiences, a believer realizes, or in some cases fails to realize, that his or her moral standard is battered.

An example of this interruption or disruption in the walk toward a just end can be seen in the life of King Saul in 1 Samuel 9-31. Saul was a vibrant young man who had everything going well for him when God appointed him as the King of Israel. The Bible described him as “an impressive young man. There was no one more impressive among the Israelites than he.”<sup>27</sup> Although many translations and commentators attach this description of Saul as a rendition of his physical outlook and handsomeness, the truth is that this young man was a goodly man who believed that he was on the right path to the goal of being the best version of himself, as God had ordained.<sup>28</sup>

In his commentary *Zondervan Illustrated Bible Backgrounds Commentary: 1 & 2 Samuel*, John H. Walton described how high importance was given to the commanding appearance and heroic outlook of leaders in the ancient Near East. For instance, Sargon of Akkad was described as the appellation “King of Battle;” King Tukulti-Ninura of Assyria was described as “glorious in his heroism and a flesh godly in his limbs;” Nebuchadnezzar was described as a “valiant male whose strength is directed toward doing battle;” and of the legendary Gilgamesh it was said, “Two-thirds of him is god and he is made fearful like a wild ox.”<sup>29</sup> The supposition that

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<sup>27</sup> 1 Samuel 9:2, CSB.

<sup>28</sup> The American Standard Version (ASV) describes Saul as “a young man and a goodly: and there was not among the children of Israel a goodlier person than he.” Other Bible versions such as KJ21, BRG, DRA, GNV, KJV, AKJV, WYC, and YLT all describe Saul as a “goodly man.”

King Saul was chosen only because of his physical attribute, as opposed to his strong moral foundation, is not completely accurate. He must have felt favored to be chosen by God Himself to lead the Israelites. The feeling is comparable to the pride of a contemporary soldier or servicemember who has enlisted or was commissioned to serve his or her country.

Unfortunately for King Saul, his goodly moral foundation was interrupted by negative combat involvements and the simple reality that his God rejected him. Experiences such as the pronouncement by prophet Samuel in 1 Samuel 12 damaged King Saul's core moral belief in relation to his God whom he had trusted and served. In the words of John H. Walton, "no amount of cajoling or manipulation will succeed in mitigating the sentence pronounced against [Saul], for it has been issued by Yahweh, whose judgment is supreme."<sup>30</sup>

King Saul, with the horror of what the Philistines would do to him, asked his armor-bearer to "draw [his] sword and pierce [him] through with it."<sup>31</sup> When his armor-bearer refused to do so, Saul eventually took his own life to avoid an even more gruesome, debilitating, and humiliating death. Walton described the level of cruelty King Saul would have experienced if he had not taken his own life, and they are the same kind of morally damaging practices soldiers and civilians endure today in battle:

In view of the kind of treatment ancient Near Eastern prisoners of war in general, and defeated kings in particular, could expect Saul's fear of being abused by Philistines was well founded. From Assyrian inscriptions around the time of David and later, we gain "an impression of unremitting cruelty" to prisoners of war: "Most were slaughtered or blinded, some hung on stakes or fortifications around the city walls, as a warning to others. Heads, hands, or lower lips were cut off to facilitate counting." One particular gruesome relief from the reign of Sargon II shows the vanquished king of Hamath literally being flayed alive in public.

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<sup>29</sup> John H. Walton, *Zondervan Illustrated Bible Backgrounds Commentary: 1 & 2 Samuel* (Grand Rapids, MI: Zondervan Academic, 2016), Ch. 12.

<sup>30</sup> Walton, Ch. 12.

<sup>31</sup> 1 Samuel 31:4, NASB.

Although Saul managed to end his life before falling into the hands of the Philistines, their treatment of his corpse confirms the cruelty that Saul feared.<sup>32</sup>

Saul decided to end his own life to avoid going through even more morally damaging and physically gruesome experiences in the hands of the Philistines.

We see a similar example in the New Testament text about a disciple of Jesus Christ. Judas Iscariot was called to be a disciple of Jesus and given “authority to drive out impure spirits and to heal every disease and sickness.”<sup>33</sup> His spiritually blossoming life was cut short following the betrayal of his Master. Judas went to the chief priest with the intention of betraying Jesus.<sup>34</sup> Like servicemembers, betrayal of a superior goes against one’s own original core/moral belief. After betraying Jesus with a kiss, Judas’ life became thwarted by the reality that through his act of selfishness and greed, he had violated his original moral code.<sup>35</sup> His spiritual or moral journey toward the image of God had been turned upside down.

Thus, “when Judas, who had betrayed [Jesus], saw that Jesus was condemned, he was seized with remorse and returned the thirty pieces of silver to the chief priests and the elders.”<sup>36</sup> Feelings of guilt and shame, which are the prime feelings associated with individuals experiencing moral injury, began to set in, and Judas became dismayed by his unjust actions. Bartosz Adamczewski, in his commentary *The Gospel of Matthew: A Hypertextual Commentary* maintained that “the subsequent, likewise inserted idea of the betrayer Judas coming to the chief priests and elders (τοῖς ἀρχιερεῦσιν καὶ πρεσβυτέροις) and saying something is an idea which is

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<sup>32</sup> Walton, Ch. 33.

<sup>33</sup> Matthew 10:1, NIV.

<sup>34</sup> Matthew 26: 14, NIV.

<sup>35</sup> Matthew 26:49, NIV.

<sup>36</sup> Matthew 27:3, NIV.

quite surprisingly justified by presenting Judas as regretting his betrayal because Jesus was condemned.”<sup>37</sup> The feelings of betrayal or guilt referred to in this context were not simply sadness for wrongdoing. Rather, in these situations, the thoughts can penetrate the psyche of the individual causing severe spiritual/emotional injury. The damage can basically convince the individual that he or she really is bad and evil. Judas was not able to find peace or even a way to cope during this deeply spiritual and emotional turmoil, and he eventually committed suicide by hanging.<sup>38</sup>

The examples selected for this section of morally wounded souls in the Bible showed the level of chaos through which the injured suffer. The problem is strong enough to quench the spirit of a man or woman. Proverbs 18:14 says, “A man's spirit will endure sickness, but a crushed spirit who can bear?”<sup>39</sup> The consequence of moral injury is that the spirit of the individual veteran or servicemember becomes crumpled, and it will require interventions beyond physical treatment to cure. No wonder in biblical times, nations adopted forms of sacraments and ritual violence that helped them with reintegration into the community after a battle.<sup>40</sup> Peter described the attack as the devil prowling around us to devour us.<sup>41</sup> In the examples of Saul and Judas, moral injury was fatal.

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<sup>37</sup> Bartosz Adamczewski, *The Gospel of Matthew: A Hypertextual Commentary* (New York, NY: Peter Lang, 2017), Ch. 6.

<sup>38</sup> Matthew 27: 4 and 5 says that after feeling remorse for what he had done, Judas says “I have sinned, for I have betrayed innocent blood. What is that to us [the chief priests replied]? ‘That’s your responsibility.’ So, Judas threw the money into the temple and left. Then he went away and hanged himself.”

<sup>39</sup> Proverbs 18:14, ESV.

<sup>40</sup> See Deuteronomy 21:10-14 and Judges 11. The Old Testament Scripture also speaks about the ceremonial purification of individual soldiers, prisoners of war or captives, and items received by means of war, and other forms of restructuring of items acquired by means of war (Numbers 31; Joshua 22; and Genesis 14:17-24 respectively).

<sup>41</sup> 1 Peter 4:12-14; 5:6-11, NIV.

Lamentation 3 contains a thorough description of the consequences of moral injury and the actual feelings associated with the disorder from a faith standpoint. It reads:

I am the man who has seen affliction by the rod of the Lord's wrath. He has driven me away and made me walk in darkness rather than light; indeed, he has turned his hand against me again and again, all day long. He has made my skin and my flesh grow old and has broken my bones. He has besieged me and surrounded me with bitterness and hardship. He has made me dwell in darkness like those long dead. He has walled me in so I cannot escape; he has weighed me down with chains. Even when I call out or cry for help, he shuts out my prayer. He has barred my way with blocks of stone; he has made my paths crooked. Like a bear lying in wait, like a lion in hiding, he dragged me from the path and mangled me and left me without help. He drew his bow and made me the target for his arrows. He pierced my heart with arrows from his quiver. I became the laughingstock of all my people; they mock me in song all day long. He has filled me with bitter herbs and given me gall to drink. He has broken my teeth with gravel; he has trampled me in the dust. I have been deprived of peace; I have forgotten what prosperity is. So, I say, "My splendor is gone and all that I had hoped from the Lord." I remember my affliction and my wandering, the bitterness, and the gall. I well remember them, and my soul is downcast within me... Let him sit alone in silence, for the Lord has laid it on him. Let him bury his face in the dust—there may yet be hope. Let him offer his cheek to one who would strike him and let him be filled with disgrace.<sup>42</sup>

The feelings attached to the consequences of a morally injured spirit as outlined in this Bible passage need no further explanation or commentary. Whether it is believed to come from God, as in the case of King Saul, or it is a mistake of selfishness/greed, as in the case of Judas, moral injury is disparaging and brutally dispiriting. It pushes its captives to believe that the Spirit of God has totally abandoned them, and they, as a result, are susceptible to all kinds of emotional attacks and spiritual trauma.

#### Biblical Hope for Moral Injury

The last half of Lamentations 3, though, offers hope for the afflicted.<sup>43</sup> There is light at the end of the proverbial tunnel. Moral injury does not negate or expunge the fact that God has

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<sup>42</sup> Lamentations 3:1-30, NIV.

<sup>43</sup> See Lamentations 3:31-66.

already made plans of deliverance for those who are suffering from it, even before it occurred. This reason is why Christ died. “He was wounded for our transgressions; he was crushed for our iniquities; upon him was the chastisement that brought us peace, and with his stripes, we are healed.”<sup>44</sup> Christ carried all of humanity’s issues, including those that are moral, ethical, and supernatural, and paid for them on the cross.

Hence, “there is now no condemnation for those who are in Christ Jesus.”<sup>45</sup> A believer who is experiencing the devastation of moral damage should be rest assured that he or she is not condemned and that his or her guilt has been nailed on the cross of Calvary by the Lord Jesus Christ. Psalm 34:18-20 says, “the Lord is close to the brokenhearted and saves those who are crushed in spirit. The righteous person may have many troubles, but the Lord delivers him from them all; he protects all his bones, not one of them will be broken.”<sup>46</sup> Again, moral injury does not define an individual or have the final say in his or her life. God’s redeeming promise is that He will deliver anyone from such a predicament when he or she asks for His help.

One aspect of asking for God’s help or seeking God’s face is to confess one’s wrongdoing or the incidence that led to the moral injury. The individual only needs to plead for forgiveness and confess to God where he or she had gone wrong, and God will take care of the matter. Simply put, “if we confess our sins, he [God] is faithful and just and will forgive us our sins and purify us from all unrighteousness.”<sup>47</sup> He will restore those moments lost because of

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<sup>44</sup> Isaiah 53:5, NIV.

<sup>45</sup> Romans 8:1, NIV

<sup>46</sup> Psalm 34:18-20, NIV.

<sup>47</sup> 1 John 1:9, NIV. See also Ps 107:13-16; Isa 51:12-15; and Ps 34:4.

moral injury and help the forgiven person heal from the moral issues and any issue that causes him or her to experience moral injury.<sup>48</sup>

In John 8:32, the Bible says, “And you will know the truth, and the truth will set you free.”<sup>49</sup> This assertion should encourage veterans and servicemembers who are experiencing moral injury. The truth is that the blood of Jesus is powerful enough to wash away any sin, mistake, or combat/non-combat experience that has rapt our inner being into the bondage of moral degeneration. Joel C. Flowsky and David Maxwell put it well:

True salvation, then, is not in them (in the ordinances of the law, I mean). Nor could one gain from there the thrice longed-for freedom (from sin, I mean). But when we leap just above the types and focus on the beauty of worship in the spirit and recognize “the truth,” that is, Christ, we are justified through faith in him. And when we are justified, we pass over to true freedom, no longer ranked as slaves, as we were before, but as children of God. John testifies to this when he says about Christ and those who believe in him, “As many as received him, to them he gave the power to become children of God.” Profitably, then, our Lord and Christ does not allow those who believe in him to continue marveling at the shadows in the law (since there is nothing in them that is helpful or that bestows true freedom); instead, he tells them to know “the truth.” For through this, he says, they will be entirely freed, according to the meaning of his words.<sup>50</sup>

In the same vein, when a morally wounded person embraces the meanings behind this truth as revealed in the Bible, and continues to do so, he or she will experience true freedom.

Paul encouraged believers in Rome not to be conformed to the world. Rather, they were to be transformed by the renewal of their minds so that by testing they may distinguish what the will of God for them was.<sup>51</sup> By knowing God’s desire, believers are able to discern what is good

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<sup>48</sup> Joel 2:25.

<sup>49</sup> John 8:32, NIV.

<sup>50</sup> Joel C. Flowsky and David Maxwell, *Commentary on John* (Downer Grove, IL: InterVarsity Press, 2013), 353-354.

<sup>51</sup> See John 10:10; Jer 29:11; 1 Tim 2:3-4; Heb 10:36; 13:20-21; Jas 1:5; 1 Pet 2:15.

and acceptable and perfect for them.<sup>52</sup> Again, the healing process of a morally injured veteran or servicemember is a continuous process. God's intent is not to fix us once and let us wander. Instead, He intends to continue to provide follow-up care that will go beyond the therapy sessions and last for the rest of our lives. Truthfully, "He [God] heals the brokenhearted and binds up their wounds."<sup>53</sup>

### **Theoretical Foundation**

The theoretical foundation section was written to examine resources that can be used to address the problem. In this moral injury study, the main resources are two leaders in the field. This part of the chapter will look at the ministry and writing of these leaders namely, Jonathan Shay and Brad E. Kelle. The models and ideas of these two men will give validation and guidance to the methods and goals of this research study.

#### **Jonathan Shay**

This section will give a brief introduction to Shay's ministry and provide an overview of his book, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, noting strengths and weaknesses. All these elements together will provide a solid foundation for the understanding moral injury in relation to this study.

#### **Jonathan Shay's Ministry**

Jonathan Shay was born in the United States of America in 1941. He received his Bachelor of Arts in 1963 from Harvard University. Later he earned an M.D. and Ph.D. in 1971 and 1972 respectively from the University of Pennsylvania. Since 1987, he has been a staff psychiatrist at the VA Outpatient Clinic in Boston, Massachusetts. In 2001, Jonathan Shay

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<sup>52</sup> Romans 12:2, NIV.

<sup>53</sup> Psalm 147:3, NIV.

served as Visiting Scholar-at-Large at the U.S. Naval War College, and in 2004, he became the Chair of Ethics, Leadership, and Personnel Policy in the Office of the U.S. Army Deputy Chief of Staff for Personnel for the duration of one year.<sup>54</sup>

Jonathan Shay was a clinical psychiatrist who treated Vietnam veterans suffering from combat-related trauma. Besides understanding modern conflict, Shay was a student of the battles in antiquity as described in Homer's Iliad and Odyssey. His work in *Achilles in Vietnam: Combat Trauma and the Undoing of Character* showed the parallels between the portrayal of the epic warrior-hero Achilles and the combat involvements of some of the veterans he treated at a VA Outpatient Clinic in the Boston area.<sup>55</sup>

In the process, Shay rediscovered important aspects of the relationship between soldiers or servicemembers and their leaders that traditional scholarship had underestimated and, in many ways, neglected. In the book, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, Shay used Odysseus as an allegory to illustrate the veteran's experiences following his or her return from war. This imagery allowed him to clarify the role of military policy in promoting the mental and physical wellbeing of soldiers or servicemembers.<sup>56</sup>

Shay has been recognized as the first promoter of the real effect of moral injury to servicemembers and veterans, especially veterans who served during the Vietnam War era. He has also been a passionate advocate for veterans and has striven to reform the way U.S. armed forces are systematized, trained, and counseled. Shay has gained ample respect and honor among

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<sup>54</sup> IMDB “Jonathan Shay Biography,” *Imdb* (2020): 1.

<sup>55</sup> *Ibid.*

<sup>56</sup> Jonathan Shay, *Odysseus in America: Combat Trauma and the Trial of Homecoming* (New York, NY: Scribner, 2002), 1. Homer’s Odyssey is the epic homecoming of a Greek fighter from the Trojan War.

military personnel and contractors. He has, to a great extent, uncovered some of the unrecognized emotional issues military combatants and veterans experience.<sup>57</sup>

### **Jonathan Shay's Writing**

While Shay has written various articles and books, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* contains some of the core precepts of the effect of service-related moral injury and mental health issues on the day-to-day wellbeing of veterans especially after combat and during reintegration. It capitalizes on helping veterans own their individual definition of right and wrong (vis-à-vis, moral order, ethical order, normative outlooks, moral resolution, and commonly understood social values), acknowledge their violation of such moral code, and recognize the negative effect of violating their moral standard including how they react toward the violation. As such, it will be the focus of the review. The objective is to go deeper into one book rather than skim several works. To reach this aim the researcher will cover the material in more of a thought-by-thought approach instead of just a chapter summary.

According to Shay, the major reason why the United States did not pronounce victory over Vietnam, even though American soldiers won every single battle, was because of the challenging and lingering echo of loss in the hearts and minds of the soldiers or servicemembers. He expounded on this defeat in one of his group therapy sessions:

During a group therapy session, I once blundered into a casual mention of “our defeat” in Vietnam. Many veterans returned from Vietnam and found themselves outcast and humiliated in American Legion and Veterans of Foreign Wars posts where they had assumed that they would be welcomed, supported, and understood. Time and again they were assailed as “losers” by World War II veterans. The pain and rage at being blamed for defeat in Vietnam was beyond bearing and resulted in many brawls.<sup>58</sup>

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<sup>57</sup> Shay, *Odysseus in America*, 1.

<sup>58</sup> Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (Atheneum, NY: Macmillan Publishing Company, 1994), 7.

The level of loss or damaging effect of the Vietnam war on the soldiers made it impossible to claim victory. Although the American soldiers did not lose technically, the negative impact of the war on their psyche coupled with their feelings of isolation due to the demonization of those at home and themselves, showed that they lost the war.

Shay further described how some of the soldiers blatantly demonized their actions on the war front and publicly renounced other unjust events during the war. One of the soldiers, a young man with strong moral ground, described how going to the Vietnam war turned him from a godly man to an evil man:

It was the way you were thought, like, “whenever you’re alone, make believe God’s there with you. Would he approve of what you’re doing?” That’s basically – sure, I wasn’t no angel, either. I mean, I had my little fistfights and stuff. It was, you’re only human. But evil didn’t enter it till Vietnam. I mean real evil. I wasn’t prepared for it at all. Why I became like that? It was all evil. All evil. Where before, I wasn’t. I look back, I look back today, and I’m horrified at what I turned into. What I was. What I did. I just look at it like it was somebody else. I really do. It was somebody else. Somebody had control of me. War changes you, changes you. Strips you, strips you of all your beliefs, your religion, takes your dignity away, you become an animal... the animal in the sense of being evil. You know, it’s unbelievable what human can do to each other.<sup>59</sup>

For this soldier, the shame and guilt of what he did in Vietnam made him believe that he was an evil person whose evil act had caused him to be separated from the love of God and hindered him from feeling or experiencing God’s presence.

Consequently, it became almost impossible for the soldiers to move past their shame and guilt to become confident in their service in Vietnam. The Vietnamese had attacked more than just the body but also the mind and psyche of these soldiers. In a sense, they ambushed the innocence of their initial intentions.<sup>60</sup> Even worse, Shay attested that most soldiers he saw as

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<sup>59</sup> Shay, *Achilles in Vietnam*, 33.

<sup>60</sup> *Ibid*, 34.

patients viewed themselves as already dead during their combat in Vietnam.<sup>61</sup> Shay called this condition a “berserk state.”<sup>62</sup>

Shay believed that the berserk state is a critical and discrete aspect of combat trauma. It held every emotion that could be experienced during the combat. Base disinterest, loss of moral and social bearings, betrayal of what is right, guilt, shame, the grief of a fallen comrade, and the belief that one is deserving death all occur during the berserk state.<sup>63</sup> Strangely enough, servicemembers who were in their berserk state were perceived as the best of the best by their commanders and chain of command. They were highly honored and respected by others as risk-takers and selfless.<sup>64</sup>

This sense of accomplishment and need to be recognized by higher ranks caused servicemembers to try to overdo things that would potentially cause them to experience moral injury. The military tradition made it glorious for soldiers or servicemembers to do things that could potentially cause harm to them emotionally and spiritually as long as the individual did not show signs of weakness while still in combat or in service. However, the costs of such temporary honor were potentially ruinous in a long-term view, especially related to one’s moral existence.

Shay further showed how the break in one’s moral existence could mean a break in his or her psychological or spiritual security. Ultimately, there would be a break in relationships with others and God. When this happened, the servicemember or veteran began to show symptoms of PTSD such as social withdrawal and isolation, somatic disturbance, loss of ability to experience

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<sup>61</sup> Shay, *Achilles in Vietnam*, 51.

<sup>62</sup> *Ibid.*, 75.

<sup>63</sup> *Ibid.*, 75.

<sup>64</sup> A good example of a servicemember in berserk state is a soldier who stampedes an enemy force single-handedly. This soldier or servicemember would also be in the grip of a unique state of mind, body, and social disconnection when he or she performs such memorable or “honorable” deed.

pleasure, depression, insomnia, random unwarranted rage at family, sexual dysfunction, and no capacity for intimacy. Other symptoms such as hyperactive startle reaction, peripheral vasoconstriction, autonomous hyperactivity, sense of the dead being more real than the living, traumatic nightmares, relieving episodes of combat, and fragmented sleep also occurred in cases with a break in one's moral being.<sup>65</sup>

Most soldiers who were undergoing a break or injury in moral existence try to keep it unnoticed in order not to look weak or become ridiculed by others. Thus, there arose the need for the soldier to persistently try to avoid any stimuli or stimulus connected to the original trauma or incidence. An intentional effort was made to try to numb their general responsiveness and reaction to triggering issues.<sup>66</sup> Shay summarized these symptoms as follows:

1. Efforts to avoid thoughts or feelings associated with the trauma
2. Efforts to avoid activities or situations that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma (psychogenic amnesia)
4. Markedly diminished interest in significant activities
5. Feeling of detachment or separation from others
6. Restricted range of effect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, or children, or a long life)<sup>67</sup>

These symptoms, when left untreated, which is often the case due to their tendency to remain unseen or unnoticed by the medical profession, behavioral officers, and pastoral

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<sup>65</sup> Shay, *Achilles in Vietnam*, 165-166.

<sup>66</sup> *Ibid*, 167.

<sup>67</sup> *Ibid*.

counselors, could cause wholesome destruction of one's desire to live, exist or have a future.

Shay wrote:

Betrayal of "what's right" is particularly destructive to a sense of community of value in ideals, ambitions, things, and activities. When some major ideals have been betrayed, the trustworthiness of every ideal or activity may be called into question. Undoubtedly this overlaps a great deal with the other [issues], particularly morale, and with the depression that is pandemic among combat veterans, who are seven times more likely to have suffered a major depressive episode than a demographically similar civilian control group, and eleven times more likely to have suffered from dysthymic disorder, a chronic, fluctuating state of depression, hopelessness, loss of self-respect, and loss of energy for living. Sometimes combat veterans appear to have a memory deficit for things, activities, or ideals that once carried intrinsic merit and a sense of satisfaction for them. Even the value of one's own home and possessions and familiar places can be lost: Vietnam combat veterans are three times more likely to have been both homeless and vagrant than their civilian counterparts.<sup>68</sup>

Simply put, life becomes meaningless and uninteresting when one's moral existence is corrupted by war trauma whether in combat or outside combat. The tendency for the servicemember or veteran to lose trust in what he or she usually trusted and perceived as a source of strength becomes high.

The despairing symptoms and damaging effect of moral injury or loss of moral existence to veterans and servicemembers call for a healing solution. Chapter 11 of Shay's book, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, attempted to answer the question, "Is recovery possible?"<sup>69</sup> Shay offered three simple answers: Firstly, he maintained that return to normal is basically impossible because most veterans to whom he provided therapy support said that they have completely lost their innocence and had no desire to regain their innocence or become normal again. Secondly, Shay affirmed that there is no way to know whether recovery

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<sup>68</sup> Shay, *Achilles in Vietnam*, 178.

<sup>69</sup> The Bible speaks of these symptoms/effects to the souls and emotions of the sufferers (see Lamentations 3:1-30; 1 Samuel 15:10-35; Matthew 27:1-10; and Psalm 24:18).

was possible or not, especially in the sense of regaining lost innocence. Thirdly, later in the chapter, the author started to sound a bit optimistic and upheld that recovery is possible when the veteran finds something fulfilling to do with his or her life. These activities were described as anything that makes the veteran feel like he is paying back or helping others in the community.

Shay explained:

Recovery is possible in many areas of life, perhaps in the most important ones for a fulfilling existence. I have seen it. A small number of veterans in our program have achieved lives of great value to others and satisfaction for themselves. By DSM-III-R standards, however, they remain highly symptomatic. Several had to be hospitalized during the recent Persian Gulf War because of the overwhelming intrusive symptoms it triggered. Their lives include some very sharp limitations; for example, some recovered veterans are still unable to tolerate public places. Because of such limitations, every one of the most fully recovered veterans I know is financially quite poor. Yet their lives flourish with activity that they find satisfying, usually helping other people. One spends his mornings delivering meals to children with AIDS. Another assists homeless veterans in getting social security and other benefits<sup>70</sup>

For Shay, engaging in socially motivated activities that are geared toward providing moral support to the public could help the veteran in his or her healing process. This theory according to Shay was the best treatment for individuals whose moral ideals have been battered by exposure to combatants while in service.

*Strengths of Achilles in Vietnam: Combat Trauma and the Undoing of Character*

With this book, Shay basically laid the foundation for modern-day understanding and handling of moral injury and PTSD. Interestingly, almost every work on moral injury and PTSD that followed Shay's work points back to what was presented in this book. The ideas, diagnosis, symptoms, and treatment of moral injury outlined in its pages are thought-provoking. They challenged the reader to see beyond the surface of how he or she previously understood or viewed wounds to looking at one's moral existence.

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<sup>70</sup> Shay, *Achilles in Vietnam*, 184-187.

The book not only challenged its readers to think broader but also related to the reader anecdotally. The use of detailed yet factual narratives and analogies in the construction of the book makes it interesting to read irrespective of one's proposition. For instance, in the introductory section of the book, Shay explained the circumstances several years prior where he was struck by the similarity of the Vietnam war experiences to the account of a character named Achilles in the *Iliad*.<sup>71</sup> He recounted how this observation led to an article and eventually this book. With each point of the story, a new piece was put in place.

In the same way, the use of narratives or experiences of Vietnam veterans makes the book easily understandable for any servicemember or veteran. A veteran who is struggling with the challenges of moral injury and/or PTSD could relate to the stories in the book. It would appear as if the author were present during traumatic or distressful events that led to the veteran's moral predicament. One could say that the reason for this sheer familiarity of the matter was because Shay as the PTSD psychiatrist for this group of soldiers during the Vietnam war era was partially part of the war.

#### *Weaknesses of Achilles in Vietnam: Combat Trauma and the Undoing of Character*

There are a few noticeable weaknesses in Shay's *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. The most prominent is found in Shay's proposed recovery model. Shay believed that given the indispensable harm of moral injury, which is moral and social in nature, the essential treatment must also be moral and social.<sup>72</sup> While the thought is accurate, Shay failed to establish how the veteran would go about achieving his or her healing or recovery. One scheme suggested in the book was for healing to be facilitated by the survivors themselves

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<sup>71</sup> Shay, *Achilles in Vietnam*, xiii.

<sup>72</sup> *Ibid.*, 187.

and not the counselors. In other words, the veteran should be the one to help himself out of the dungeon of moral and psychological injuries. Unfortunately, this proposal does not sound feasible when the veterans are already dwelling in self-blame, shame, guilt, and typically uncomfortable addressing their inner/unseen wounds.

From the onset of the veterans' healing process, Shay gave little or no acknowledgment to organized therapy such as the methods and model adopted by this study. For Shay:

The essential first step that a veteran needs to take, which is a precondition of healing, is to establish his or her safety, sobriety, and self-care. This is often a protracted struggle, and various means of assistance are available to support the veteran in accomplishing these things for himself. A number of medications safely ameliorate one or another symptom of PTSD [and moral injury] and assist in the achievement of safety and sobriety by reducing the pressure toward self-medication with alcohol or street drugs and, even more valuably, by reducing explosive rage.<sup>73</sup>

Again, the inadequate help offered to individuals with moral injury and PTSD is the reason many of them struggle to cope or recover from their debilitating trauma of the mind. Telling them to fix themselves without offering them the help they need may not be as productive as the author may have hoped.

Correspondingly, the book was unable to make a clear distinction between moral injury and PTSD. Rather, the author presented moral injury as a key component of PTSD.<sup>74</sup> Unlike Shay's postulation, this study will focus on moral injury as a separate disorder that requires aggressive assessment and not as one of the aspects or even the symptoms of PTSD. Regrettably, most, if not all, texts on moral injury during this time failed to make this distinction. Like Shay, other colleagues' models, especially on treatment of moral injury, focused on tackling the symptoms of PTSD.

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<sup>73</sup> Shay, *Achilles in Vietnam*, 187.

<sup>74</sup> *Ibid.*

A good example of this dryness in the treatment of moral injury is evidenced in Brett T. Litz, Leslie Lebowitz, Matt J. Gray, and William P. Nash's *Adaptive Disclosure* model.<sup>75</sup> The adoptive disclosure model is intended to help veterans and servicemembers process and cope with combat-related trauma both analytically and emotionally. It aims at guiding the veteran or servicemember in gaining a corrective perspective of the different experiences of war. It exposes them to the independent understandability of how they feel about themselves, how they are relating to the community, and how they could take control of their own future. This model poses the question, "What do veterans and servicemembers need in their healing process and recovery from their spiritual, emotional, and physical injuries?"<sup>76</sup>

The answer to the above-stated question depends largely on the veteran or servicemember's ability to conduct and provide care to self with little or no help from government agencies, psychologists, psychiatrists, behavioral officers, clinicians, or pastoral counselors. This independent experiment according to Litz entails that:

Service members or veterans identify a military experience that is currently haunting and consuming them. This experience is categorized as a life-threatening event, a traumatic loss, or a moral injury. At its core, adaptive disclosure entails exposure-based, experiential and emotion-focused processing of this principal combat or operational experience and a real-time rendering of constructions about the implications of the event in terms of self-view, professional role (especially if on active duty), expectations about others, and the future. For all trauma types, as with other [Cognitive Behavioral Therapy] CBT-based approaches, adaptive disclosure provides a sober but hopeful, evocative, and emotion-focused opportunity for service members and veterans to realize how they have changed as a result of combat and operational experiences, to think about who they want to be, and to get a sense of how to get there experientially.<sup>77</sup>

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<sup>75</sup> Brett T. Litz et al., *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury* (New York, NY: Guilford Publications, 2016), 1-187.

<sup>76</sup> *Ibid.*, 3.

<sup>77</sup> Litz et al., 4.

Like Shay's assessment and self-care treatment model, the adaptive disclosure model shifts control to the injured veteran or servicemember and allows him or her to basically figure things out independently. This mistreatment arose because these authors and researchers found it difficult to differentiate the impact of moral injury from that of PTSD. When moral injury is generalized as an aspect or symptom of PTSD, its effect becomes underrated, and its treatment becomes misconstrued.

#### Brad E. Kelle

The second theoretical foundation laid in this research project was a review of Brad E. Kelle's ministry and writing. Shay's contribution alone is not enough for this project. While he coined the terminology, Kelle has taken the religious dialogue to a place where there can be a Christian conversation. This shift is the key to the research process as it gives healthier bearing to the overarching purpose of this project. This section will give a brief overview of Kelle's life and will examine how his work, *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds*, has led to faith solutions to the assessment, intervention, and treatment of moral injury. The section will also expound on some of the strengths and weaknesses of the model outlined by the author related to this research study.

#### **Brad E. Kelle's Ministry**

Brad E. Kelle is a professor of Old Testament and Hebrew at Point Loma Nazarene University where he has served since 2004. His academic work emphasizes the Old Testament prophets, warfare in ancient Israel, trauma studies, moral injury, and the history of ancient Israel and Judah. Kelle is the author of several books including, among others, *Telling the Old Testament Story: God's Mission and God's People*, *Ezekiel: A Commentary in the Wesleyan Tradition*, and *Biblical History and Israel's Past: The Changing Study of the Bible and History*,

as well as many articles in scholarly journals. Kelle's most recent work is the *Hosea* volume in the Old Testament Library series.<sup>78</sup>

Kelle serves as the regional coordinator for the Society of Biblical Literature Pacific Coast Region and chaired the Warfare in Ancient Israel unit at the Annual Meeting of the Society of Biblical Literature from 2004-2012. He is also serving as the Old Testament editor for the journal *Currents in Biblical Research* and the Ancient Near Eastern Prophets editor for *Religious Studies Review*. Kelle is ordained as an elder in the Church of the Nazarene in the Atlanta vicinity where he spent eight years as an associate pastor.<sup>79</sup>

As a professor, Kelle has taught Old Testament Torah and Israel's history, Old Testament Poetry and Wisdom, Old Testament Prophets, Old Testament History and Religion, Biblical Hebrew, Biblical Theology, and Seminars in the Book of Ezekiel. His unrelenting hard work and dedication for service have earned him many research grants, awards, and honors including the American Association of University Presses Award and Old Testament Prophets Editor for *Religious Studies Review*.<sup>80</sup>

From this background of publishing and teaching, Kelle wrote *The Bible and Moral Injury: Reading Scripture alongside War's Unseen Wounds*. The work was designed to be a tool for pastors, counselors, chaplains, and behavioral health professionals providing support to veterans and servicemembers who have, in one way or another, become morally injured by their experiences. The material presented in the book is beneficial not only for people who are already Christian but for everyone experiencing the faith challenges of moral injury.

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<sup>78</sup> Brad E. Kelle, "Rev. Brad E. Kelle, Ph.D. – Professor of Old Testament and Hebrew, School of Theology and Christian Ministry," *Point Loma Nazarene University* (2020): 1.

<sup>79</sup> *Ibid.*

<sup>80</sup> *Ibid.*

## Brad E. Kelle's Writing

This part of the review will again be organized more by ideas rather than chapters, but the flow of thought will progress from the beginning of the book to the end. Like before, strengths and weaknesses will be considered to validate the research methodology presented in the next chapter.

Kelle in *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds* began with a strong and meaningful affirmation: "Not all wounds of war are physical or visible."<sup>81</sup> This simple yet brave statement laid the foundation for the purpose of the book in attesting that there are indeed wounds or injuries caused by war, on combatants and non-combatants alike, that are unseen to the physical eyes.<sup>82</sup> The book established the need to address these injuries and also introduced how the effects of war could be addressed from a scriptural standpoint.

Although the book was written primarily to guide ministers, chaplains, and pastoral caregivers in their support to individuals with moral injury, it was also intended for other professionals in secular practices such as psychologists, veteran's care professionals, clinicians, and counselors. The exegesis of biblical texts can serve as a guiding tool as well for laypeople in the thoughtful understanding, assessment, articulation, and support of other Christians with moral injury. The issues raised in the book could also pave way for more broad investigations into the effect of moral injury and raising awareness of believers in general.

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<sup>81</sup> Brad E. Kelle, *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds* (Nashville, TN: Abingdon Press, 2020), 1.

<sup>82</sup> Unlike other texts on the troubling issues on 'unseen wounds' or 'hidden wounds' that focus mostly on Military Sexual Trauma (MST), Traumatic Brain Injury (TBI), and Post-Traumatic Stress Disorder (PTSD), this book capitalizes on a different though often mismanaged unseen wounds of war known as moral injury.

In chapter two of the book, Kelle explained how the effects of moral injury have recently gained interest among pastoral caregivers and how they have utilized biblical texts to define, explicate, and engage elements of moral injury work.<sup>83</sup> For Kelle:

The label *moral injury* describes, in a basic sense, the result of the violation of a person's core moral beliefs (by oneself or others). Put more technically, moral injury refers to the deleterious effects of war participation on moral conscience and ethical conceptions – the wrecking of a person's fundamental assumptions about “what's right” and how things should work in the world – that may result from a sense of having violated one's core moral identity and lost any reliable, meaningful world in which to live. In other words, moral injury is particularly concerned with perceived violations (by oneself or others) of one's sense of morality, and the impact that such violations have on a person's view of themselves or the nature of the world.<sup>84</sup>

This factual definition of moral injury covered much of what this study is all about and what it intends to address. Moral injury occurs when a veteran or servicemember's core ethical and moral beliefs have been dented because of either what he or she had done or what someone else had done to him or her. The trauma causes the individual to lose trust in God, self, and/or others around them and causes them to view themselves as indecent and repulsive.

Kelle believed that the definition of moral injury, though slightly related, is distinct from that of PTSD.<sup>85</sup> Again, this view is what this research project also assumes. Although moral injury and PTSD share some overlying indicators such as anxiety, anger, and depression, they are distinct from each other.<sup>86</sup> Perhaps this distinction in meaning and concept would grant victims of moral injury their own tailored attention and support. While victims of PTSD struggle

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<sup>83</sup> Kelle, 19.

<sup>84</sup> Ibid, 20.

<sup>85</sup> Ibid, 23.

<sup>86</sup> Veterans and servicemembers experiencing the challenges of moral injury disorder tend to struggle with constant guilt and shame while those who have Post-Traumatic Stress Disorder (PTSD) battle with challenges that center on fear-related issues.

with the impact of material/finite objects that caused physical harm to their body and mind, those struggling with moral injury are doing so because of their connectedness to an almighty and infinite God. Even though moral injury took place in physical time and space, the scope of the problem has spiritual parameters.<sup>87</sup>

Thus, moral injury extends beyond simply acting in a way that disrupts one's moral beliefs or rules; it is the loss of any meaningful moral world. This loss often is an offshoot of military participation by an individual that has altered the person's understanding of what constitutes a moral world and moral character in specific ways.<sup>88</sup> King Saul lost his moral world when Samuel, God's appointed agent, gave a speech that altered his kingship in a very negative sense.<sup>89</sup> Kelle explains the impact of such negative speech or experience on a warrior and king like Saul:

The language and force of the prophet's judgment speech reminds readers that the potential causes of moral injury include the transgression of moral convictions by self or others and betrayals of trust... Saul now learns that by his very act of being king he has, even if unwittingly, violated part of his own moral character and identity as part of Yhwh's covenant people and served as the means for the community to do so as well. Additionally, in what is perhaps the most injurious element for Saul, the text solidifies the impression given by some passages across chapter 9-11 that Saul's own deity has a deep ambivalence and even hostility toward him. Readers will soon see this divine disposition manifest itself when Yhwh afflicts Saul with evil spirits and seems determined to thwart his every move.<sup>90</sup>

Viewing oneself as evil or monstrous makes moral injury more of a spiritual challenge instead of a physical condition.

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<sup>87</sup> Kelle, 23.

<sup>88</sup> Ibid., 33.

<sup>89</sup> 1 Samuel 11 and 12, NIV.

<sup>90</sup> Kelle, 50.

Kelle believed that the best way to understand and address issues relating to veterans and servicemembers whose moral ideals have become injured is by utilizing the spiritually enriching scripture texts. The Old Testament, especially in the Pentateuch and Historical Books, contains useful postwar rituals that could help servicemembers and veterans after combatant and noncombatant military experiences to experience reintegration.

In addition to understanding post-battle rituals, Kelle also suggested the informative use of individual and communal lament and forgiveness.<sup>91</sup> The process of lamenting in this context means that the veteran or servicemember must voice honestly and specifically about his or her experience. Kelle puts it more succinctly:

Those dealing with participation in war need the opportunity to make honest assessments and give candid expression of things they've done, witnessed, or by which they've been affected. Soldiers need help engaging in uninhibited truth telling about particular acts and events, as well as broader circumstances and realities, so that the healing process can begin and they can resist the kind of negative assessments of self and the world that lead to moral injury... "Moral injury cannot be healed without the truthful telling of what has been done by and what has happened to the war veterans."<sup>92</sup>

Lamenting or speaking about the experiences and incidents that led to one's moral injury not only helps the individual name his or her interred feelings and emotions but would also help him or her to begin a process of redefinition or reassessment, creating a new perception of self.

Kelle further explained that it is imperative for the veteran or servicemember to recognize and practice forgiveness of self and others in his or her healing journey since the injury is usually because of violation of their own moral conscience that engendered feelings of guilt and shame over those violations. Thus, the forgiveness of self and others is key to one's liberation and

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<sup>91</sup> In chapter four of the book, Kelle divides these rituals into three distinct features as outlined in the Old Testament text: Purification of warriors, captives, objects; appropriation of booty; and construction of memorials and monuments.

<sup>92</sup> Kelle, 105.

healing from moral injury for individuals who are stressed by the banes of transgression. Certainly, over time, the veteran or soldier would begin to have a sense of “renewed, positive self-acceptance and empathetic self-understanding, instead of unrelenting self-judgment.”<sup>93</sup>

Although individual transgression is a key cause of moral injury, it is not the only problem. Kelle believed that the phenomenon of being caught in-between two moral necessities of serving or defending one’s country and the righteous obligation to protect and honor life as sacred made it difficult for the veteran or servicemember to find balance spiritually and emotionally. Kelle explained that there is delinquency in connecting the Old Testament to those in crisis. Given that moral injury is the experience of being in moral juxtaposition, it makes sense that the author would describe the phenomena as the seemingly irreconcilable conflict between two convictions.<sup>94</sup>

This conception accurately described the moral quandary sensed by many readers of the biblical wars and violent scriptures. A person operating within a Christian theological framework could affirm on the one hand that the brokenness or fall of human beings results in sinful actions and that a holy God should judge sin and overcome evil, even to the point of bringing down oppressors and terminating evil forces. At the same time, however, the Christian reader believes that God’s central nature is love, and God’s actions toward people and all creation should always echo that nature by being unswervingly loving, extensively merciful, and ever redemptive and life-giving.<sup>95</sup>

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<sup>93</sup> Kelle, 106.

<sup>94</sup> Ibid.

<sup>95</sup> Kelle, 162.

In Exodus 34:6 and 7, the Bible says this: “And he [God] passed in front of Moses, proclaiming, ‘The Lord, the Lord, the compassionate and gracious God, slow to anger, abounding in love and faithfulness, maintaining love to thousands, and forgiving wickedness, rebellion, and sin. Yet he does not leave the guilty unpunished...’” This faith in God’s attribute is critical in understanding the balance a morally injured veteran or servicemember is trying to find. On one hand, he or she sees a statement declaring God’s loving mercy, but then, on the other hand, he or she sees a statement asserting God’s obligation to act in judgment.<sup>96</sup> Though disturbing and potentially emotionally hurtful, the biblical text of war and violence is essential to the healing of moral injury and should not be ignored.

In chapter seven of the book, Kelle began with a sad yet truthful thought that “moral injury is real. There is no turning away now.”<sup>97</sup> This unassuming reality confirms the claim of this research project that moral injury must not be ignored and the urgent need to address the issues and debilitating challenges the disorder is hurting our veterans and our community at large. On a more positive note, Kelle asserted that the analysis and study of the Bible are paramount in the engrossment and treatment of moral injury. Bible reading, in turn, could save the lives of many veterans and servicemembers which might sadly be lost if nothing is done or if our societies continue to ignore the disorder.<sup>98</sup>

Concisely, Kelle challenged his readers, including morally injured supporters and sufferers, to take moral injury seriously and continue to pass on the torch for better assessment and stronger intervention. He wrote:

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<sup>96</sup> Kelle, 162-163.

<sup>97</sup> Ibid, 169.

<sup>98</sup> Ibid

As more and more people from different contexts become interested in the moral effects of war participation on individuals, communities, and congregations today, this work will continue to expand, opening new pathways for future study that reach beyond the originating discipline of psychology. Biblical interpreters will likely find more opportunities for engagements with moral injury along the lines of what I've attempted in this book, especially in dialogue with the two main trajectories seen thus far: (1) creative rereadings of literary narratives and characters as portrayals of morally injured warriors; and (2) the identification, importance, and implementation of postwar rituals and symbolic practices from ancient and traditional societies and their writings to see how they connect with the felt needs of morally injured persons for forgiveness, purification, communalization, and hope.<sup>99</sup>

Kelle charged his readers to continue this movement of the systematic intersection of moral injury and the Bible and to take it beyond the framework of combatant or non-combatant military violence. He urged his readers to extend the limits and to consider other biblical settings of moral injury such as other Bible accounts of “interpersonal or structural violence that dehumanizes, degrades, or diminishes moral subjectivity and personhood.”<sup>100</sup>

Examples of such interpersonal or structural violence include child loss and famine experienced due to political and economic maneuverings. This situation occurred in 2 Kings 6:24-33. The loss of personhood/identity or partisanship experienced by women is happening today just as it did in Old Testament times. Judges 19-21 and Ruth 1-2 are examples. There is the desensitization or social ruination experienced by the decisions and engagement of hostile forces like the case found in 2 Samuel 10:1-5. Kelle noted that many forms of moral extremities endured by other Old Testament biblical characters should be considered in their contemporary counterparts.<sup>101</sup>

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<sup>99</sup> Kelle, 174.

<sup>100</sup> Ibid., 177.

<sup>101</sup> Ibid., 177.

## Strengths of *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds*

Of all the books this researcher read in respect to the treatment of the debilitating effects of moral injury and the best way to help veterans cope through its challenges, this book was the most relatable, blunt, and relevant to the underlying issues of moral injury. It addressed moral injury from a more spiritual perspective. It was specifically Christian and introduced a faith-based method of healing that emphasized accepting the reality that wrong had been done but wrong does not necessarily have to define the individual. It offered a workable model of moral repair via Bible reading and interpretation that stressed lamenting and forgiveness.

The book recognized Shay's model of Adaptive Disclosure and Burkman and Maguen's Impact of Killing model in the treatment of moral injury.<sup>102</sup> It broadened and at the same time simplified the practicability and adaptability of these treatment models. Impressively, Kelle's book made them workable for Christian veterans to follow and use in their healing journey.<sup>103</sup> Kelle summed up these models into four relatable approaches:

Four items appear frequently in these approaches: (1) learning forgiveness (especially for guilt and shame) for self and others through accepting appropriate responsibility and receiving compassion from a moral authority; (2) contextualizing events as having been products of and confined to specific circumstances; (3) distribution proportions of blame fairly and correctly among oneself, others, circumstances and other factors; and (4) engaging in acts of repair and hope that give a sense of renewed humanity and a better world. In contrast to

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<sup>102</sup> Kristine Burkman and Shira Maguen, "Impact of Killing (IOK): Expanding our Framework to Help Veterans Heal from War," *Division 56 Trauma Psychology – American Psychological Association* Vol. 15 No. 2 (Summer 2020): 1-12.

<sup>103</sup> Like the Adaptive Disclosure, Impact of Killing (which capitalizes on veterans and servicemembers who were involved in combat-related killing or killings) uses 10 organized sessions or steps in addressing and helping veterans in their healing process. They include: (1) Pre-Treatment Evaluation (assessment, past work, barriers); (2) Common Responses to Killing-Part 1 (physiology, instinctual decisions); (3) Common Responses to Killing-Part 2 (emotions, behaviors, beliefs); (4) Cognitive Behavior Therapy (CBT) Elements (CBT framework, meaning of killing); (5) Becoming Unstuck (maladaptive killing cognition, into to acceptance); (6) Acceptance to Moral Injury (acceptance continues, role of betrayal); (7) Forgiveness-Part 1 (defining and introducing forgiveness and self-forgiveness); (8) Forgiveness-Part 2 (areas of forgiveness, forgiveness letters); (9) Taking the Next Step (forgiveness letter continue, making amends, connection to others); (10) Maintaining Gains (healing as a process, plan to continue work).

psychological approaches in other kinds of therapy that were designed to correct distorted thoughts or beliefs in the patient, these practices acknowledge that the soldiers' beliefs about their wartime actions are accurate, and they need ways to deal with the reality of those beliefs. Hence, the goals are to help the soldier accept that wrong was done but that it need not define her or his life, to find ways of experiencing a sense of cleansing and forgiveness, to receive compassionate support for sharing their story, to reintegrate as a positive member of their community, and to engage in actions that reestablish the individual as a morally good person and the world as a place where good exist.<sup>104</sup>

Additionally, Kelle tied these principles to scriptural texts by showing how biblical laments and narratives could help guide the veteran or servicemember in following, adapting, and embracing the words and meanings of the Bible.

#### Weaknesses of *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds*

One major weakness of the book is limiting the focus primarily to Old Testament principles and teachings even when addressing forgiveness and reconciliation. These truths however are the centerpiece of the New Testament message. Kelle realized this weakness in the last chapter of the book when he encouraged others who would be interested in building on his proposed model to link the topic more to the New Testament texts.<sup>105</sup> Kelle's reason for the omission was the lack of military settings in the New Testament.<sup>106</sup> While the excuse might be valid for that point, the lack of New Testament content meant that the promises of healing prevalent in the New Testament texts were also left out.

As briefly pointed out by Kelle, there are many New Testament incidents or events that would also fit into the lament section of his proposed treatment scheme that he missed exploring. He also missed interactions with military characters like Roman soldiers such as the story of the

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<sup>104</sup> Kelle, 35.

<sup>105</sup> Ibid., 177.

<sup>106</sup> Ibid.

Centurion and Jesus.<sup>107</sup> In a similar way, Jesus' encounter with the man living in the tombs<sup>108</sup> was ignored as was the disloyalty shown by Peter toward his Master.<sup>109</sup> These stories are real events of morally wounded individuals requiring divine healing.

Again, the New Testament's healing, salvatory, redemptive, and forgiving outlook makes great reading for anyone wanting to have a conversation with veterans about moral injury. The New Testament offers hope to a hopeless veteran, honor to a veteran struggling with shame, and forgiveness to a veteran with guilt from past actions. It proposes restoration that emphasizes self-acceptance and self-compassion. It contains encouraging promises that would not only point the veterans to the right healing path but also sustain them with the needed peace and stability to be the best version of themselves. This research project intends to utilize New Testament biblical principles, especially during the intervention phase of the study.

### **Summary**

In summary, the theological and theoretical foundation of this research project shows that management and treatment of moral injury are attainable. Theologically the Bible portrayed the negative consequences of moral injury, but God's Word also contains hope. The two books reviewed in this chapter showed how individuals found support and care. These experts used biblical principles and psychotherapy concepts to create a framework for pastoral caregivers and secular counselors in identifying, analyzing, and treating individuals who are experiencing moral injury symptoms and challenges. The methodology of the research intervention will be explained in more detail in the next chapter.

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<sup>107</sup> Mark 15, NIV,

<sup>108</sup> Luke 8:26-39, NIV.

<sup>109</sup> Matthew 26:69-75, NIV.

## Chapter 3

### Methodology

In the words of Tim Sensing, “the DMin degree is a process more than a product.”<sup>110</sup> The Doctor of Ministry (DMin) program allows the minister to learn procedures for collecting and analyzing specific data related to enhancing the effectiveness of ministry. A study methodology, different from its method or methods, is the overall model the researcher uses to study a problem or question.<sup>111</sup> One vital feature of DMin methodology is intervention by which the researcher can test for changes and arrive at conclusions. Following a reliable process should lead to valid results.

Against this backdrop, the focus of this third chapter will be to explain the avenues of intervention and the specific methods the researcher will use in handling relevant data for the study. It will outline the plan for how the problem, introduced in chapter one and reviewed in chapter two of this research project, will be resolved or better understood. It will also explain how the researcher intends to implement that plan. The methodology design will show the type of data (qualitative, quantitative, or mixed) the researcher intends to collect and at the same time “provide a rationale for the data.”<sup>112</sup> The chapter will also cover related topics such as the role of the researcher, setting factors, and ethical considerations.

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<sup>110</sup> Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (Eugene, OR: Wipf and Stock Publishers, 2011), xxvii.

<sup>111</sup> A study’s method or methods involves certain practices and techniques used by the researcher to gather, evaluate, and examine data.

<sup>112</sup> Sensing, 91.

## Intervention Design

Intervention design and techniques must fit specific ministerial problems or questions. In this study, the ministry problem addressed is the limited support and sometimes disregard of the spiritual and emotional crisis Bay Area/Central Valley/LA, California veterans undergo due to lack of effective care to their battered moral code. Some combat-related injuries such as moral injury and PTSD are not always visible to the eyes and could be difficult to address or treat. Such wounds in many cases, surface through emotional stress, fear, grief, guilt, anger, and shame. They could equally cause outward challenging stressors such as marital and relationship issues, loss of resources and social functioning, and generally deter or wreck the veteran's belief or understanding of his or her place in God and community. The goal of intervention is to change the course and to avoid this crisis.

To achieve change, the intervention should be designed with an understanding of the specific aspects of the problem being affected by the intervention as well as the apparatus or processes underlying its effects. Such an understanding is generated through the facilitation of a careful and systematic plan.<sup>113</sup> Thus, when the intervention of a study is mismanaged, the entire research study process and outcome will be in jeopardy, and the problem or question the study intends to address perhaps would continue. To explain how this DMIN intervention is designed, the paper will cover mixed method options, researcher roles, setting factors, and ethical considerations.

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<sup>113</sup> Bernadette Mazurek Melnyk, and Dianne Morrison-Beedy, *Intervention Research and Evidence-Based Quality Improvement, Second Edition: Designing, Conducting, Analyzing, and Funding* (New York, NY: Springer Publishing Company, 2018), 57.

## Mixed Methods Overview

In addressing the problem or question raised in this research project, this study will utilize both the qualitative and quantitative research methods of intervention.<sup>114</sup> The reason for Mixed Method Research (MMR) is to use each research methodology's strength to compensate for the other's weakness. For example, the helpful strengths of qualitative research methods in generating detailed, rich, valid, process data that normally keep participants' standpoints intact would compensate the limited conclusion and unfitting representation that could surface in quantitative research methods. Similarly, the strengths of quantitative research methods in producing factual, timesaving, dependable outcome data that are often easily generalizable to a larger population could compensate for the time-consuming, open-ended, and often statistically unrepresentative process of the qualitative research method.<sup>115</sup>

MMR combines qualitative and quantitative approaches to address specific research problems or questions. The methods can be combined at different phases in the research process including data collection, data analysis, and during the interpretation phase of research data. There are three different ways by which qualitative and quantitative data could be mixed. One way is through linking both methods (i.e., using one data type to build or shape the other), another way is through merging both methods (i.e., comparing results from both data types), and a third way is by inserting or embedding one data type result into the other.<sup>116</sup> This study will

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<sup>114</sup> Qualitative research approach explores and explicates the 'why' and 'how' of a particular matter. It simply explores the reasons and effect of specific phenomenon in a particular setting and how to properly address or understand the problem. Quantitative research quantifies or measures a particular phenomenon numerically and analytically

<sup>115</sup> Allan Steckler et al., "Toward Integrating Qualitative and Quantitative Methods: An Introduction," *Sage Journals* Vol. 19 Issue 1 (April 1, 1992): 1-43.

<sup>116</sup> O. Guerra-Santin et al., "Mixed Methods Approach to Determine Occupant's Behaviour – Analysis of Two Case Studies," *Energy and Buildings* Volume 130 (15 October 2016): 546-566.

mainly, but not exclusively, utilize the third form where quantitative elements will be embedded within the analysis of the qualitative data in an attempt to validate or clarify observations.<sup>117</sup>

In the framework of the intervention, observations create a sense of subjective and objective data. Subjective data could be thought of as the data expressed from the participant's point of view within the cause and effect of the exposure to morally injurious engagements that introduced symptoms and feelings that impact veterans' wellbeing.<sup>118</sup> Objective data on the other hand are ultimately drawn from observation of the veterans' responses that this researcher could measure and used in determining the best way to navigate the therapy process. Subjective and objective data were drawn to determine the negative effect of moral injury on Bay Area/Central Valley/LA veterans and how the effect has changed the veterans' perception of self, God, and others in the community. Veterans were given the opportunity to think about the predicaments they are experiencing due to wounds of the mind and moral stance and subsequently select options that best describe these challenges. Veterans were also provided a platform where they could discuss these issues and participate in Bible reading therapy that was intended to subjectively address the issues indicated in the objective data.

In as much as MMR is all-inclusive in theory, this research project strives to ensure that both the qualitative and quantitative data are collected concurrently.<sup>119</sup> The reason behind mixing the qualitative and quantitative methods in this study is to explore and explain how moral injury has affected veterans and what could be done to address the issue, and hopefully give individual participants a boost to experiencing peace and healing. For this reason, the research must place

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<sup>117</sup> Guerra-Santin et al., 546-566.

<sup>118</sup> Such symptoms include, but not limited to sorrow, grief, regret, shame, alienation, anger, depression, anxiety, insomnia, nightmares, and self-medication with alcohol or drug.

<sup>119</sup> Alan Bryman, "Integrating Quantitative and Qualitative Research: How is it Done?" *Sage Publication* Vol. 6(1) (2006): 97-113.

more priority on the qualitative aspect of the study intervention and embed the quantitative elements in qualitative features.

Utilizing qualitative research methods in answering questions and problems that impact a particular group of individuals in the society would expose, explore, and address the issues and their meanings to those individuals. Sensing puts it well:

Qualitative research systematically seeks answers to questions by examining various social settings and the individuals who inhabit these settings. Qualitative research is grounded in the social world of experience and seeks to make sense of lived experience. Qualitative researchers, then, are most interested in how humans arrange themselves and their settings and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures, social roles, and so forth. Denzin and Lincoln, describing qualitative research, state, Qualitative research is multi-method in focus, involving an interpretative, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials— case study; personal experience; introspection; life story; interviews; artifacts; cultural texts and productions; observational historical, interactional, and visual texts— that describe routine and problematic moments and meanings in individuals' lives.<sup>120</sup>

The use of a qualitative research procedure for this study would help encourage participants to share their encounters and experience in a group setting. This sharing, though, requires a human facilitator.

### Researcher Roles

Just as the overall methodology should fit the problem, the researcher, too, should match up with the methodology. So, in addition to explaining the general role of the researcher in MMR, this section will show that this specific researcher can fill that role. The researcher should have a military background, listening skills, first-hand experience in VA matters, and personal hope.

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<sup>120</sup> Sensing, 57.

Granting that the researcher plays the role of the therapist in this study intervention, the observation and interaction might practically appear somewhat ethnographic. The central goal is to produce and provide tangible, rich, authentic, and holistic insights from veterans' views, actions, and reactions to issues relating to moral injury. It would give the researcher firsthand insights into participants' interpretation of the problem and how best to navigate the study progressively. Only a Christian veteran and someone familiar with the issues at hand would have the insights and vocabulary for direct involvement and engagement in the study to see, hear, and document participants' views, actions, and reactions.<sup>121</sup>

The researcher, now a local U.S. Army veteran and a county hospital chaplain, served in the Middle East in 2015/2016 as a Senior Pastor/Chaplain. During the deployment, many soldiers requested spiritual and emotional support for challenges relating to symptoms of moral injury. On many occasions, this researcher and other behavioral health officers inclined the commander to approve soldiers' Release from Active Duty and send them home for further medical and psychological evaluation and treatment. Unfortunately, the trend continued after returning from deployment.

After the researcher's exit from title 10 active duty in 2016, more and more servicemembers and their families, especially those who demobilized with the researcher, continued to seek support for reintegration, marital issues, suicidal ideation, and strange behaviors comparable to the symptoms of moral injury. The researcher also noticed the same

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<sup>121</sup> Scott Reeves, Ayelet Kuper and Brian David Hodges, "Qualitative Research: Qualitative Research Methodologies: Ethnography," *BMJ: British Medical Journal* Vol. 337, No. 7668 (Aug. 30, 2008), 512-514. Newer developments in ethnographic inquiry include auto-ethnography, in which researchers' own thoughts and perspectives from their social interactions from the central element of a study<sup>8</sup>; meta-ethnography, in which qualitative research texts are analyzed and synthesized to empirically create new insights and knowledge<sup>9</sup>; and online (or virtual) ethnography, which extends traditional notions of ethnographic study from situated observation and face to face researcher-participant interaction to technologically-mediated interactions in online networks and communities.

trend among other veterans in the Bay Area/Central Valley/LA localities during veterans' group meetings.

Thus, participants in this study have either during military service or after service interacted and worked with the researcher. Although the researcher is a chaplain in the area, his role to participants and the setting prior to this study is simply secular and collegial. A notable bias or assumption the researcher brings to the study is the fact that he is familiar with all the study participants and has developed a level of passion for the topic. This passion makes it difficult for the researcher to see any help coming from the VA for veterans with moral injury irrespective of the VA's effort to reach out to PTSD veterans. He (the researcher) does have hope, like the Psalmist whose help came from the maker of heaven and earth.<sup>122</sup> There is hope, too, for these veterans who for far too long, "have become systematically desensitized to their pain and suffering."<sup>123</sup> Another critical predisposition with the researcher in this study stems from the fact that he himself experienced moral injury in the past due to service-connected issues and exposure.

A key for this intervention is to remind participants of their original place in God prior to their injury through narrative therapy.<sup>124</sup> Also important is carefully reintroducing them to the incidents or events that caused the moral injury in the first place through cognitive processing

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<sup>122</sup> Psalm 121:2

<sup>123</sup> Lt. Col. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York, NY: Back Bay Books / Little, Brown, and Company, 2009), 315.

<sup>124</sup> Narrative therapy is a type of psychotherapy that is geared toward helping individuals find their values and the skills related to these values. It gives people the platform and edge to understand their capability to live these values to address their issue effectively and efficiently. It is a means of using past experiences to tackle current predicaments.

therapy and guiding them to the path of hope and recovery.<sup>125</sup> This researcher has those skills and there is no doubt that he would be able to facilitate the session activities.

### Setting Factors

The methodology describes the instruments for gathering and looking at the various kinds of data. The researcher is the one analyzing the information whether objective or subjective. The setting then relates to the place and the people from whom the data is collected. While there are multiple ways that one could think through setting factors, for this paper the unifying motif was the sessions.

The setting for project intervention and data collection should be a non-judgmental and confidential virtual environment where veterans feel free to be themselves without fear of being mistreated, faulted, or castigated. While not perfect, the sessions were conducted online. For the sake of confidentiality, the researcher asked participants to ensure there was no one else watching or listening to the conversations/interactions during sessions. The Zoom link to the therapy sessions was emailed to participants in an encrypted confidential email. Ten veterans and retired servicemembers would participate in the sessions.

The following items were the procedure and duration for each session of the study:

1. Pre-Survey – 5 Minutes
2. Interview – 20 minutes
3. Therapy Group – 80 Minutes
4. Post-intervention Survey – 5 minutes
5. Exit Interview – 15 minutes

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<sup>125</sup> Cognitive Processing Therapy is a form of psychotherapy that emphasizes on guiding individuals who feel trapped in their thoughts about their trauma and mental crisis. It reintroduces and challenges participants to think about the incidents that caused their trauma and talk about them. Sometimes, the therapist would ask participants or patients to write down those thoughts and recite them numerous times.

In total there were five sessions.

A bi-weekly list of the five topics covered in the two-hour therapy group would include:

1. Narrative Stories of Moral Injury Experiences
2. Understanding the Will of God for You
3. Moral Injury in the Bible: King Saul and Judas Examples
4. Effect of Moral Injury on the Soul and Emotion of the Sufferer
5. Purification/Reintegration, Lament, Forgiveness, and Hope: The Path to Healing

A full outline of the sessions was included at the end of the paper as an appendix.

To meet the needs of participants and address the above study procedure, various resources/tools were systematized to ensure an effective intervention process. The researcher set up a series of survey questions on SurveyMonkey.com. This survey used the long-form version of the Moral Injury Symptom Scale-Military and a shorter ten-question version of instrument outlined by H. G. Koenig et al. in the journal article, *The Moral Injury Symptom Scale – Military Version*.<sup>126</sup> The researcher also gathered study materials including Bible, books, and journal articles that were directly relevant to the study outline.<sup>127</sup> The five intervention sessions and tasks of the project ran for ten weeks and explored the participants' understanding of self, God, and God's Word.

This first session should take just over two hours to complete. *Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members with Combat-Related*

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<sup>126</sup> H. G. Koenig et al., "The Moral Injury Symptom Scale – Military Version," *Journal of Religion and Health* (February 2018), pp 57, 249-265.

<sup>127</sup> Books and articles such as *Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members with Combat-Related Psychological Stress Injuries* by Matt J. Gray Et al; *Exploring Moral Injury in Sacred Texts* by Joseph McDonald; *Moral Injury and the Interdisciplinary Study of the Biblical War Texts* by Brad E. Kelle; *The Bible and Moral Injury* by Brad E. Kelle; and *Postwar Rituals of Return and Reintegration* by Brad E. Kelle.

*Psychological Stress Injuries* by Matt J. Gray Et al and *Exploring Moral Injury in Sacred Texts* by Joseph McDonald are the learning resources for the session. The researcher will check in on participants at the end of the session.

There will be additional reading and reflecting on the Gospel of John 10:10; Jer 29:11; 1 Tim 2:3-4; Heb 10:36; 13:20-21; Jas 1:5; and 1 Pet 2:15 to prepare for the next therapy session. Participant veterans will also be advised to ponder upon some of the first session's activities and objectives, especially as it relates to the causal incidents and their consequences. The prep will be designed to help participants dig out those hurtful memories and maybe see the need to begin to share their burdens with others around them.<sup>128</sup>

In the third week of the session (i.e., the second Bible-reading therapy session), the group will explore and expound on their understanding of God's will for their lives. The group will use Biblical principles to compare the presupposition of their purpose in life. This session will be a thorough study and reflection of relevant scriptures such as of John 10:10; Jer 29:11; 1 Tim 2:3-4; Heb 10:36; 13:20-21; Jas 1:5; and 1 Pet 2:15. Participant veterans should read these passages aloud and verbalize their understanding of the texts.

At the end of the session, the researcher will check in on the participant veterans to confirm whether the process is helping them so far and to offer words of encouragement. The researcher will also announce homework readings in preparation for the next class. At this phase of the intervention, the researcher will place more emphasis on one of the key articles (i.e., *Moral Injury and the Interdisciplinary Study of the Biblical War Texts* by Brad E. Kelle) in the study.

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<sup>128</sup> This practice is in connection to biblical principles and in conjunction with Paul's admonition to the Galatians (in Galatians 6:2) to "carry each other's burdens..."

The fifth week of the sessions or third Bible-reading therapy session will cover another crucial aspect of the study intervention. In this session, the group will explore some of the examples of moral injury in the Bible with emphasis on King Saul and Judas' moral injury examples. As the group explores, discusses, and reflects on biblical stories and examples of the effect of moral injury, they will relay the examples to their own individual experiences and discuss how the interpretation of the biblical warfare texts could help lay the foundation for hope and healing. Bible passages such as 1 Sam 9-31; Matt 10:1; Matt 26: 14; Matt 26:49; and Matt 27:3 will serve as a guide in this study process.

After routine check-in with participants, the researcher will ask veterans to read Lam 3:1-30; 1 Sam 15:10-35; Matt 27:1-10; and Ps 22 in preparation for the next session in two weeks' time. The researcher will also give interested veterans the opportunity to discuss other issues or questions they might have so far as it relates to the study procedure and discussions.

Week seven of the intervention process will cover the fourth Bible-reading therapy and will be more symptom-centric. The group can discuss some of the symptoms that they are experiencing in contrast or in connection to some of the feelings and symptoms exemplified in the Bible. Again, following group reassessment the researcher will encourage participants to read a journal article on *Postwar Rituals of Return and Reintegration* by Brad E. Kelle and Chapter 5 of *The Bible and Moral Injury* by Brad E. Kelle before the next therapy session in preparation for the next session in two weeks.

The final session will be of immense importance to the overall intervention process because it will answer the existential 'so what' question of the Bible-reading premise and points the veterans on a path to applied recovery. Participants will explore the possible hints of postwar purification/rituals as found in the scriptures. They also will compare the biblical stories of

demobilization, return, and reintegration to their own stories.<sup>129</sup> The researcher will use the rest of the therapy time to check in on how everyone is feeling and some helpful factors and concepts the participants were able to draw from the sessions. The researcher will contact participants in the tenth week and affirm or confirm if they are experiencing any changes, whether positive or negative, in their daily lives. The researcher will also give the participant the opportunity to voice any concerns they might have from participating in the group study.

### Ethical Considerations

The researcher took into consideration some of the universal ethical issues that could arise in studies that use human participants. The most prominent ethical values that could surface include beneficence (doing good), non-maleficence (avoiding or modifying harm), fidelity, trust, personal dignity, autonomy, privacy, and medical support. These and other ethical considerations are addressed by an extensive regulatory structure pertaining to human participants research study.<sup>130</sup>

Before the sessions could be conducted, the plan was submitted to and approved by the Liberty University DMIN Institutional Review Board (IRB).<sup>131</sup> Human subject researchers such as Marshall K. Kapp affirmed:

Research to which the Common Rule or FDA regulations, or both, apply must be reviewed and approved initially by an institutional review board (IRB) recognized by the federal Office of Human Research Protections (OHRP) within the Office of the Secretary, DHHS. The research activity is then subject to continuing IRB oversight and at least annual reapproval thereafter. To approve (and renew approval for) a protocol, the IRB must determine that each of the following requirements is satisfied: (1) Physical and psychological risks to subjects are

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<sup>129</sup> Bible stories of post-war rituals and battle-instigated cathartic practices are outlined in various OT and NT scriptures. Some of the examples include Num 31; Josh 22; Gen 14:17-24; Deut 21:10-14; Judg 11; 1 Pet 4:12-14; 5:6-11; Prov 18:14; Lam 3:31-66; Rom 8:1; John 8:32; Ps 38; 107:13-16; 147:3; Isa 51:12-15; and Rom 12:2.

<sup>130</sup> Marshall B. Kapp, "Ethical and Legal Issues in Research Involving Human Subjects: Do You want a Piece of Me?" *Journal of Clinical Pathology* 56(4) (April 2006), 335-339.

<sup>131</sup> See Appendix "A" for IRB approval.

minimized. (2) Physical and psychological risks to subjects are reasonable in relation to anticipated benefits to those subjects and to the importance of the general knowledge that may reasonably be expected to result. (3) Selection of subjects is equitable. (4) Informed consent will be obtained, including at least the following items being communicated to potential participants or their authorized surrogates: purposes of the research, its expected duration, and the nature of any interventions/experiments; anticipated risks and benefits of participation and the reasonable alternatives to participation in the research protocol; confidentiality provisions relating to the research records; any compensation and/or treatment available for research related injuries; the right to not participate and to discontinue participation at any time without penalty. (5) Informed consent will be documented appropriately.<sup>132</sup>

The IRB project information, participant information, recruitment process, consent forms, project procedures, data security, and the risks and benefits of the project followed standard practices during the study, avoiding routine problems.

The researcher protected data collected in this study by using fake names during and after interviews, using private settings when calling or interviewing participants, storing data in secure places, storing data in a password-locked computer, and storing documents in locked filing cabinets where only the researcher will have access to the data. After three years of storing data in a password-locked computer and locked filing cabinets, the researcher will delete data from the computer and the papers will be shredded.

Furthermore, the study will use standardized procedures to analyze the data. These practices will include online surveys, interviews, observations, and groups meetings on data collection and analysis.<sup>133</sup> The research study will include the use of a theme that would come

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<sup>132</sup> Ibid.

<sup>133</sup> Roger Bakeman, *Sequential Analysis and Observational Methods for the Behavioral Sciences* (New York, NY: Cambridge University Press, 2011), 4. Typically, but not necessarily, observational methods are used for measuring outcomes for both experimental and correlational studies. Observational variables often detail how much or how often some behavior occurred or whether behaviors were contingent. The process adopted in this research project resembles Bakeman's sequential observation pattern. The researcher not only observed the participants' participation during the sessions but also, the (experimental) progression of how well the study participants are responding to the study intervention.

from already-agreed-upon specialized definitions, from local common-sense ideas, and from this researchers' ideals, theoretical orientation, and personal experience with the issues raised during the study. The data and resulting analysis will be analyzed, defended/presented, and published. Findings from this research study will be made available to the Sergeant Major Association of California and Veterans Affairs Hospitals and Clinics in the Bay Area/Central Valley and LA localities. This kind of member checking will ensure transparency.

Personal aspects of this study were confidential.<sup>134</sup> Participants' names or identities could not be construed from the raw data and other individuals. In the same way, readers would not be able to identify a subject based on other information (i.e., title, position, sex, etc.) in the raw data. Again, the researcher intends to strategically implement confidentiality through pseudonyms during data collection and in any publication of data in the bid to conceal participants' identities. Thus, participants in this research can rest assured that data collected from them and used for the formation of this project will not threaten their position. Data collection and storage will be designed for the best interest and benefit of participants.

Furthermore, participants will directly benefit from this study by becoming more acquainted with the issues of moral injury, understanding how to cope and manage moral injury symptoms, and starting a process of healing that would help them in regaining peace, faith, and trust in God, self, and others. Collectively, this study will also benefit society by cultivating a basis for further study into the impact and treatment of moral injury, unveiling the need for better and exclusive support and treatment to veterans with moral injury, and presenting workable therapy that would benefit the society at large.

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<sup>134</sup> Confidentiality means that the researcher can identify participants and link them to their data, but the researcher will not reveal participant identities to anyone outside of the study.

There are no major anticipated risks to the participants in this research study. One psychological or emotional risk could stem from reintroducing or guiding participant veterans to the issues that caused their moral injury in the first place. Such exposure could trigger some emotional trauma, stress, and other symptoms of moral injury and behavioral health issues. If a participant experiences distress during the study, the researcher would follow up with the participant after the session and make referrals for additional support if needed.

On that backdrop, the benefits involved in this study outweigh the risks. Therefore, this study is worth doing, even with minimal risks. It would open a new perspective in identifying, addressing, and treating veterans with moral injury and give veterans the edge to receive better support and benefits from the Veterans Administration and others in the community.

With the problem explained and the resources reviewed, the time came for an intervention to be designed. The design should be focused on creating change that can be observed and noted. For this task, the MMR approach was taken, and a plan was made. The researcher would facilitate five sessions with ten veterans through an online format for ten weeks to cover a spectrum of topics and experiences. The practices and procedures were approved by the IRB and would be standardly understood by other caregivers. In the end, the design presented a low-risk high-reward proposition to the participants.

### **Implementation of the Intervention Design**

The next step after planning is implementing the intervention design. This researcher followed the proposed plan, but there were dynamic elements to the process. Rather than repeating information about the design's schedule or topic order which were fixed, this segment of the paper will focus on two dynamic parts of the research. The first is data triangulation and the other is sequential analysis.

## Data Triangulation

Data triangulation is similar to the idea of trigonometry triangulation in math where one can find a fixed point based on its reference to other points. The use of data triangulation in this context is the proverbial nuts and bolts that bind the research translation to the actual intervention. The principle is embodied in the formula: The use of research method one (quantitative research method) plus the use of method two (qualitative research method) equals confirmation of the result.

Although this study uses mixed methods, priority is given to the use of qualitative methods. The qualitative style connects participants of the research study to the research setting, the research agenda, the research questions. In this way, the researcher can construct reports that guide the formation and confirmation of the result.<sup>135</sup> The approach is more profitable for the group of people for whom the research project was conducted in the first place.

This dynamic approach would give veterans the needed opportunity to present and process their long-ignored concerns as it relates to challenges of moral injury. Donna M. Mertens and Sharlene Hesse-Biber noted a similar progression in their community-based research. In their words, “as more calls for authentic representation and involvement come from communities previously excluded from the decision-making process, mixed methods researchers will need to explore with these communities how they can be more responsive to their interests.”<sup>136</sup>

For one to utilize the full effect of MMR and draw a more comprehensive understanding of the issue studied, data triangulation in the mixture or translation of qualitative and quantitative

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<sup>135</sup> Donna M. Mertens and Sharlene Hesse-Biber, “Triangulation and Mixed Methods Research: Provocative Positions,” *Journal of Mixed methods Research* Vol. 6, Issue 2 (May 8, 2012), 1. Merten and Hesse-Biber maintain that mixed methods would be strengthened by privileging the qualitative portion of the study and expanding the use of member checks and respondent validation as tools for triangulating quantitative and qualitative data.

<sup>136</sup> Ibid.

data becomes paramount. As a social, spiritual, and psychological issue that affect veterans' functionality in their communities, moral injury requires a level of data triangulation that integrates both the quantitative and qualitative data to test the pattern/design and hypothesis of the topic studied. Biologically, humans have depth perception because their vision uses two eyes. In research, having two types of data to use for triangulation gives similar results.

Qualitative data in this instance could be quantified by collecting and compiling responses, reactions, and reflections of participants/veterans to show the debilitating impact of moral injury on their daily lives and how effective Bible reading could be in reintroducing them to their God, their community, and helping them become the best version of themselves. These data could be measured and formed into a guiding statistic to help guide the Veterans Administration and other veteran organizations, such as the Sergeant Major Association of California, in their decision-making process and policy. Accordingly, those who sacrificially served the United States of America will benefit from a proven method of tackling moral injury and its symptoms.

Quantitative data, then, could be 'qualified' by using veterans' answers to their initial survey and interviews to direct the current of the intervention content and utilizing their post-intervention survey responses and exit interviews to shape proceeding Bible reading therapy sessions when adopted and practiced by other therapists, chaplains, and behavioral specialists/officers. This dynamic process will give participants the edge to decide and own the ways by which their challenges are best addressed. It will also pave the way for the group to have benefit and ownership in the interpretation and supposition of what works or what does not work for their issues. Thus, triangulation is the justifying operation of the mixed-method approach in this study.

While there are general benefits of data triangulation in this study, there are corresponding limitations to the extent to which data collected from the study could serve as an acceptable measuring tool for veterans across the nation. For instance, the target participants in this study are mostly of the male gender, and these men would be the ones to have ownership of or make contributions to the study product that would hopefully shape the future of veterans with moral injury. This lack of gender diversity in the study group has the potential to exclude some female servicemembers and veterans and cost them their well-deserved rights for spiritual/emotional support.

Mertens and Hesse-Biber emphasize the importance of gender diversification or including both genders, especially females, in studies that are geared toward enriching the lives of both men and women in the community. They stress the importance of being aware of relevant dimensions of diversity in the communities in which one conducts research study:

Inclusion of women may be challenging in some cultures in which they are relegated to lower status. The challenge may even be greater for women from particular social groups who are stigmatized in a society, such as those from a particular tribe or caste. A feminist approach to mixed methods praxis provides the opportunity for the voices of those who have been marginalized to be brought into conversation with data collected by other means. In this approach, neither quantitative nor qualitative data are privileged. Both are accorded legitimacy and different perspectives are brought to bear on interpreting each source of data. In this way, subjugated knowledges can be made visible and used to interpret the data collected by other means with the goal of promoting social justice and social transformation on behalf of women and other marginalized groups.<sup>137</sup>

Similarly, when a study focuses only on the male gender in a community or organization that has a growing number of women, the triangulation outcome might not work well or work differently for women in the same community because there was no female contributor in either the quantitative or qualitative data collection, assessment, or interpretation. However, this researcher

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<sup>137</sup> Mertens and Sharlene Hesse-Biber.

hopes that the product of this research project would promote further studies that would include more female veterans. He also believes that the male to female ratio of this study is not inconsistent with the ratio of injured combatants at large.

### Sequential Analysis

The sequence for data collection of the study would follow its data triangulation pattern. It would blend the quantitative and qualitative methods of data collection by using both methods concurrently and alternating them to fit specific purposes in the study. When the quantitative and qualitative methods are included as tools for gathering information that corresponds to each other, they can be used dynamically at different parts of the study.

The sequential data gathering or data collection of the study would follow a specific pattern (i.e., an initial quantitative data gathering/collection followed by an in-depth qualitative data gathering/collection via therapy sessions and intervention and then, coated with quantitative data collection – that verifies the effect of the Bible reading therapy). The researcher chose this sequence formation to capture the thoughts and feelings of the participants both theoretically and practically and utilize preceding data collection findings as a guiding course in building the next step of the study and molding the overarching study progression.

Also, this researcher was inspired by the biblical example of God's creative process. Gen 1:2 says, "Now the earth was formless and empty, darkness was over the surface of the deep, and the Spirit of God was hovering over the waters."<sup>138</sup> God spoke into the darkness and made light, air, dry ground, and plants in the first three days of creation. God could not create mankind first because humanity needed all these things to survive. When man and woman were made on the

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<sup>138</sup> Genesis 1:2, NIV.

sixth day, everything they needed was already in place.<sup>139</sup> Every data collected in the process of this study will in one way or the other help in the creation or development of the succeeding system. Ultimately, the completed project could result in future research on the subject and could become the first part of that new sequence.

Data collection in this research project will begin as early as the initial screening interview stage of the project (after IRB application approval, location permission request approval, distribution of research flyer, and phone calls and follow-up phone calls between the researcher and potential participants). Data collection during screening interviews would focus on the veterans' understanding of and experiences with moral injury, how moral injury has impacted their lives, and what they would want to gain out of such a study. It would cover questions and issues relating to veterans' understanding of moral injury, incidents that caused their moral injury, their current relationship with God, the symptoms they are experiencing or have felt since exposure, and the types of support they are receiving for management and treatment of moral injury if any.

The next data collection avenue in this research study will be the survey/questionnaire that participants would complete on SurveyMonkey.com. This process will occur after participants have signed their individual consent forms. The process will be used to identify and collect participants' data regarding their thoughts, feelings, knowledge, and reactions to the issues of moral injury in conjunction with their communities, their God, and self.

The survey would include questions on whether the veteran is feeling unease or distressed due to incidents that crushed their deeply held moral beliefs and expectations, whether

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<sup>139</sup> Genesis 1:26 says, "Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground."

they often feel afraid, ashamed, guilty, angry, hopeless, doubtful, lonely, depressed, socially isolated, or abandoned by God, and whether their moral injury-related distresses and symptoms have negatively affected their relationship with God, their families, and others around them. The survey/questionnaire would also explore whether participants feel unloved, unwanted, isolated, and abandoned by their church community and God, the frequency of their moral injury-related conversations and therapy, whether they feel forgiven for what they did wrong during service, whether they feel there is meaning, goodness or purpose in life, and whether they feel that their symptoms have deprived them of good life and happiness.

Data collected from the surveys and interviews would guide the researcher on the nature and outlook of the five Bible reading therapy sessions that would take about ten weeks to complete. Data collection during the first part of the intervention process would include participants' discussions and reflections on incidents that caused their moral injury, including reflection on the reason why such incidents resulted in the violation of their core moral convictions. In the bid to draw these data from participants, the researcher would ask the following questions:

1. In thinking back over your deployment and military experience, what experience or incident did you experience that caused the violation of your core moral belief?
2. Why do you think this occurrence damaged your core moral conviction?
3. How has the violation of your core moral belief impacted your daily life?
4. Do you feel that your trust for and relationship with God, self, and others have been impacted by moral injury?

Data collection during the second session of the Bible reading therapy and intervention would capitalize on exploring veterans' stand and perception of the will of God for their lives in comparison to biblical principles on the will of God for them. The researcher would pose the

following questions to invite participants to share their feelings and understanding of God's will over their lives:

1. How would you describe the will of God for you prior to moral injury and now?
2. How have the moral injury challenges changed your understanding of God's will for you?
3. How would you explain or interpret the text we just read?
4. How can you embrace God's promises and will for your life?

In the third session, the researcher would focus on data collection from veterans' reactions, responses, and exploration of the biblical stories that narrate the effect of moral injury on the sufferers. This session would relay the story of King Saul in the Old Testament and Judas in the New Testament to the feelings of the study participants and how these biblical stories could lay the foundation for hope and healing among participants. Using the following questions, the researcher would invite participants to connect with the passages and reflect on the meanings behind the text:

1. How have these Bible passages informed or ministered to you especially?
2. How can you relate these passages and stories to what you have experienced or still experience?
3. What messages of hope could you draw from these biblical examples of moral injury?
4. What other lessons can you take from the texts?

Data collection in the fourth Bible reading therapy session would focus on reintroducing the feelings and reactions/symptoms associated with moral injury that participants have experienced. It would also explore some of the examples of the feelings associated with moral injury, as outlined in the Living Bible. The group would dialogue the following questions:

1. How have you changed since you started experiencing moral injury?
2. What symptoms have you experienced since the onset of the moral injury?
3. What were your reactions to these symptoms?
4. How can you relate these symptoms to the biblical examples we just read?

In the fifth and last session, the researcher would collect data from participants' exploration of postwar purification/rituals of demobilization, return, and reintegration in the Bible and compare those stories to their own reintegration rituals after deployment. The researcher would ask the following questions to draw participants' attention to the incontrovertible need of biblically backed reintegration practices (including self-care, communication, and forgiveness to self and others) after deployment:

1. Did you go through reintegration courses during demobilization before or after returning to the States, following deployment?
2. What other self-care or ritual did you undertake after deployment? How would you compare these biblical examples of reintegration/ritual to what you practiced? Are there principles from the Bible you believe would have been helpful to integrate when you returned from deployment?
3. How have you shared your moral injury experiences with others? Are you able to talk about these experiences?
4. How have the texts we just read minister to your soul? As a believer in Christ's atonement, how can you relate to the forgiveness of sins that God freely gave us through the death, resurrection, and ascension of our Lord and Savior Jesus Christ?

Data collection from the above-listed therapy procedure would serve as a building block to the final testing or survey progression. Also, each session's data would guide the researcher on

how to approach the next session, even up to the post-intervention survey. The overarching goal of this data collection will be to form a practicable and realistic inference based on the study evidence. This evidence in turn would give momentum to morally injured veterans left behind or alone in their struggles to cope with their challenges and begin a healing process; it could also pave the way for further research and more interventions that would help morally/ethically wounded veterans.

This study places great emphasis on data collection and analysis for the purpose of achieving the goals listed in chapter one. These data will be analyzed by employing both inductive and deductive reasoning.<sup>140</sup> For the purpose of achieving the above-stated goals, inductive and deductive reasoning will serve together concurrently as directors in the attainment of meaningful analysis and findings that would help boost the quality of life among wounded veterans.<sup>141</sup>

Like most research that deals with the community or tries to solve problems in society, a combination of the inductive and deductive data analysis approach is necessary. It is somewhat unbending to consider investigating human feelings, thoughts, and actions either wholly inductively or wholly deductively. Engaging in strictly inductive research without having any predisposition to the topic could cause some unwanted calamities and confusion in the study methodology.<sup>142</sup> Using only deductive research might be applicable in formal fields such as logic

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<sup>140</sup> Daniel Krawczyk, *Reasoning* (London, England: Academic Press, 2018). When we think of deductive logic, we are typically asked to consider premises and then draw a conclusion that follows from those premises. Inductive reasoning, on the other hand, evolves to accommodate our growing abilities to assess similarity and apply our knowledge to make fresh and sound inferences.

<sup>141</sup> The major difference between deductive and inductive reasoning is that deductive reasoning places more emphasis on testing models that are already studied while inductive reasoning aims to create/engender and develop fresh theories.

and mathematics, but it is inadequate for socially connected research projects that involve people in places. Both the induction and deduction of collected data are necessary tools for solving such communal problems. Although this mixed-method study utilizes inductive and deductive reasoning for its data analysis, more emphasis will be given to the inductive approach, just as the qualitative research methods mentioned earlier in this chapter. The reason for this decision is because of the nature of the phenomena studied and the necessity to create fresh theories in addressing moral injury biblically and spiritually.<sup>143</sup>

Analysis of data collected from phone interviews with participants is developed from the researcher's written notes that were reread/rechecked and examined to draw out its relevancy to the overall study objectives and goal. The researcher also used online resources (i.e., SurveyMonkey.com) to collect and analyze participants' responses. Similarly, analysis of data collected from the research survey questions would give the researcher the idea of where participants are in the spectrum and how best to approach them therapeutically in the study to provide positive outcomes during study intervention and post-intervention survey.

During the pre-intervention phase of the survey, for example, the deductive analysis shows that the majority of the participants/veterans felt troubled for acting in ways that violated their own morals or values.<sup>144</sup> Survey analysis also shows that most participants feel that their moral injury challenges and symptoms have deprived them of good life and happiness<sup>145</sup> which

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<sup>142</sup> W. Vogt et al, *Selecting the Right Analyses for Your Data Quantitative, Qualitative, and Mixed Methods* (New York, NY: Guilford Press, 2014), Part 3. Retrieved from R2 Digital Library. <https://www-r2library-com.ezproxy.liberty.edu/Resource/Title/1462515762>.

<sup>143</sup> Ibid.

<sup>144</sup> The data is broken down/analyzed with the outcome that 50% of the participants strongly agreed that they feel distressed; 20% agreed, and 30% somewhat agreed.

makes it difficult to forgive those who betrayed them or contributed to or generated the event that crushed their deeply held moral belief.<sup>146</sup>

The researcher used online resources coupled with his own interpretation of each data to analyze participants' responses. This interpretation equally serves as a prop for subsequent analysis, such as the analysis of jotted responses and reactions of the actual Bible reading therapy. Through active listening, the researcher would pay attention to participants' responses and reactions, write down notes in respect to participants' responses and reactions, interpret and analyze their responses inductively, and utilize them for study conclusion/findings.

This study follows the data analysis pattern suggested by W. Vogt et al for a mixed study. Thus, inductive approaches in the study allow the data to lead to the emergence of ideas or concepts while deductive methods allow the concept to lead to the definition of pertinent data that need to be collected.<sup>147</sup> Although there are times during the study when the inductive approach of reasoning and data analysis would be used in the quantitative aspect of the study, the original pattern would be mostly deductive/quantitative to inductive/qualitative.

### **Summary**

In summary, the chapter started with the notion that DMin projects used intervention and that intervention was intended to create change. Without a proper plan, though, the intervention could go off course and leave the study with no valid results. So, an MMR design was proposed

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<sup>145</sup> Data analysis shows that 50% of the participants said they strongly agreed that their moral injury challenges and symptoms have deprived them of good life and happiness; 10% said they agreed; 20% said they somewhat agreed, and 10% said they neither agreed nor disagreed.

<sup>146</sup> Analysis of data collected via SurveyMonkey.com also indicates that 30% of the participants strongly agreed that they have not forgiven those who generated the event that crushed their deeply held moral belief; 20% said they agreed, and 40% said they somewhat agreed.

<sup>147</sup> W. Vogt et al, *Selecting the Right Analyses for Your Data Quantitative, Qualitative, and Mixed Methods* (New York, NY: Guilford Press, 2014), Part 3. Retrieved from R2 Digital Library. <https://www-r2library-com.ezproxy.liberty.edu/Resource/Title/1462515762>.

that matched the methodology, the problem, the researcher, the participants, and the setting. Just as any research project that involves human participation, this study was guided by certain universal ethical principles such as the principle of doing good, the principle of avoiding or modifying harm, the principle of maintaining trust among participation and researcher, and ensuring that personal information and data collected from participants are kept safe and private. The chapter finished with the proviso that to implement this plan, these data would be analyzed by means of inductive and deductive reasoning. Concepts could be looked at from more than one point of view. Some of the material would be more subjective in nature while other parts were more objective, but all the data could be compared and triangulated. The process would be dynamic and require interaction with various individuals over multiple weeks. Both surveys and interviews would allow sharing and clarifying. Each activity would lead sequentially to the next. Ultimately, having a reliable process would lead to valid results.

## **Chapter 4**

### **Results**

The use of Bible-reading therapy to address the issues and symptoms of moral injury on participant veterans in this study had its challenges, but it was, all in all, a successful and life-changing process. This chapter will detail how effective or impactful the intervention process/analysis outlined in chapter three was to the participants. It will report firsthand the effect of Bible reading therapy on individual participants, their response to therapy, the systematic guidance of the researcher, and the final product of the interposition in the lives and wellbeing of the receptors (i.e., the study participants). For this chapter, the results will be organized chronologically by sessions and topically by findings.

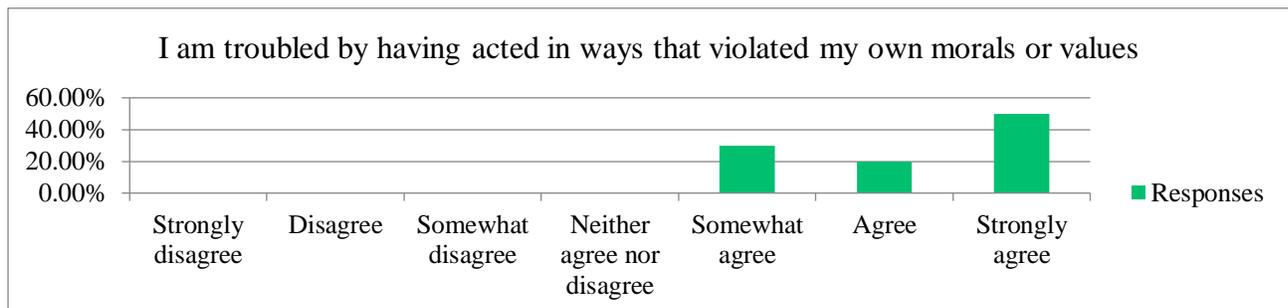
### **Sessions**

As stated in chapter three, the focal point of the therapy sessions was to provide a platform for the participants (emotionally) to voice their deep struggles, (spiritually) to guide them toward their original place in God, (psychologically) to reintroduce them to incidents that caused their moral injury, and (practically) to guide them in their healing path. The 10 weeks of sessions, session observation protocol, tests/surveys, and exit interviews were designed to present a non-judgmental environment that would help give participant veterans the opportunity to name their feelings and the reasons behind such feelings, use the Bible to tackle the symptoms associated with moral injury and help them cultivate a healing pattern in their daily lives. Each therapy session addressed specific facets of the phenomena.

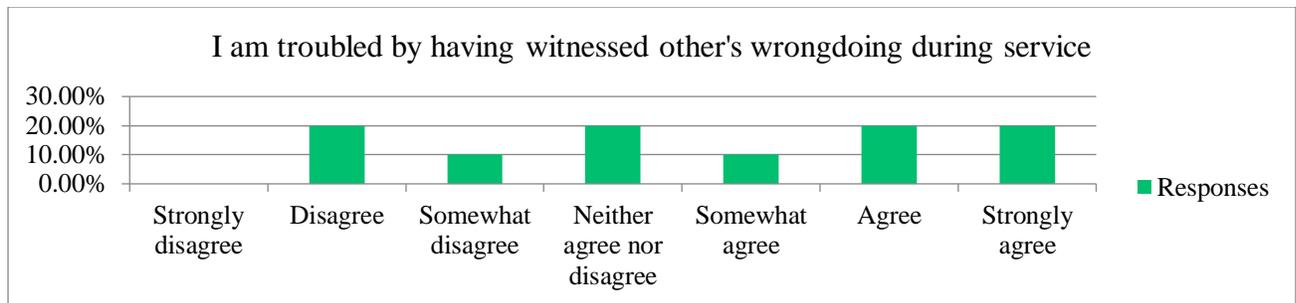
## Therapy Session One: Narrative Stories of Moral Injury Experiences

The Bible reading therapy session one was the most challenging yet interestingly heartening for the participants. This session took place on August 1, 2021. The session was virtual and began at 5:00 pm pacific time with a prayer, a quick introduction of the study, and a review of the entire study outline and purpose by the researcher. A total of 10 participants (eight male and two female) were present during the session. Participants' names were changed prior to the session and the researcher addressed each veteran with their pseudonym/false names. Session one was intended to address participants' moral concern symptoms.<sup>148</sup>

The researcher described the objective of the session, the meaning of adaptive disclosure, and how best to manage the symptoms of moral injury through narrative history. The researcher then encouraged participants to begin sharing their experiences. The following answers/responses were collected from participants and analyzed during the pre-intervention survey of the study:



<sup>148</sup> The moral concern symptom was part of the pre-intervention and post-intervention survey questions given to individual participant. Question 9 of the survey and question 18 of the survey show the effect of the symptom on participants.



The first participant to talk about an incident that he thought, damaged his moral code was a U.S. Marine and U.S. Army veteran. According to the participant, during his deployment to Afghanistan where he served as one of the leaders, he witnessed a lower-ranked soldier being mistreated and manhandled by his chain of command. He approached the person mistreating the soldier and asked him to show some mercy on one of their own. The other leaders/command turned on him and criticized/scolded him for the duration of the tour for trying to stand up for someone they should be protecting, in the first place. This somehow stuck with him and caused him to question the ethics of some of the leaders in his battalion. It also caused him to view most military leaders as ruthless bullies to their subordinates.

The second participant to respond was a U.S. Army veteran who, according to her, was always willing to help in her battalion and sometimes, outside her battalion. During her early years in the Army, she volunteered to help a medical unit and was morally dented by an older Sergeant First Class whom she trusted and saw as a role model. At a time when they were training together, the older soldier put his hands in her shirt and debased her.

The participant became demoralized over the unwelcoming act and reported it to the company First Sergeant. The First Sergeant asked her to relive the moment and show him how far the older soldier's hand went as he tried to stick his own hands in her shirt. Astounded, the participant refused. The First Sergeant then asked the participant not to mention what happened to anyone else because he wouldn't want the older soldier to lose his retirement.

The participant became emotional as she described her encounter with the First Sergeant. This incident caused her to lose trust in male leaders in the Army. From that moment on, she found it extremely challenging to work on the same project with other men. She resultantly sought help/therapy following the incident but still struggles to trust male soldiers and Non-Commissioned Officers (NCO) in particular.

The third participant that attempted to share was a U.S. Army and U.S. Marine veteran. However, he was unable to proceed because he was too emotional and tearful. The researcher intervened and encouraged him, giving him the control to decide whether to continue or wait for another time. The participant responded that he would pass.

Following the meeting, the researcher reached out to the participant, provided pastoral counseling, and addressed other spiritual/emotional needs of the participant. The participant further explained that the thought of his experiences, especially during deployment to Iraq, still haunt him and make it traumatizing to share. The only time this participant narrated the incident that caused his moral injury was during the interview process. Thus, the researcher used information gathered from the interview to complement the participant's inability to narrate his experiences in this session.<sup>149</sup>

During the interview, the participant said he worked with a toxic officer who constantly mistreated him. The officer also ridiculed his prior deployment experience where they received multiple trikes/bombs in the camp. The participant said the incident injured his mind but did not stop him from signing up for more tours in the Middle East. However, during his last deployment, the participant worked with an officer who mistreated him and made fun of his past

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<sup>149</sup> This is an example of the benefit of mixed methods approach explained in chapter three. The reason for the mixed methods approach is to use each research method's strength to compensate the other's weakness. In this instance, the bountiful data collected from the interviews was used to compensate for the lack of or limited data in the session.

combat experiences, claiming that the participant was not in the bombed area because those who were there either died or sustained serious injury. The officer called him names and made him look weak for claiming to have gone through a process without showing physical injury to support the claim.

The fourth person to narrate his deployment experience that injured his moral belief was an Army veteran. The participant said he worked with an NCO who did not have his best interest at heart during their deployment to Iraq and Kuwait. According to the participant, the NCO made life miserable for him and caused him to have a stressful and traumatic deployment experience.

The participant did not share exactly what the NCO did to him during deployment; however, he was afraid of showing up to work every day in fear of what the NCO would do to him. At a point, the participant convinced himself that he was a horrible person to be treated that horribly. He became ashamed of himself. He felt worthless and unworthy of being in service or even being alive. Because the participant could not handle the pressure and stress, he thought of ending his life and later decided to return to the States halfway through deployment.

Next was a Desert Storm Era veteran who served for both the U.S. Marine and U.S. Army. During his time in combat, the participant said he was asked to do things that go against God's principles, such as killing others. The participant said he gave in because he was ordered to do so. He further maintained that he would have preferred to arrest the enemy as opposed to killing them. Nonetheless, he killed them because he was told to do it.

This participant is a Christian whose dedication to living a Christlike life of peace and love counteracts his commitment to serve his country: It was extremely painful mentally to juggle the two. During his deployment to the Middle East in the 90s, he was constantly placed on missions that involved killing enemy troops which caused him to feel guilty as if he was cut off

from his faith/belief system. These feelings lingered even after his return to the States and consequently dented his relationship with his family and his God.

The next participant to share was an Army veteran. As a Seventh Day Adventist whose day of worship is on Saturdays, this participant felt completely disconnected from his God and his spiritual life during their deployment to Iraq and Kuwait. His boss made him go against his belief and restricted him from going to church. Secondly, the participant said he had a difficult time training to kill another human being. He stated that the worst part of the process was to take peoples' lives during the mission. He also affirmed that it was not as easy as it looked on television especially when your religion promotes love and peace instead of hate, anger, and killing.

The next participant to share the experiences he believed violated his moral code was an Army veteran. This participant was discreet and short in his narration. The participant said he, unfortunately, worked on a mission with someone without ethics. In the process, rules were bent, bribery occurred, and people's lives were put at risk. The participant said that the incident still haunted him.

Next to share her morally injurious experiences during her service was an Air Force veteran. The participant said she has always tried not to talk about her issues but feels it's time to begin sharing them with others. For months, her supervisor gave her a hard time. The supervisor wanted to have a relationship with her, but she declined. Later, though, she gave in after much pressure and threats. She told her husband about the predicament, but he was not supportive. However, the participant admitted that she did not tell her husband she had given in initially. When her husband found out that she was in a relationship with her supervisor, he filed for

divorce. This participant believes that her involvement with her then supervisor, broke her marriage/her family, ruined her life, and injured her moral code.

The last two participant veterans, like the seventh participant, were very short and succinct in their narration, with familiar experiences. Both participants are Marine veterans who deployed together and served in the same unit. They believed that their belief system of love and peace as Christians, go against their practices in the military. They felt and still feel guilty for taking the lives of other people who were made in the image of God and for whom Christ died.

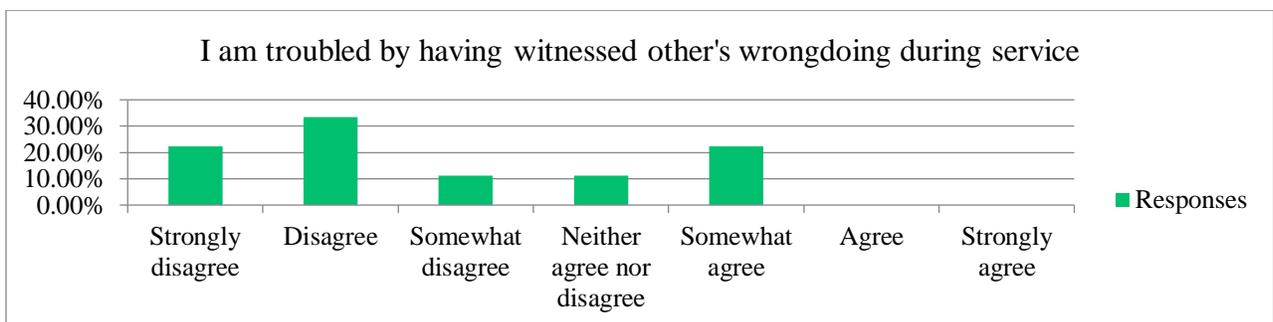
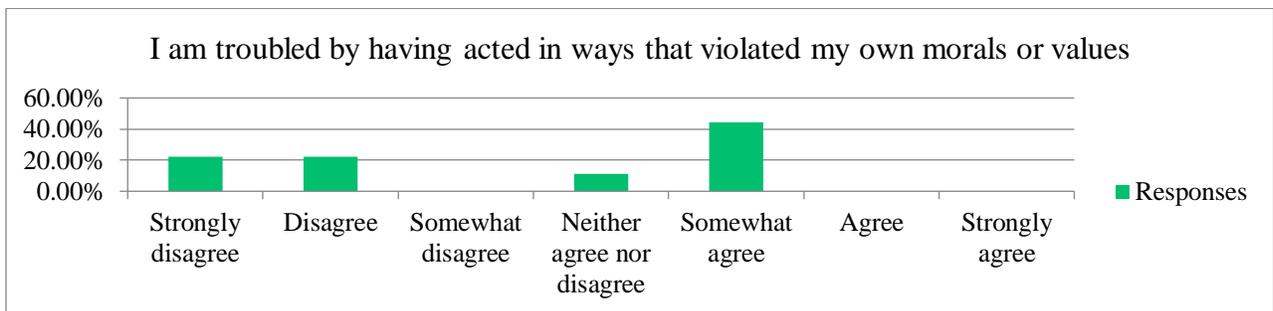
By the end of the session, the researcher checked in on the participants. Participants felt that the objective of the session was accomplished. Most participants admitted feeling somewhat appalled yet relieved for being able to share their experiences and hearing others' experiences during the therapy. One participant said he wished he had spoken about his morally damaging experiences earlier instead of bottling them inside himself for the past decade or so.

Furthermore, during the "After Observation/Intervention Discuss/Review," the researcher asked participants what went well and what they thought needed changing. The participants affirmed that the process and objective were well explained, the readings and discussions on adaptive disclosure and narrative history were effective and well-understood, and the ability to talk about these incidents with others who have similar challenges without being judged or condemned was inspiring.

However, a couple of participants complained that someone in the meeting had background noise during the first half of the session. They suggested that the researcher should go over the ground rules for each session and highlight the criticality of keeping the sessions private and confidential. They further reiterated that participants must respect the ground rules proposed by the researcher and find a private place for all virtual meetings even when using

headsets, for confidentiality purposes. The participant in question explained that he had a headset on during the meeting and did not have a private place to call in for the meeting because he lives in one room/studio with his family.

Nonetheless, all in all, the session was productive and effective. This is evidenced in the post-intervention survey with more than half of the participants expressing improvement in their challenges with symptoms of moral concern. Interestingly though, 44 percent of the participants said they still feel troubled by having acted in ways that violated their own morals or values while only 22 percent of participants affirmed feeling troubled for witnessing others' wrongdoing in the post-intervention survey. This could be due to participants' strong feelings for the ways they acted during service as affirmed in the pre-intervention survey and interview. It could also be due to the positive outcome of the last therapy session which partially focuses on the forgiveness of those who caused or exposed them to incidents that caused their moral injury. The following results show participants' improvement in the management of their symptoms at the end of the study:



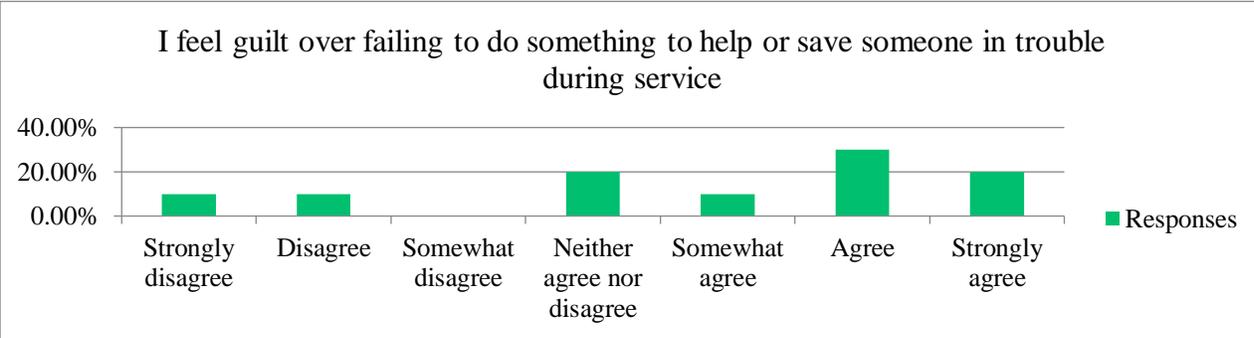
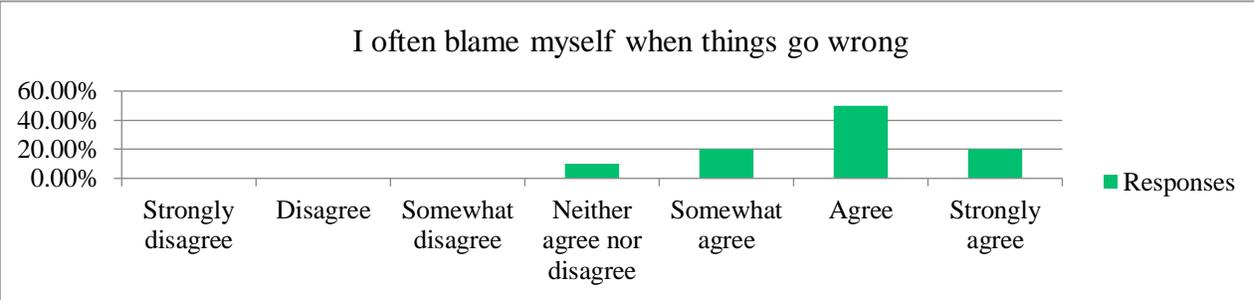
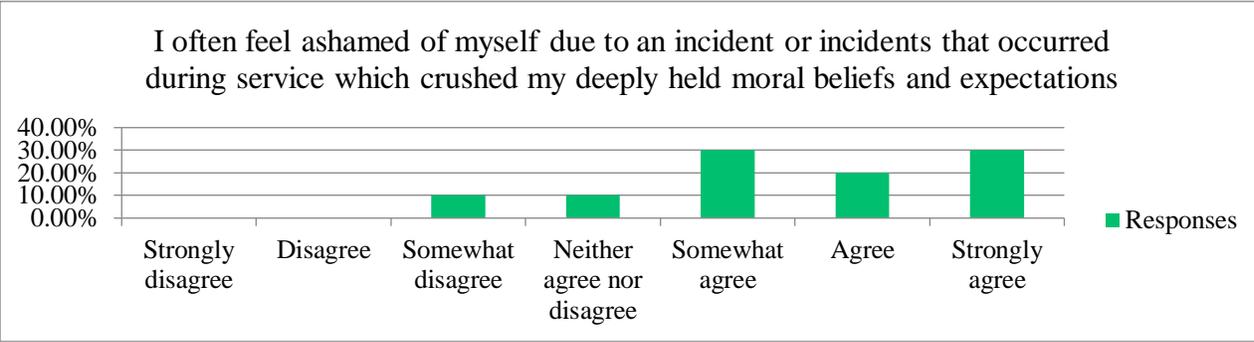
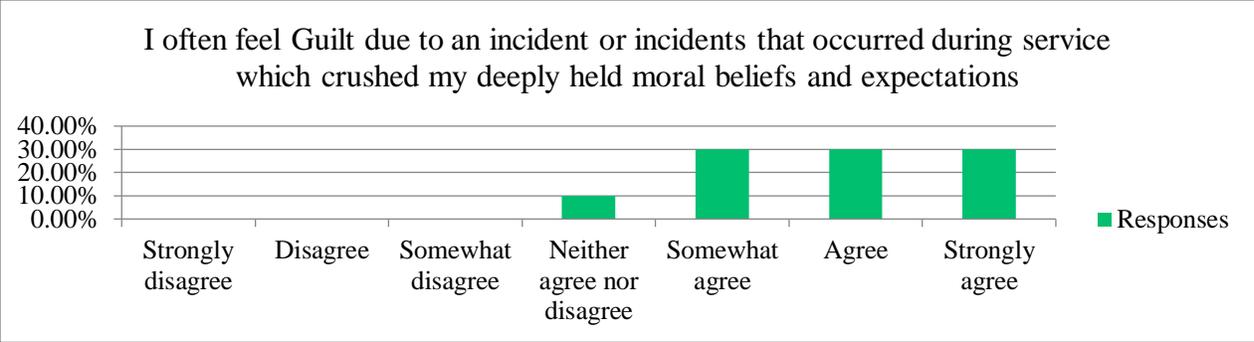
## Therapy Session Two: Understanding the Will of God for You

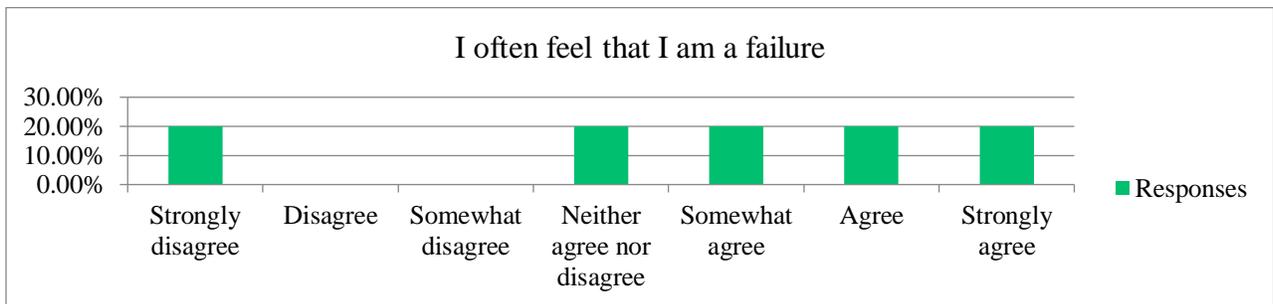
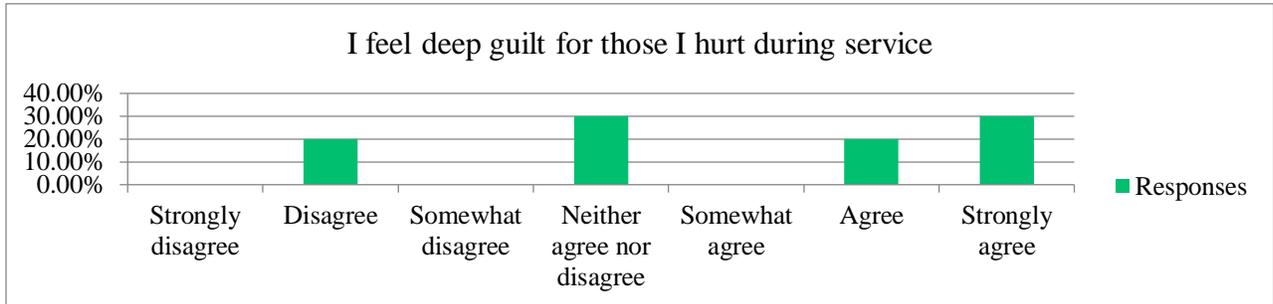
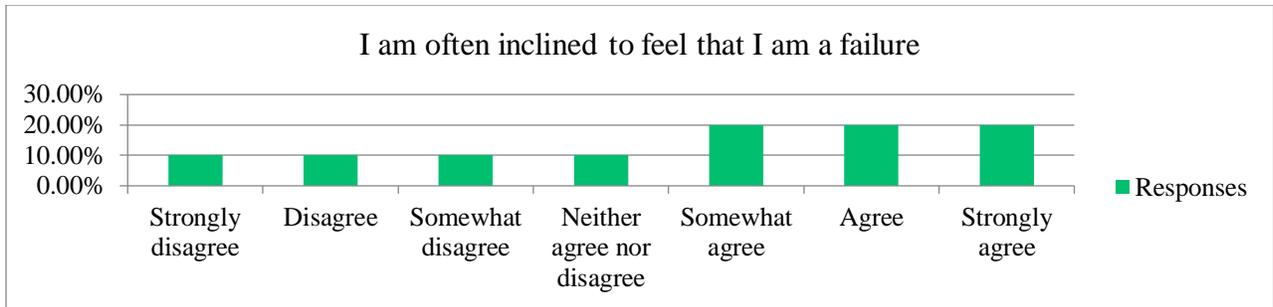
The Bible reading therapy session two was equally interesting. The session took place on August 15, 2021. The session was a two-hour virtual meeting that ran from 5:00 pm through 7:00 pm pacific time. It kicked off with a prayer by one of the participants, a quick introduction of the topic of discussion, and a brief discussion of the last session's topic. A total of nine participants (seven male and two female) were present during the session. One participant had a family emergency three hours prior to the session. Participants' names were changed prior to the session and the researcher addressed each participant/veteran with their pseudonym/false name. Session two was intended to address participants' feelings of self-condemnation, guilt, and shame.<sup>150</sup>

The researcher talked about a veteran friend who completed suicide on the first of August, the same day the first session of the study was conducted. The researcher asked participants to observe a moment of silence in honor of the late veteran. The researcher also described the objective of the session and gave participants the opportunity to process their emotions regarding the late veteran who recently completed suicide after experiencing moral injury symptoms. The researcher encouraged participants to share their feelings, read assigned passages, and reflect on them. The following answers/responses were collected from participants and analyzed during the pre-intervention survey of the study:

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<sup>150</sup> Symptoms associated with feelings of shame, guilt, and self-condemnation were part of the pre-intervention and post-intervention survey questions given to individual participant. Questions 1, 3, 8, 11, 16, 19, and 24 show the effect of these symptoms on participants.





At the onset of the session, following the moment of silence for a veteran who died a couple of weeks back, participants who knew the late veteran capitalized on the good legacy of the veteran and the unfortunate betrayal he underwent from his leaders, his unit, and his country during and after his service. One participant who knew the late veteran said he had been a senior NCO on whom she could trust and depend. She said that the late veteran was always encouraging and helping people out of their difficulties. So, when others heard of his challenges, they thought he would get over them.

Another participant concurred with the previous participant's assertion and added that the veteran was maltreated during service when he started showing signs of stress of the mind. He maintained that the veteran was ridiculed for being weak or showing weakness by his then

leaders. The participant further commented that the expectation of military leaders to bottle every emotion and not show weakness is wrong.

The researcher gave participants the opportunity to grieve and express their emotion on the loss of a dear one who they believed should have received better treatment for serving his country for decades. The researcher also shared his encounter with the late veteran in the Middle East and how he always made out time to support the Unit Ministry Team or Chaplain Section. The researcher was careful not to shift attention to himself but cautiously redirected the focus on the intended topic of the therapy session (i.e., understanding the will of God for us). The researcher asked participants how they would describe the will of God for them before and after moral injury.

One participant said that God's will for him during service was to serve Him through the service he provided to his fellow soldiers and his nation. He said that the stance had motivated him to keep putting on the uniform and serving in the military. However, he is not sure what God's will for him looks like now. Another participant said he believed that God's will for him prior to experiencing incidents that caused his moral injury was to fight for those who couldn't fight for themselves and help others through their difficult moments. This participant did not say what he believe God's will is for him now.

The next participant to share his understanding of God's will to him was a former Marine and Army veteran who believed that God's will for him during service was to help other servicemembers, especially younger servicemembers. He maintained that many marines came to him for advice and direction. He said that his practices in the Marines made him join the Army after getting out of service. However, unfortunately, his experience in the Army was totally different from what he had expected. He became burnt out from the amount of work and

demands from his supervisor. He felt guilty and disappointed with the outcome and still feels disappointed for not being the leader and encourager he wanted to be. The researcher offered words of encouragement to the participant.

The researcher then courteously redirected participants' attention to God's own definition of His will for them as outlined in the Bible. The researcher also inquired from participants whether they read assigned passages prior to the meeting. Remarkably, most participants read the passages prior to the meeting. The rapid and exponential thirst and passion for the Bible amongst participants was an anticipated outcome. Every participant, at this point, showed genuine thirst and hunger for the Bible. It was obvious through participants' voices and facial reactions/body language that they were excited about the Word of God.

Different participants took turns reading the passages.<sup>151</sup> One participant who read Jeremiah 29:11<sup>152</sup> talked about its life-changing and satisfying impact and how the simple understanding of God's wish and hope for him has impacted his life in a positive way. He believed that God, not only wants him to live well at any point in time but also wanted him to be hopeful for better days ahead. Resultantly, the participant made plans to travel and spend more time with his family. He further talked about the fact that the devil has an opposite will and plan for him; Satan wanted to keep him isolated, depressed, guilty, shameful, and condemned. The researcher explored these feelings with the participant as he shared his perception.

Another participant who read Hebrews 10:36<sup>153</sup> explained how she was beginning to perceive the word 'perseverance' differently after reading/reflecting on the passage. She further

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<sup>151</sup> The following passages were read, discussed, and reflected upon: John 10:10; Jer 29:11; 1 Tim 2:3-4; Heb 10:36; 13:20-21; Jas 1:5; and 1 Pet 2:15.

<sup>152</sup> Jeremiah 29:11 (NIV) says "For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future."

explained how the military helped introduce her to a can-do attitude and emphasized getting the mission done, focusing on self-development, and motivation to persevere through challenges. However, she never saw it as something God wills for her and as something that could attract God's promises and blessings. The researcher affirmed the participant's thoughts and testimony and offered words of encouragement.

The researcher explained the relevance of understanding the will of God to the treatment of moral injury symptoms. Thus, God has blessed each one of us with the drive to keep moving and persevere through Christ Jesus our Lord. The devil may try, but he cannot take that away from them. The devil wants to make them believe less of themselves so that they would experience self-condemnation, guilt, and shame. But God says the opposite. His desire is for His children to understand who they really are. By so doing, God is going to help them stand strong against anything the devil is saying or doing against their precious lives.

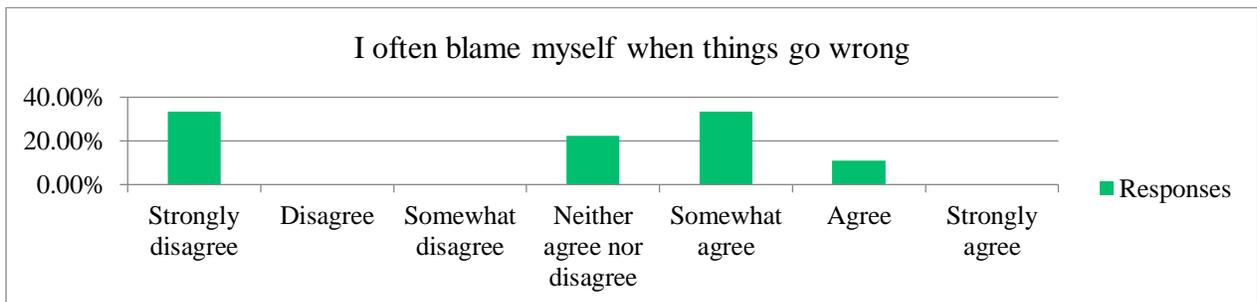
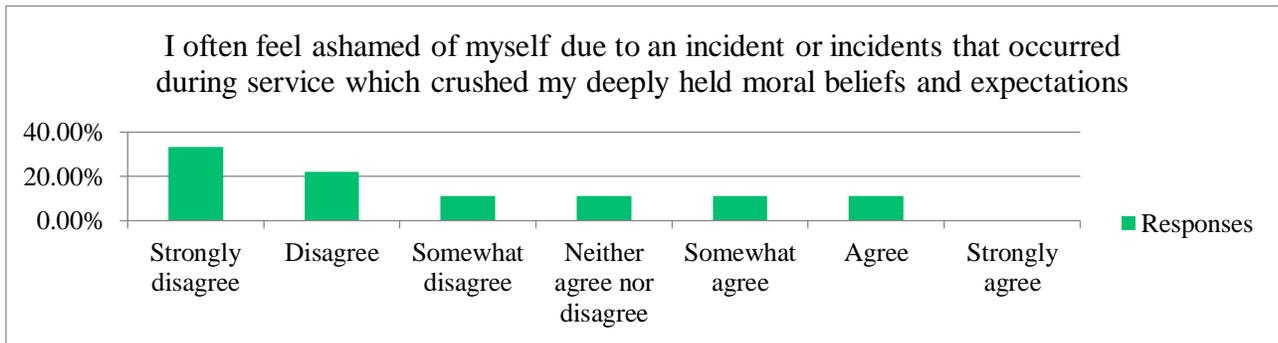
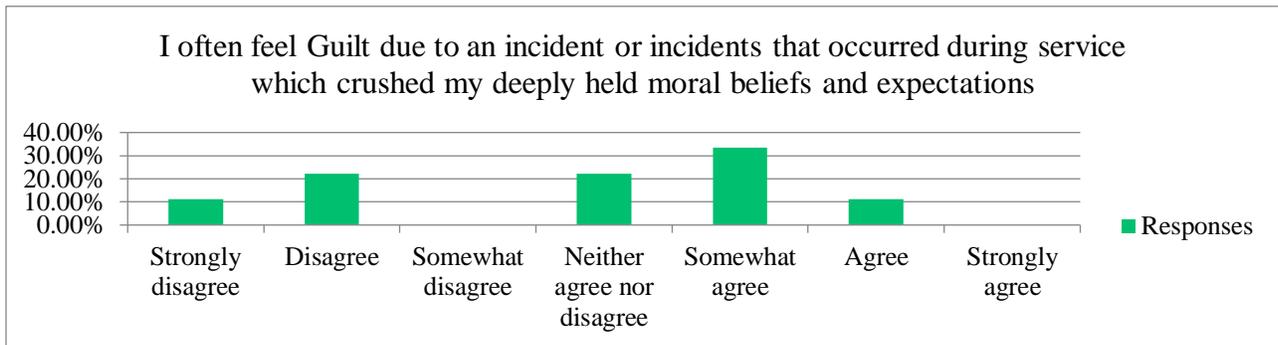
After the researcher's words of encouragement, four participants affirmed that their trust and faith in God has strengthened by simply understanding how God sees and thinks about them. They assert that their trust in Jesus Christ as their savior and their belief/embrace in the salvation that Christ has brought through His death, resurrection, and ascension into heaven, gives them hope for better living. The researcher affirmed participants' thoughts, feelings, and expressions. One participant said, and others affirmed, that they have truly benefited from the session and are looking forward to the next one. They confirmed that it was great to be able to process their emotions and be free to share their feelings without being judged.

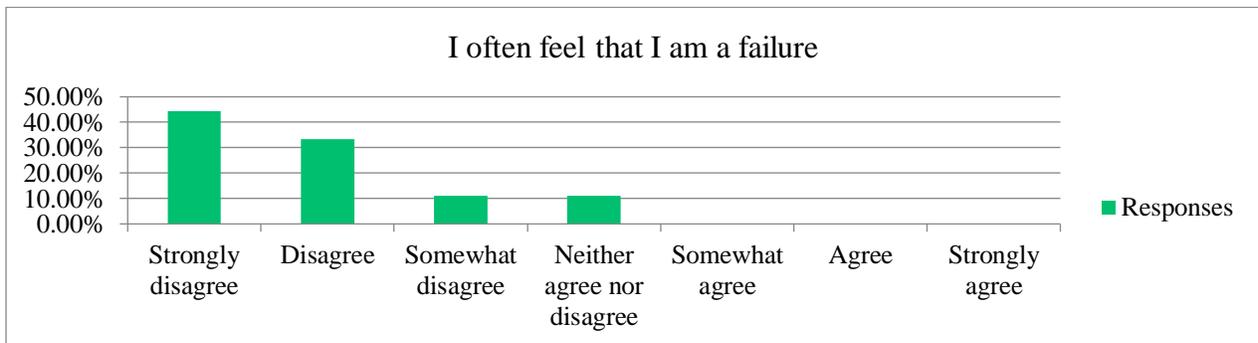
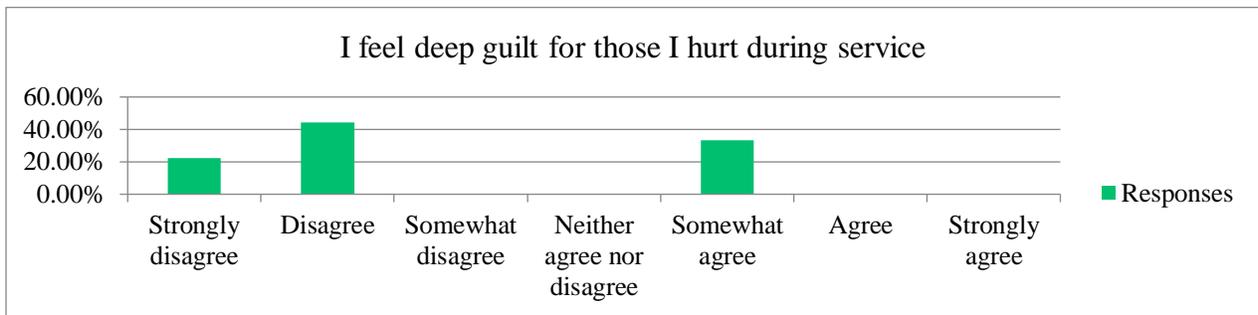
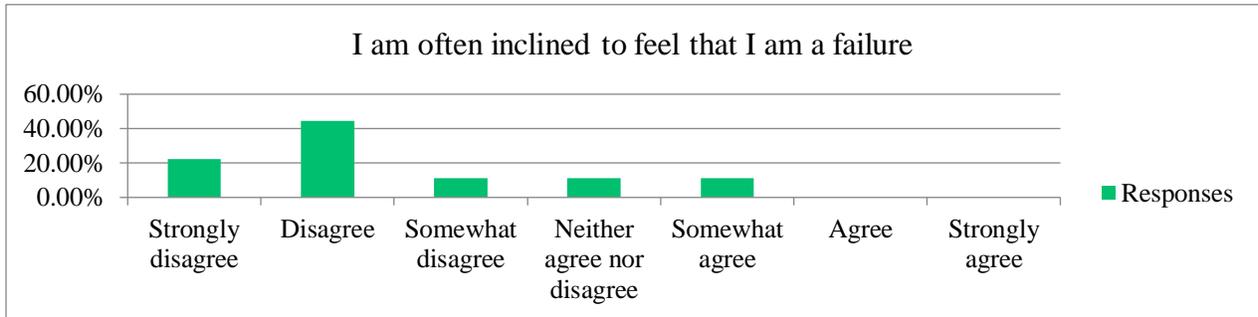
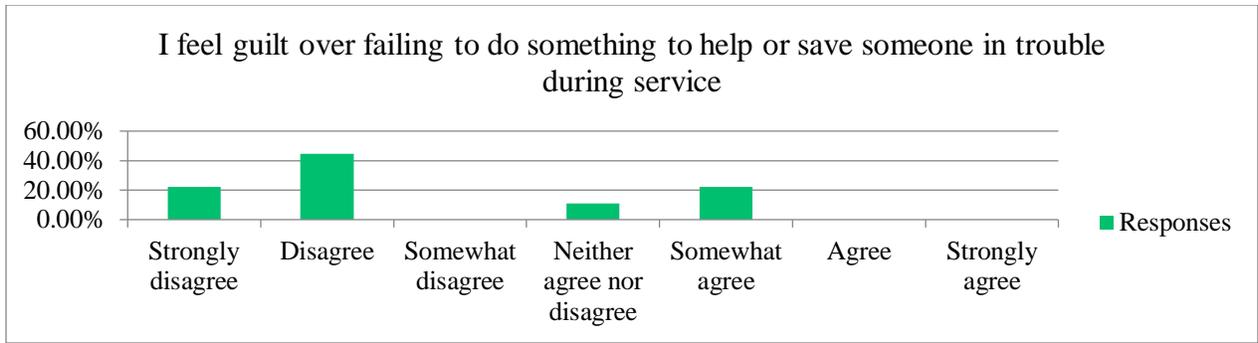
Overall, there were significant improvements in participants' lives because of the session. Certain survey questions on guilt and self-condemnation showed less improvement, but others on

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<sup>153</sup> Hebrews 10:36 says: "You need to persevere so that when you have done the will of God, you will receive what he has promised."

the same topic showed more development. A closer look at the questions on guilt, for instance, revealed that those that show lesser improvement were all directed or connected to other people while those that indicated more improvement was primarily connected to incident or incidents that caused participants' moral damage. Similarly, questions on self-condemnation that showed lesser improvement were aimed at inquiring whether participants saw themselves as a total failure while those that show more improvement were directed mainly at exploring if participants occasionally feel like a failure. The following results show participants' improvement in the management of their symptoms at the end of the study:



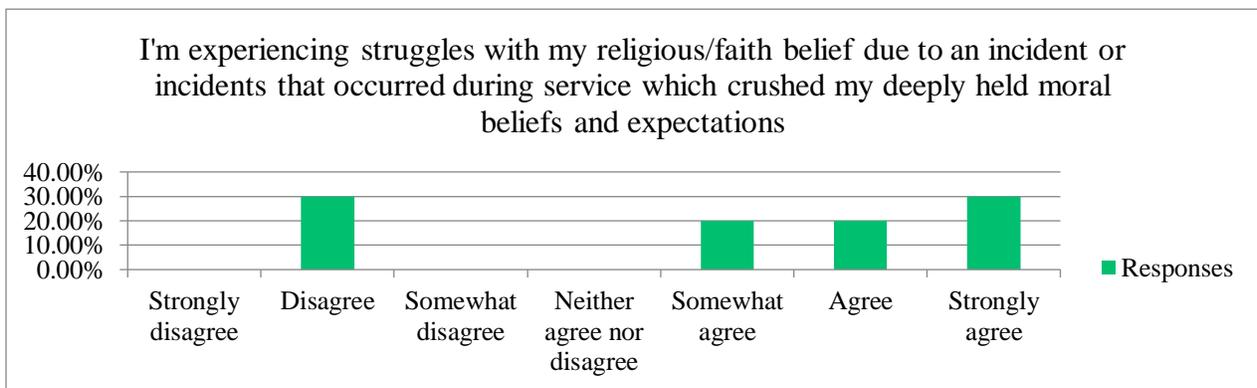
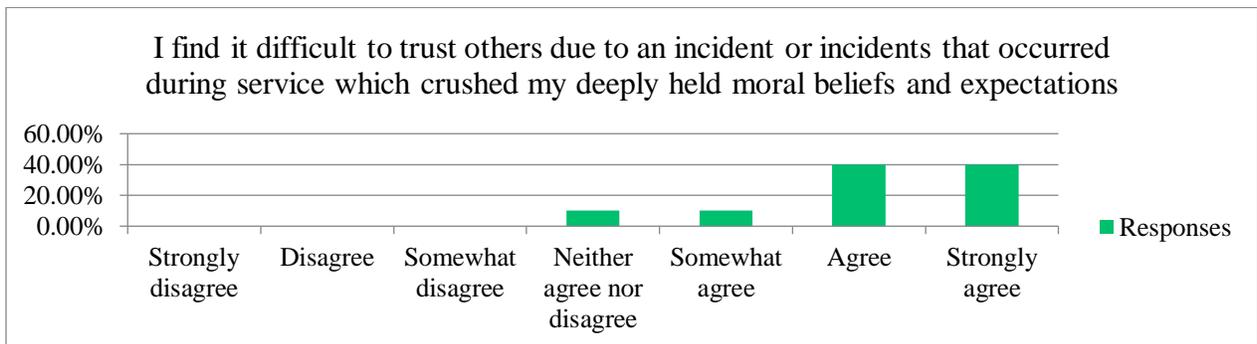


### Therapy Session Three: Moral Injury in the Bible

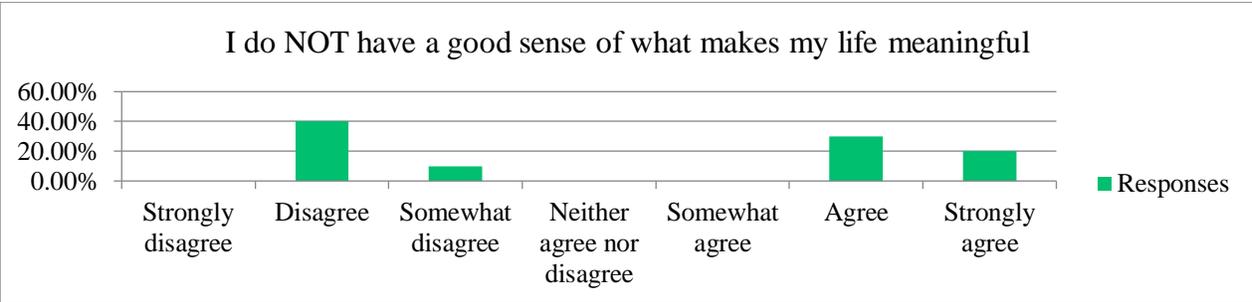
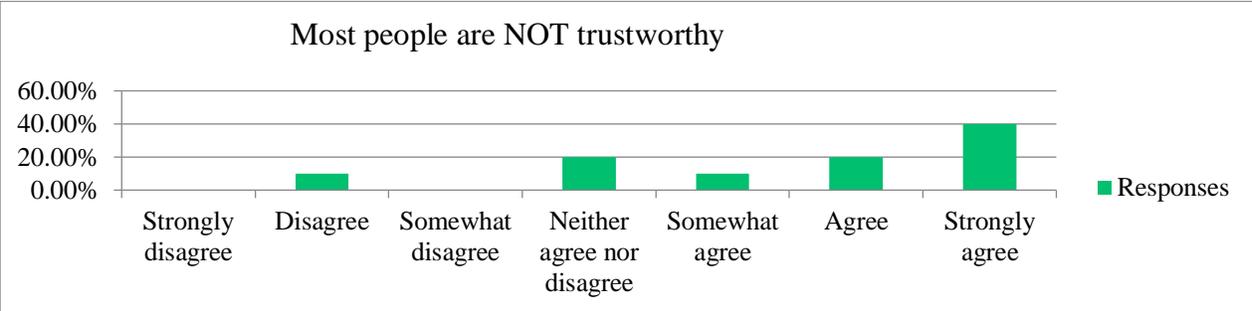
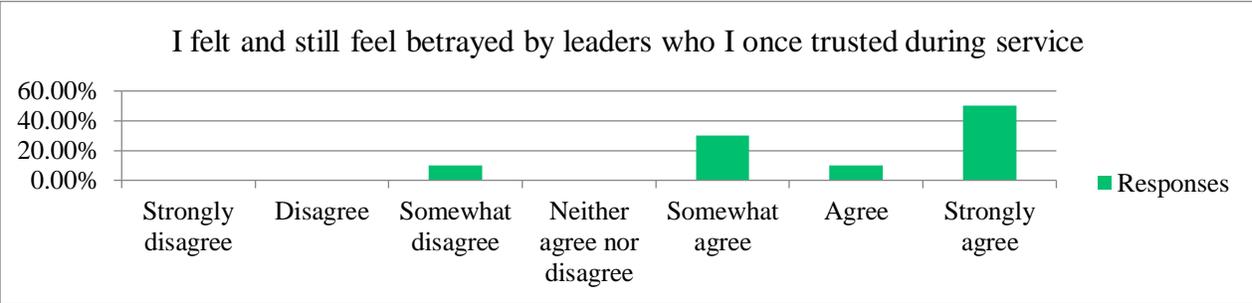
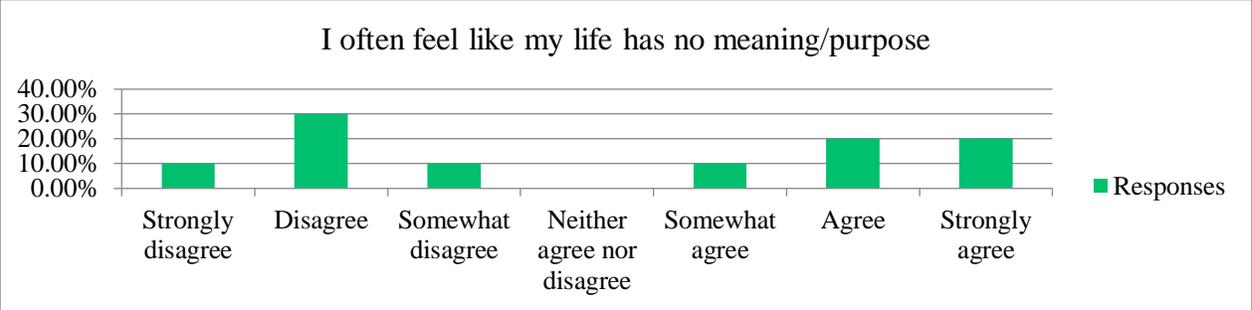
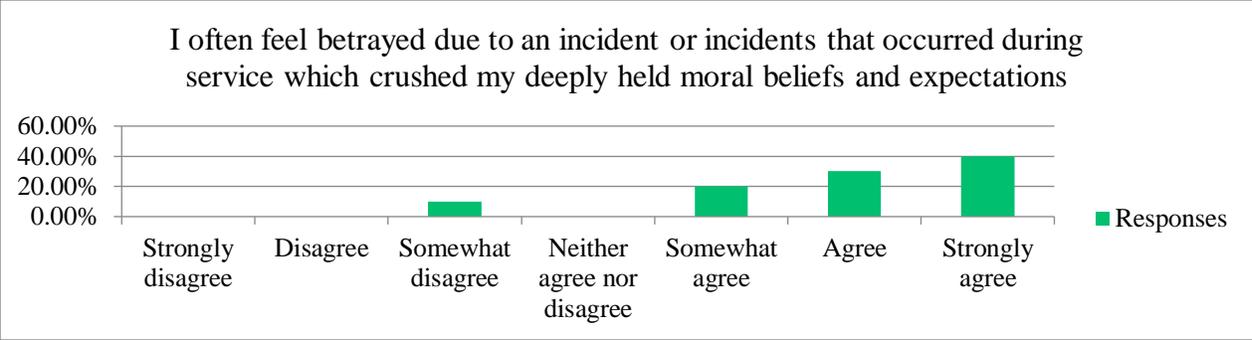
The Bible reading therapy session three was another interesting one. This session took place on August 29, 2021. The session was virtual and began at 5:00 pm pacific time with a prayer, a quick introduction of the study, and a review of the entire study outline as proposed by

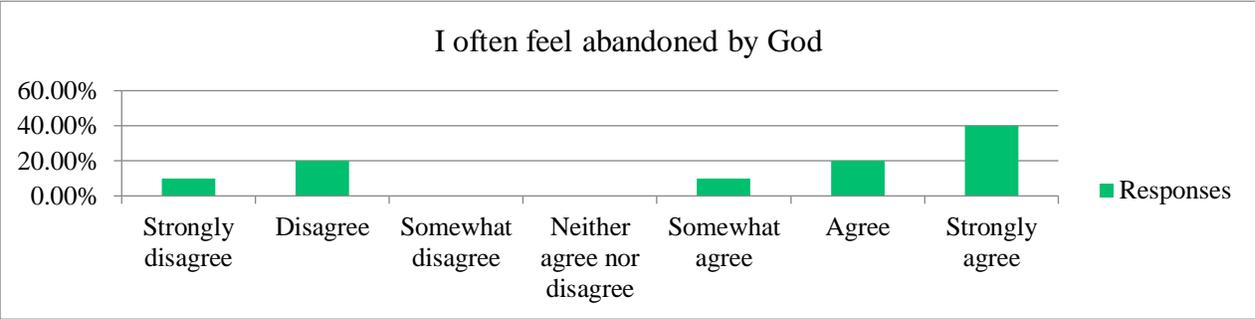
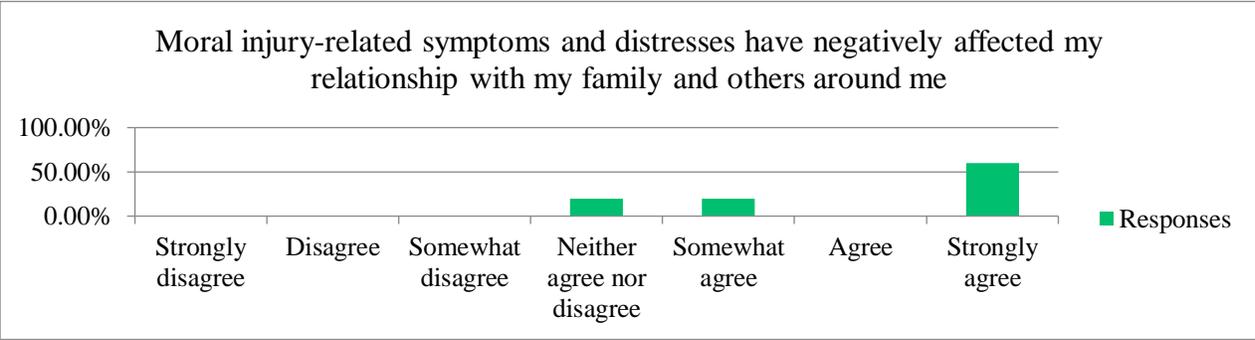
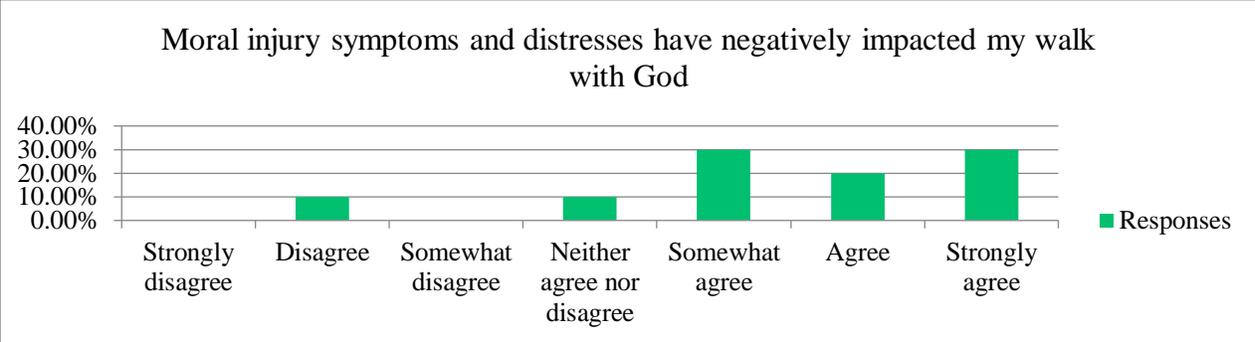
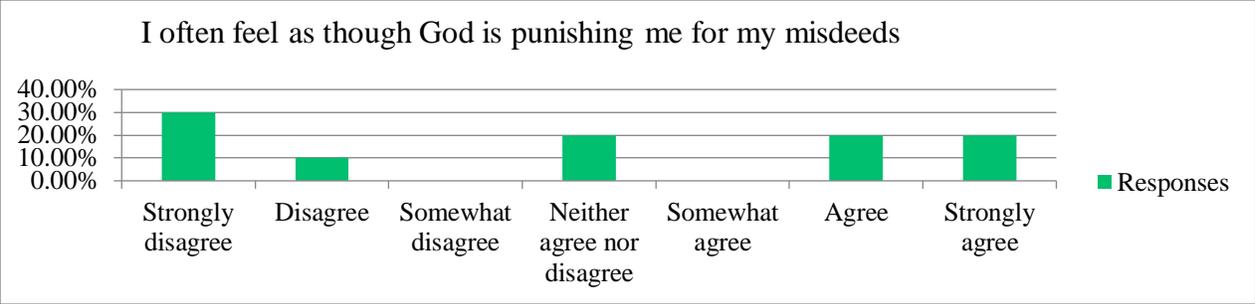
the researcher. The session ended at 7:00 pm pacific time. A total of 10 participants (eight male and two female) were present during the session. Participants' names were changed prior to the session and the researcher addressed each veteran with their pseudonym/false names.

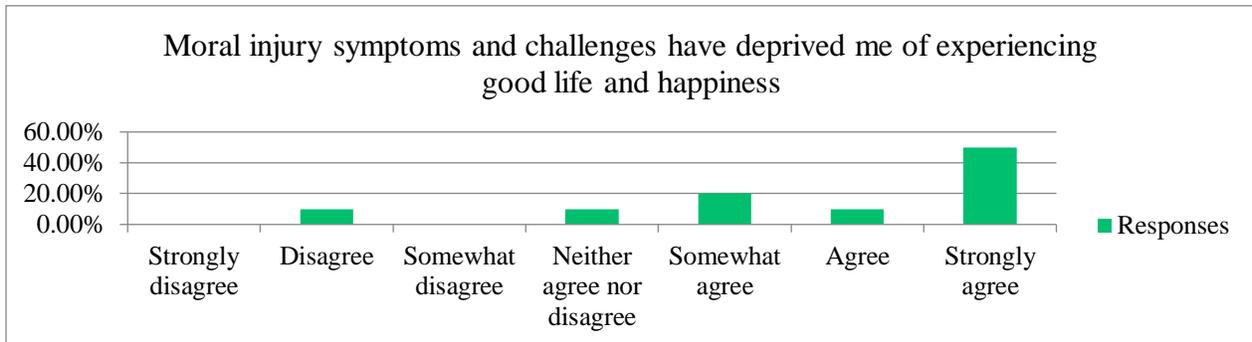
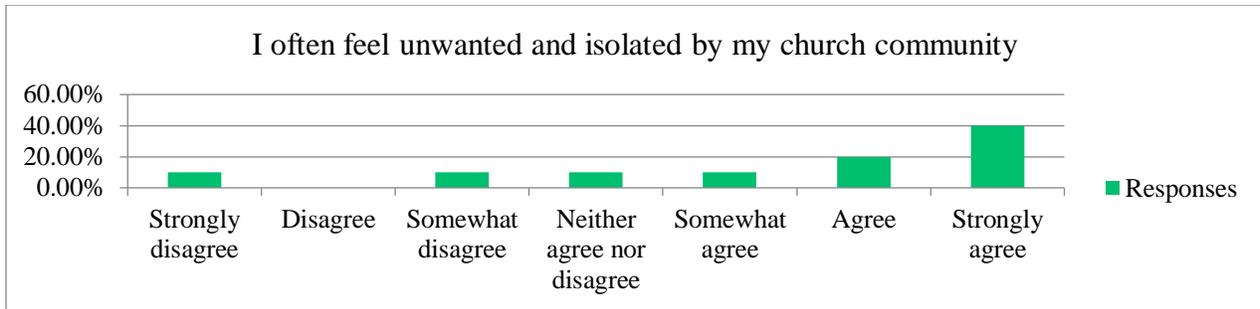
Session three was intended to help address participants' religious struggles/loss of faith/hope, loss of meaning/purpose, feelings of betrayal, and loss of trust using examples of moral injury in the Bible.<sup>154</sup> The researcher described the objective of the session and the importance of drawing strength through Bible stories that are related to one's own spiritual/emotional needs such as moral injury. The following answers/responses were collected from participants and analyzed during the pre-intervention survey of the study:



<sup>154</sup> The religious struggles/loss of religious faith/hope, loss of meaning/purpose, feelings of betrayal, and loss of trust symptom was part of the pre-intervention and post-intervention survey questions given to individual participant. Questions 2, 4, 5, 6, 10, 12, 13, 17, 20, 21, 22, 23, and 25 of the survey show the effect of the symptom on participants.







The issues of United States servicemembers’ return from Afghanistan and the tragic loss of 13 U.S. servicemembers’ lives following President Biden’s order for U.S. troop withdrawal became the leading discussion at the beginning of the session. The researcher could tell from participants’ body language and tone of voice that they had things on their minds they needed to unload. So, the researcher encouraged them to express their feelings and talk about their concerns on the matter.

Accordingly, a participant expressed his worry over how the decisions of the President of the United States of America to withdraw U.S. military personnel were negatively impacting the country, servicemembers, and allies. The participant asserts that the President’s decision would ultimately cause plenty of emotional, spiritual, and physical injuries amongst those who serve.

A couple of other participants also expressed dissatisfaction and grief over the above-mentioned decision and its consequences. They claimed that those in authority do not really care how their decisions are impacting the lives of the regular joes (i.e., those who serve in the frontline of the U.S. military). The researcher offered a listening ear and validated the thoughts

and feelings of the participants appropriately. At a point in the discussion, the researcher realized that the conversation was simply leading to no conclusion. One participant was harshly arguing against others, in so doing, made others withdraw from participating in the discussion and became a distraction or blocker in the meeting.

Conversely, the researcher talked about conversation killers and the importance of being mindful of them without making the participant feel judged or singled out. The researcher encouraged participants to be mindful of making statements that sound as though they are trying to prove or show that they are right, and others are bluntly wrong. The researcher gave other examples such as negating other people's skills, negatively labeling others as opposed to the issues or topics of discussion, counteracting any positive reactions or statements with the conjunction "but," and making assumptive statements without facts.<sup>155</sup>

The researcher then used the opportunity to redirect the focus back to the session's article and Bible-reading feature. It was clear that participants read the article prior to the session as most of them referenced the article. However, they were amazed how much negative impact moral injury has caused to the lives of veterans and how many lives and families the issue has destabilized since the gulf war. Relationship conflict, domestic violence, and substance abuse have gone up dramatically, and there has been an increase in suicide rates among veterans and servicemembers.

A participant who spoke less during previous discussions spent some time explaining his understanding of the article and how it has helped him in understanding and managing his anxiety. The participant said he sees the Bible and biblical war differently after reading the article. He also linked biblical stories of moral injury to recent wars in Afghanistan, Iraq, and the

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<sup>155</sup> Good examples of such assumptive or presumptuous words include "obviously" and "clearly."

fight with COVID-19. For this participant, moral injury has been happening and is still happening in many forms but remains highly underrated due to the ways it harms sufferers from inside out and sometimes never shows outwardly until the sufferers' lives are over. However, as illustrated in biblical war texts, there are spiritually elevating and naturally feasible ways of counteracting the effect of moral injury including, reintegration and other post-war rituals.

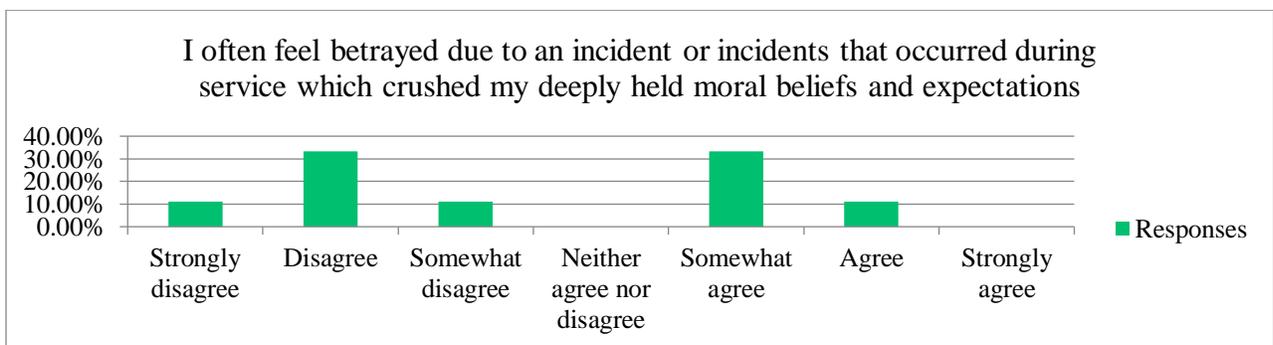
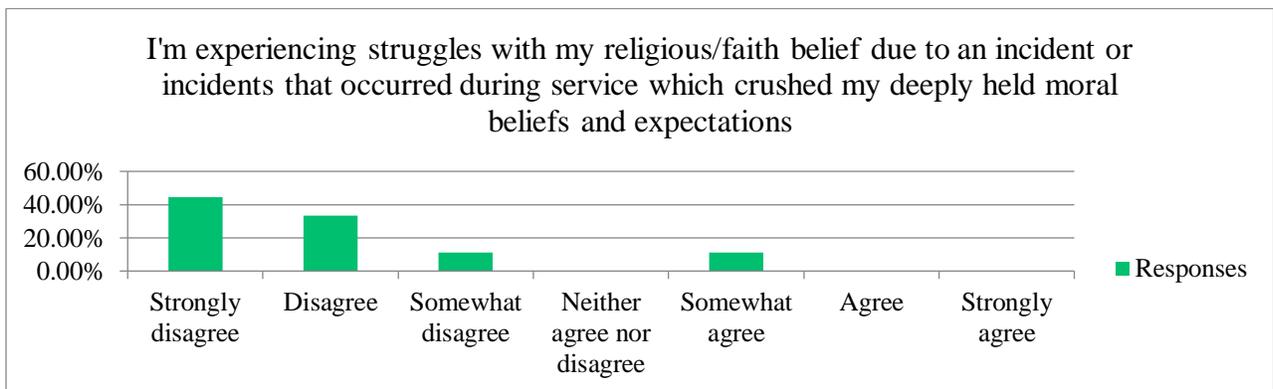
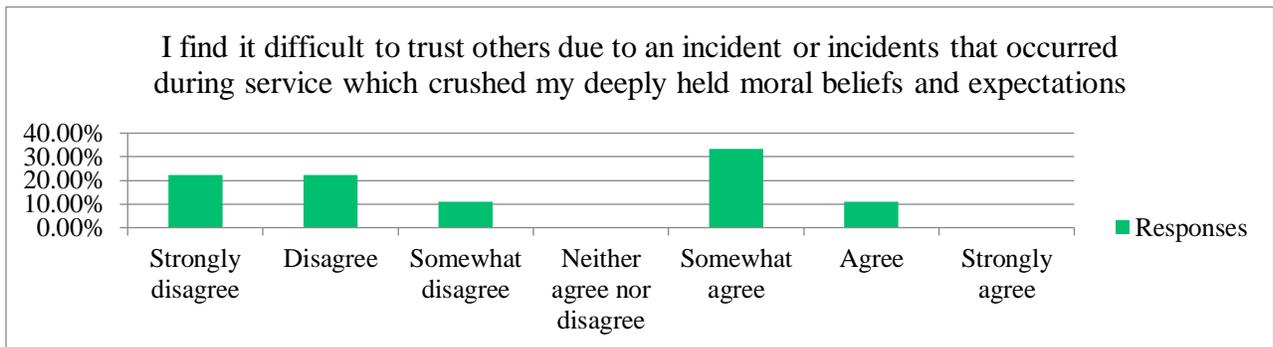
The group used much of their time to explore some of the examples of moral injury in the Bible especially, the examples of King Saul and Judas Iscariot. Participants were intrigued by how close these individuals were to God prior to their injury. The feeling that one has been rejected by God due to something they did, makes it difficult to have any form of self-worth. One of the participants that read the 1 Samuel 9-31 passage explained how impressive and anointed Saul was and how God related with him kindly. However, as soon as he betrayed God, he became disconnected from God and begins to struggle throughout the rest of his life until he took his own life. Another participant concurred with the assertion that Judas had a great relationship with God, betrayed Jesus, became disconnected from God, and later took his own life.

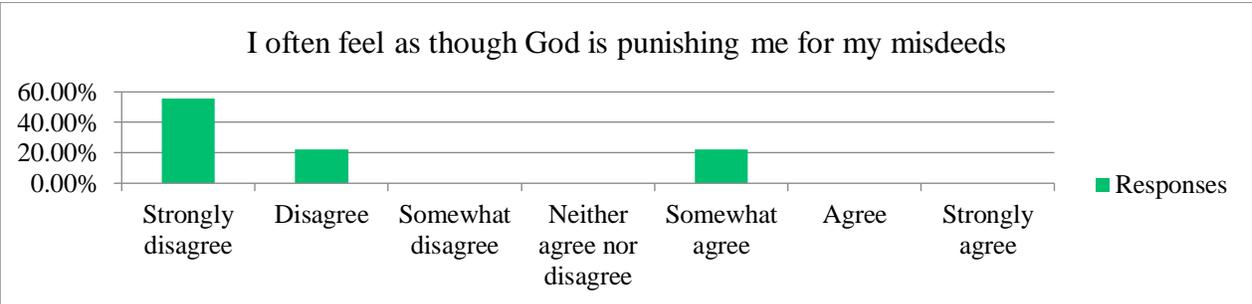
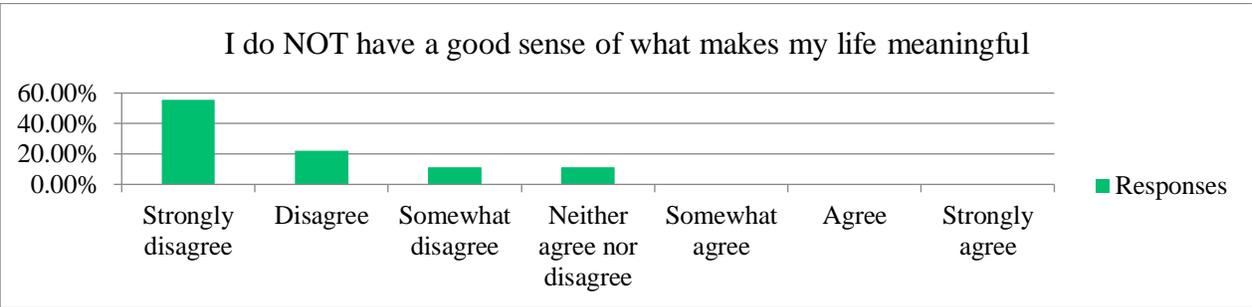
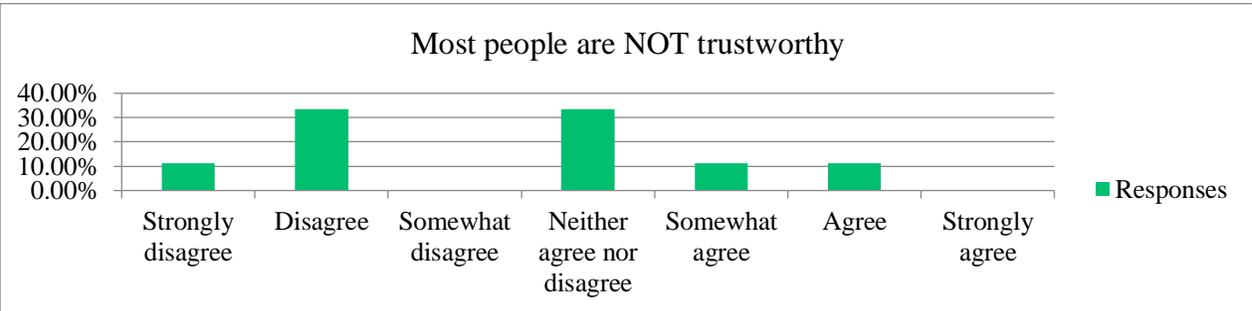
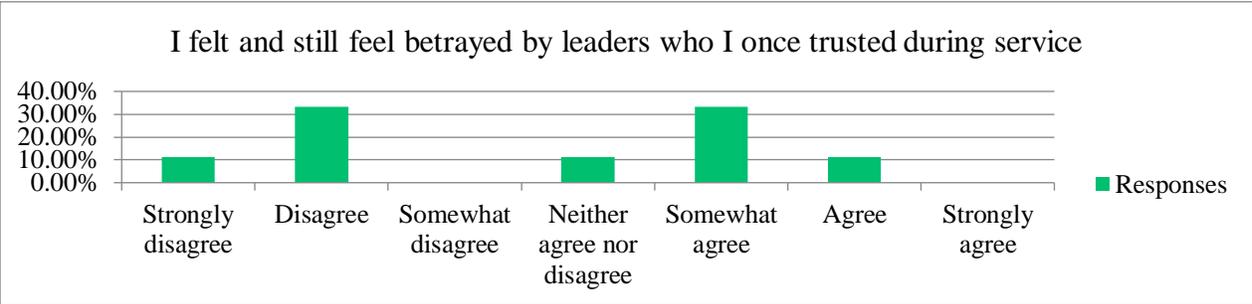
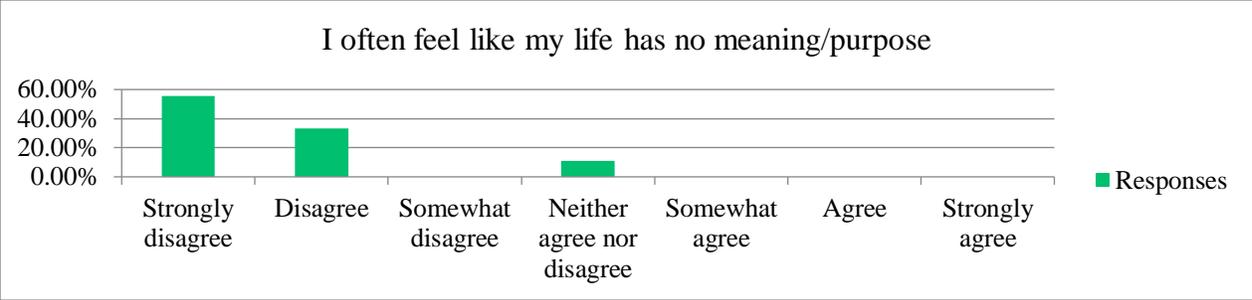
At this point in the therapy session process, participants could find Bible passages easily and sometimes reference passages that were not originally in the outline to use them in their discussion. They are also able to ask deep questions on major points in the discussion. For instance, a participant needed more clarification on what was meant in 1 Samuel 16:14. 1 Samuel 16:14 reads, "Now the Spirit of the Lord had departed from Saul, and an evil spirit from the Lord tormented him."<sup>156</sup> The researcher initiated a discussion on the verse and later summed up its meaning by affirming what participants had already said; in so doing, he made them feel heard.

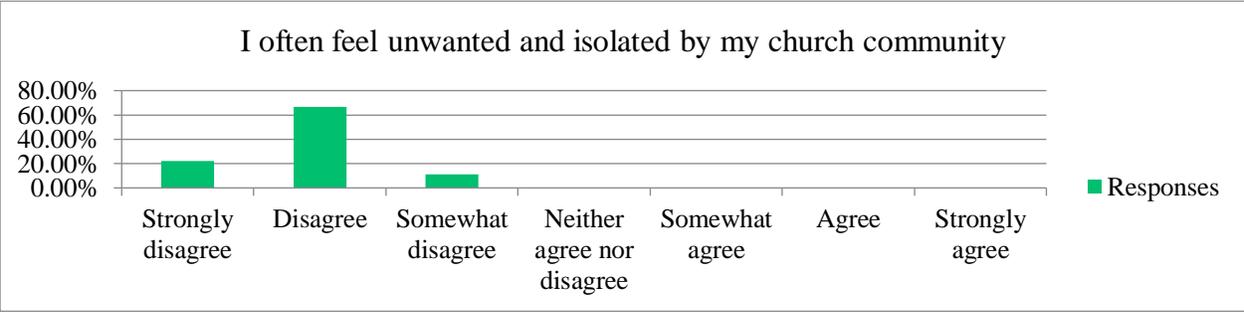
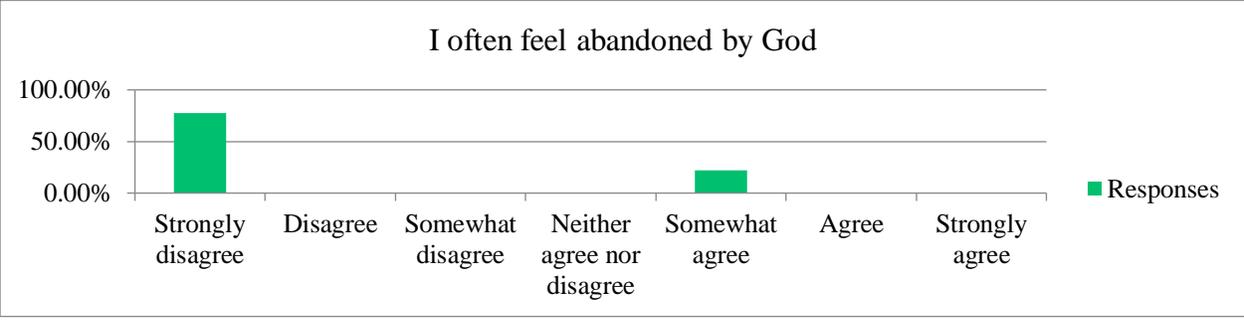
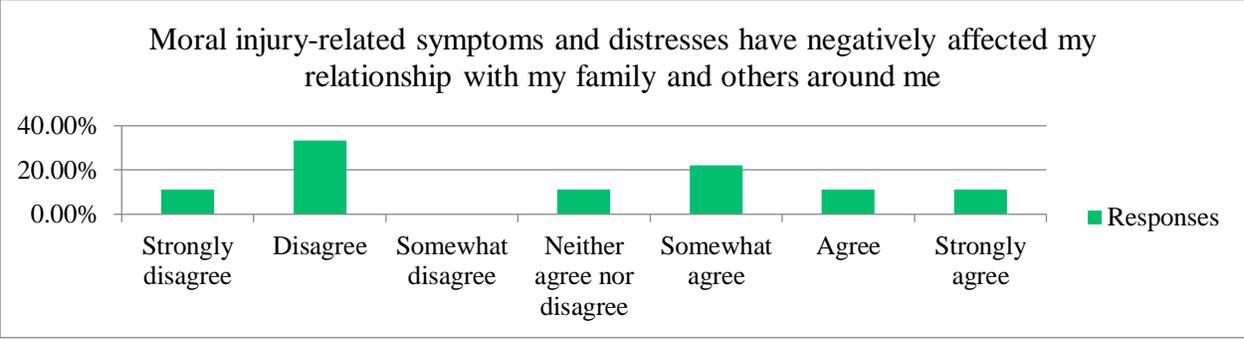
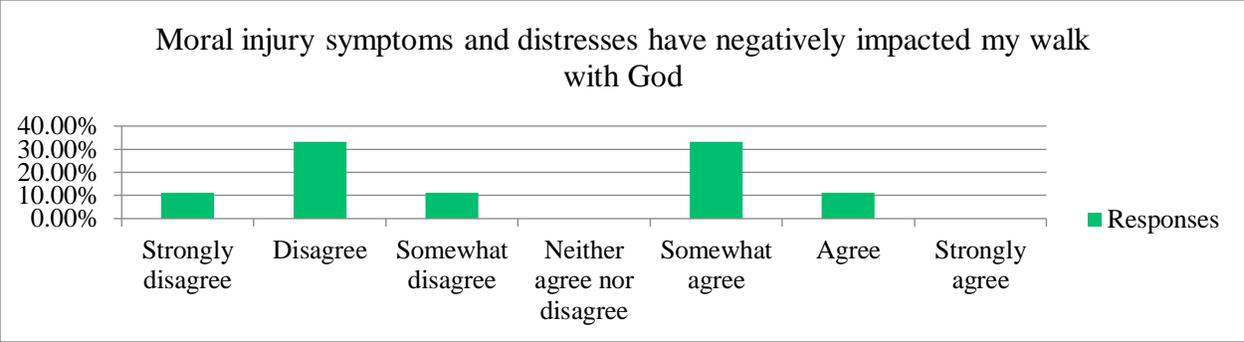
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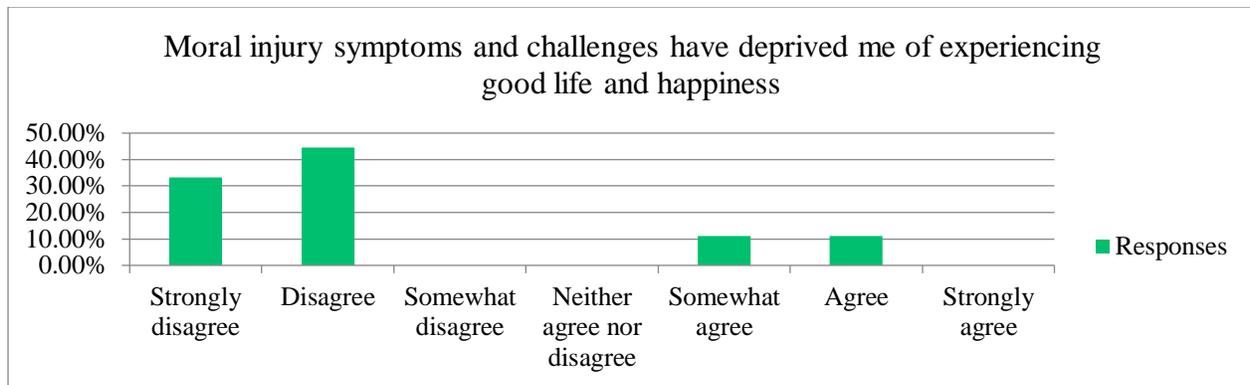
<sup>156</sup> 1 Samuel 16:14, NIV.

The session was challenging yet controlled. During the check-in, toward the end of the session, participants were so engaged in the Bible. Most participants agreed that they would have preferred reading more of the Bible from the onset since we had so many interesting passages to cover. The researcher encouraged them to continue to read and reflect on the passages even after the sessions ends. The following results show participants' improvement in the management of their symptoms at the end of the study:





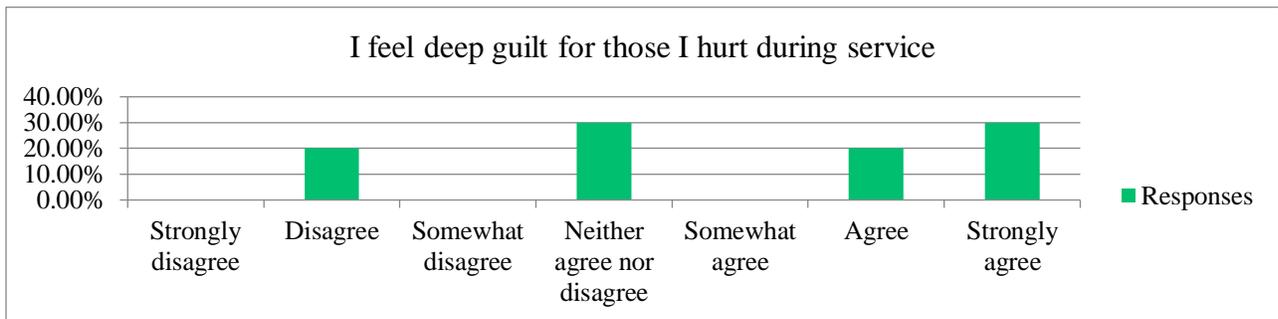
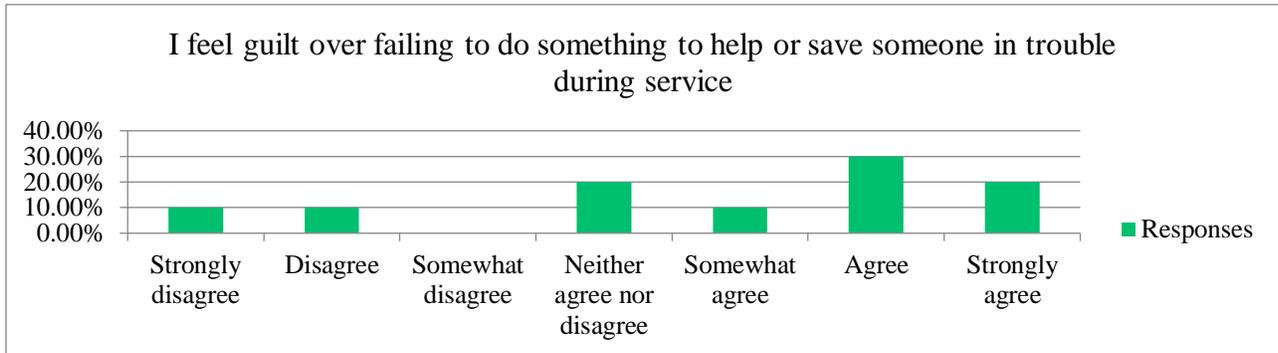
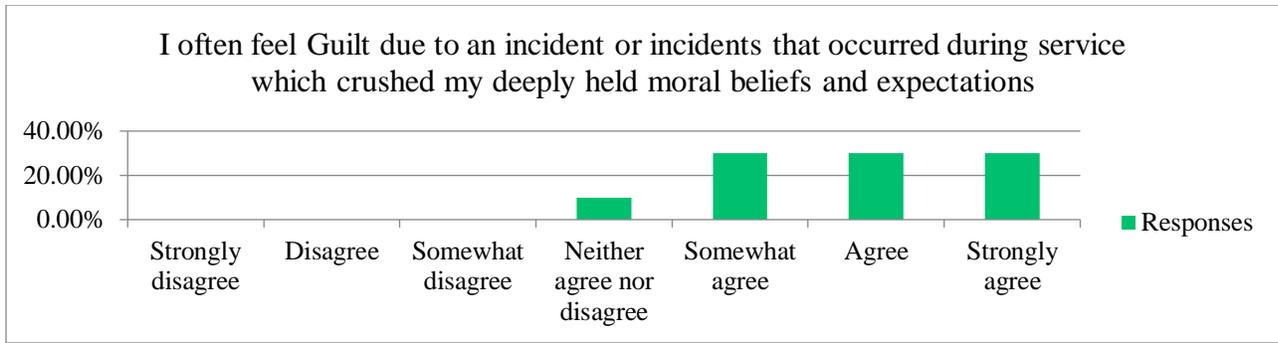




#### Therapy Session Four: Effect of Moral Injury

Session four of the Bible-reading therapy opened participants' vulnerability and insightfulness, at the same time, giving them the needed spiritual and emotional charge for resolution. This session took place on September 12, 2021. The session was virtual and began at 5:00 pm pacific time with a prayer, a quick introduction of the study, and a review of the study's success so far, by the researcher. The session ended at 7:00 pm pacific time. A total of 10 participants (eight male and two female) were present during the session. Participants' names were changed prior to the session and the researcher addressed each participant with their pseudonym/false names.

Session four was intended to help address participants' grief, shame, moral concerns, difficulty forgiving, self-condemnation, religious struggles/loss of faith/hope, loss of meaning/purpose, feelings of betrayal, loss of trust, and other moral injury symptoms not listed in the session outline. The researcher described the objective of the session, checked in on participants' progress/feelings, and prepared them for the possibly challenging and emotionally inciting therapy session. Only survey questions/symptoms that were not addressed in the previous sessions and upcoming session (i.e., guilt, were showcased here but all symptoms were covered during the session) were presented here. The following answers/responses were collected from participants and analyzed during the pre-intervention survey of the study:



This group session was committed to covering as many passages in the Bible as possible. Thus, the participant delved right into the scriptures after opening prayer. Another notable thing that occurred was how participants' prayer life and prayer structure have improved since the onset of the study. One participant shared how he has been prayerfully studying the scriptures. In other words, he prays the Bible.

During the study/reading of Psalm 22, many participants became emotional, especially when the reader was going through the symptoms outlined in the passage. One participant kept responding with words like "yes, that's me" during the reading of the scriptures. It was clear that

the participant could relate to the symptoms in Psalm 22. However, later in the reading, most participants became motivated by the encouraging words that proceed the challenging symptoms and feelings. At the end of the reading, many participants with tears in their eyes shouted, “Amen” in agreement with the promises of the Word of God.

A participant talked about an experience a week before the study where he tried to use the Bible to help his aunt who recently lost her husband. Sadly, his intent was thwarted by the woman’s response. She told the participant that she was wondering why God would take her husband and that she was mad at God for doing so.

The participant described her aunt’s disconnection from God as a sign of someone who has been morally injured. He further said that it was extremely difficult comforting his aunt through the promises of God drawn from the Bible. The participant shared his testimony of how God has helped him and his family recently through their challenges to his aunt, but she replied sarcastically. It did not seem fair to her that God blessed his family and punished hers. The participant said the encounter threw him off a little.

The researcher offered a listening ear to the participant as he talked about his encounter with his late uncle’s wife. Other participants encouraged the participant to stay strong and not allow other peoples’ ideas of him and his God to jeopardize his growth in God. He needed to become a better version of himself.

Another participant explained how those ideas and feelings, just like the ones in Ps 22, could pull one down to the lowest point. He further parsed and divided the passage into three main points: Point one was centered on what the devil is planning for us such as moral injury

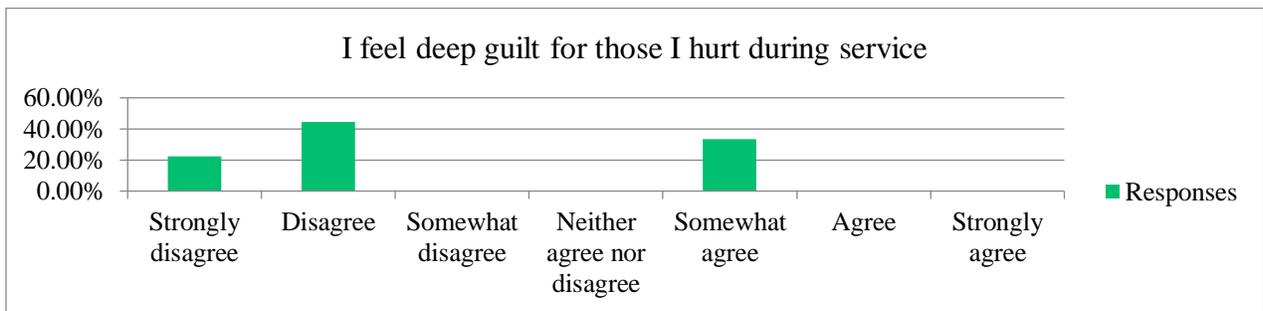
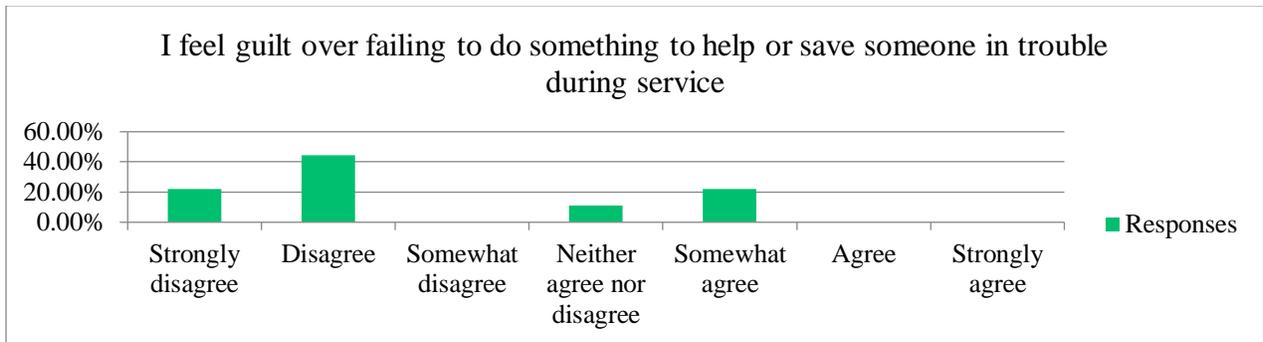
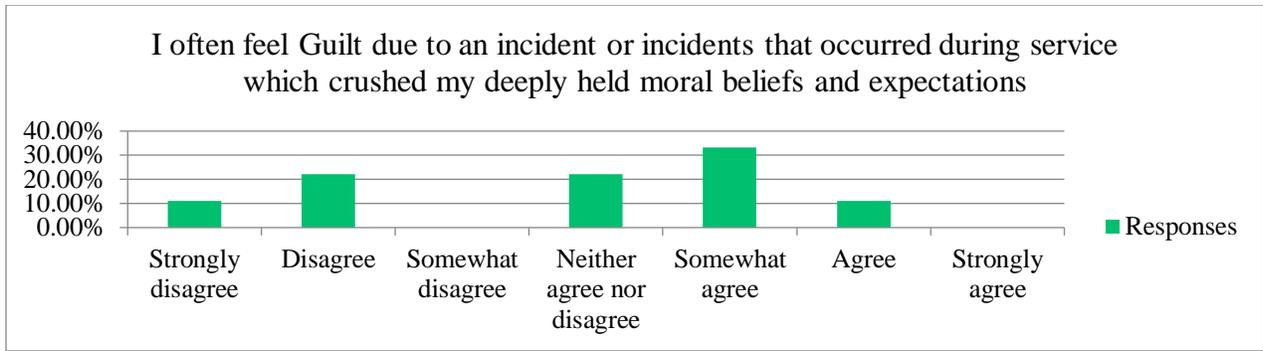
symptoms and the degrading lies the devil is trying to make us believe about ourselves.<sup>157</sup> Point two, located somewhere in the middle of the chapter, gave the reader a hopeful stand from God almighty. The participant further explained how such hope could only suffice through grace in Christ Jesus. The third point, according to the participant, was seen toward the end of the passage where the psalmist asked God to give him the enablement to proclaim his name to others who are experiencing difficulties, just like the other participant attempted to do with his aunt. The level of comradery and support that existed within this study participants was uplifting.

At the end of the therapy session, the researcher checked in on individual participants. Every participant said they feel much better after crying, reflecting, and rejoicing over the Word of God and Its promises. They also unanimously agreed that the session was right for their healing process. One participant recommended having this session earlier in the process, maybe during the second session.

Interestingly, over 40 percent of participants still feel guilt due to an incident or incidents that occurred during service which crushed their deeply held moral beliefs and expectations. Again, this higher number could be because all the participants, except 10 percent that declared they neither agree nor disagree, felt strongly about this symptom during the pre-intervention survey and data collection. Thus, they might need more intervention to process the incident or incidents and find ways through the freedom that God has given them to manage and address the guilt. The following results show participants' improvement in the management of their symptoms at the end of the study:

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<sup>157</sup> Moral injury symptoms including, feelings of guilt, feelings of shame, moral concerns, feelings of betrayal, religious struggles/loss of religious faith/hope, loss of meaning/purpose, difficulty forgiving, loss of trust, and self-condemnation.

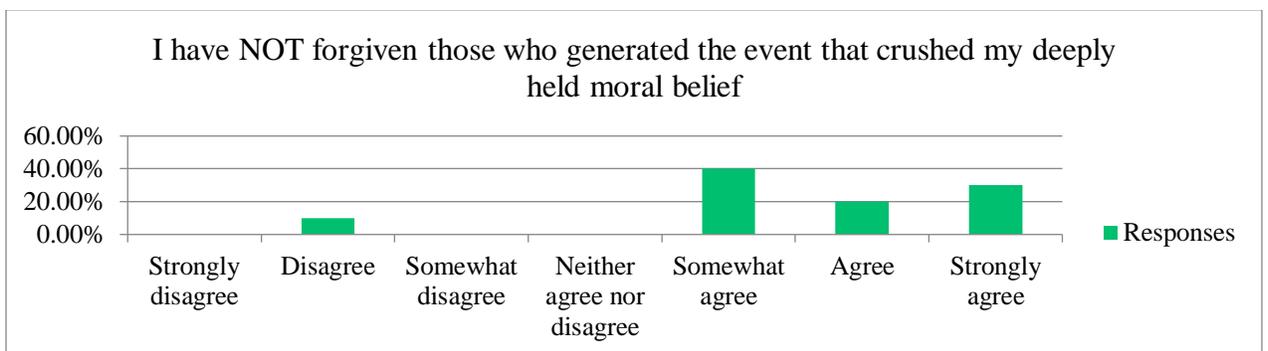
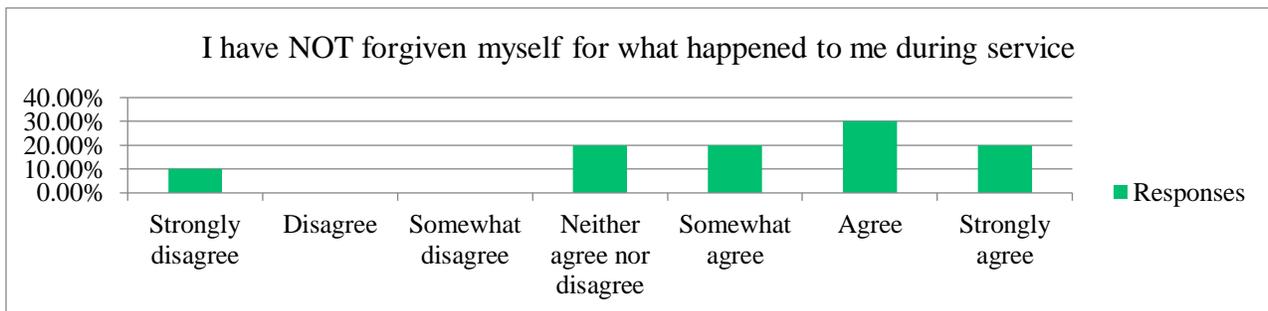
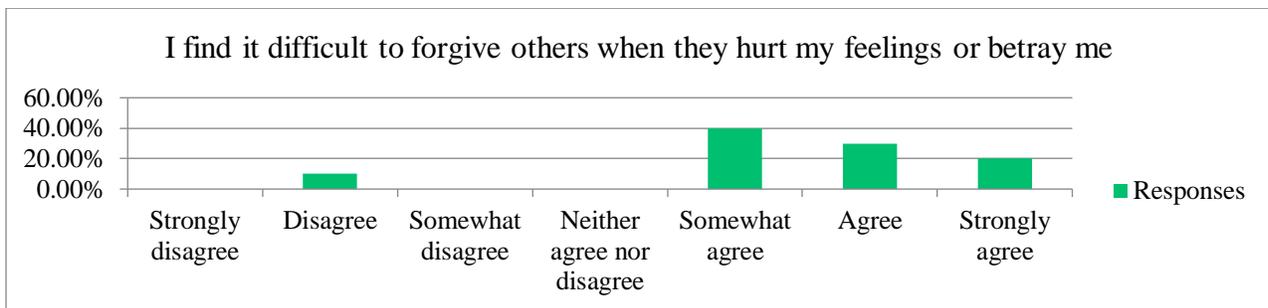


### Therapy Session Five: Purification/Reintegration

Session five of the Bible-reading therapy gave participants the needed opportunity to go through a process of cleansing genuinely and collectively. It gave participants a safe ground to form their own ‘rituals’ for addressing moral injury symptoms and finding ways to forgive themselves and those who hurt them during service. This session took place on September 26, 2021. The session was virtual and began at 5:00 pm pacific time with a prayer, a quick recount of the study, and a review of the study’s success so far, by the researcher. The session ended at 7:00 pm pacific time. A total of 9 participants (seven male and two female) were present during the

session. Participants' names were changed prior to the session and the researcher addressed each participant with their pseudonym/false names.

Session five was intended to help address participants' difficulty forgiving others who hurt them in the past and forgiveness to self. The researcher described the objective of the session, checked in on participants' progress/feelings, and prepared them for the possibly life-changing therapy session. The following answers/responses were collected from participants and analyzed during the pre-intervention survey of the study:



As agreed by the study participants, the session started with allotted bible passages. The group spent some quality time reflecting on how the Israelites prepared for battle, executed their

mission appropriately as planned, and returned/reintegrated into the society after the battle. A participant also affirmed the uniqueness and vigor of the soldiers' purification process and the need for veterans to cultivate their own individual purification pattern after release from military service.<sup>158</sup> Another participant blamed the U.S. Department of Defense for investing so much in recruitment and readying military personnel for war and service (via Bootcamp and numerous battle training) but invests little to nothing on servicemembers' exit from service.

The book, *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds*, by Brad E. Kelle, was the focal point of the discussion in the last half of this session. Participants talked about some of the post-battle rituals and practices in the Bible such as the appropriation of booty, purification of warriors, construction of memorials, and the rituals of celebration.<sup>159</sup> Some participants said they felt celebrated when they returned from their deployment while others said they felt unappreciated when they returned from deployment.

There was a consensus among participants that the practice of lament is crucial to the treatment of moral injury and in dealing with the effect of moral injury. A participant talked about the importance of ensuring that the war-related laments must be honest and must give a clear narration of the incidents that occurred. The participant further maintained that the military ought to provide positive opportunities, environments, and encouragements for those who are returning from deployment or exiting from service to speak honestly and candidly about their experiences, just as the text states.<sup>160</sup>

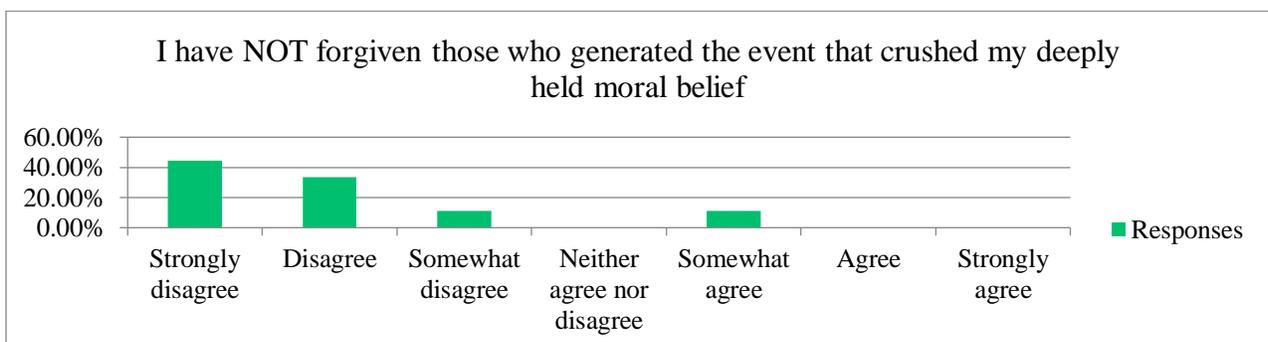
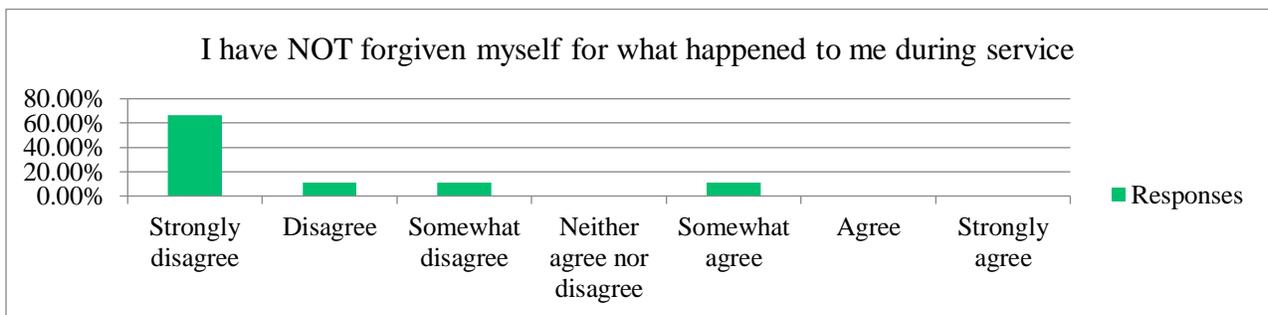
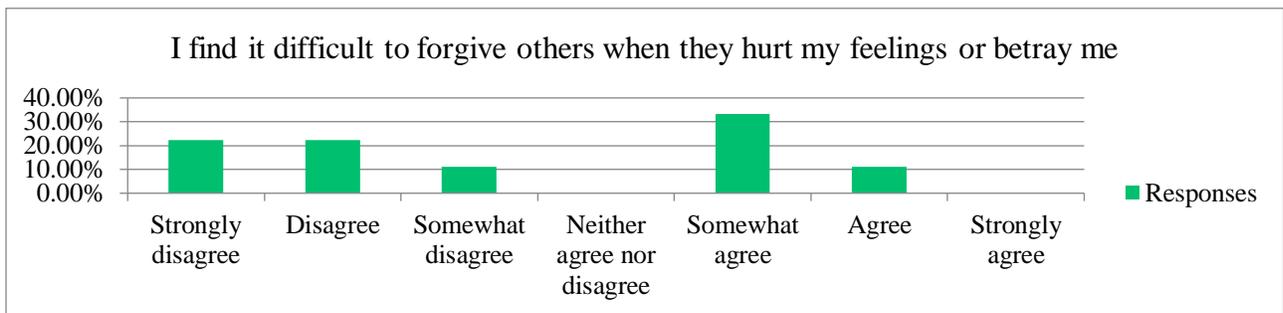
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<sup>158</sup> Numbers 31: 19 (NIV), "Anyone who has killed someone or touched someone who was killed must stay outside the camp seven days. On the third and seventh days you must purify yourselves and your captives. 20 Purify every garment as well as everything made of leather, goat hair or wood."

<sup>159</sup> Brad E. Kelle, *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds* (Nashville, TN: Abingdon Press, 2020), Ch 5.

<sup>160</sup> Ibid.

The session was transforming as confirmed by participants at the end. A statement of forgiveness to self and to others was recited by the researcher and participants together at the end of the session as a declaration of God’s forgiveness. The researcher later conducted an exit interview with participants who reaffirmed the positive impact of the study. The people shared how well they have felt since the study and how they had wished it did not have to end. There was a clear consensus that the sessions were impactful as seen in the post-intervention survey. The following results show participants’ improvement in the management of their symptoms at the end of the study:



As explained in the third chapter, the intervention would take the form of five sessions. These meetings would occur online and follow a standard schedule with both objective and subjective elements. The data then was analyzed to present a qualitative description with quantitative information embedded in the narrative. Having wrapped up this part of the results, the paper will move on to present some findings.

### **Findings**

This study was not only enlightening to the participants but also educational for the researcher. Its findings have the potential to guide chaplains, pastoral caregivers, behavioral health officers, and counselors in intervening and addressing their client's moral damage as well as aiding in their personal and professional growth. This section of the chapter will show eleven useful things the researcher discovered about moral injury through this study. It would disclose insightful and interesting points that could help the pastoral caregiver and future researchers in conducting effective Bible-reading therapy. The formatting has a less-is-more style with an explanation followed by an illustration. Conclusions will be reserved for the final chapter.

#### **Sharing Moral Injury Experiences/Incidents**

One of the most effective ways to address moral injury symptoms is by simply talking about the experiences that led to one's moral damage collectively. During the study, the researcher gave participants the opportunity to talk about their challenges and the starting point of their moral injury. Although it was difficult for some of the participants to talk about their experiences, there was a unanimous sigh of relief among participants after sharing their stories. The therapy was so successful that even after the first session the participants became hopeful that they would be better by the end.

Weeks after the Bible-reading therapy finished, the researcher reached out to participants to follow up on their progress. Seventy percent of the participants avow that they started feeling better immediately after talking about their incidents/experiences during the first session and the interview. They were not only relieved to share their stories but also felt at ease knowing that they are not alone in the struggle. They also appreciated the opportunity to share these stories on safe ground – without fear of being judged.

### Combining Male and Female Participants

The United States military and veterans consist of the male and female gender.<sup>161</sup> The researcher combined both the male and female gender to make the study viable for the demography it aimed to serve and study. However, it was a bit challenging combining male and female participants in Bible-reading therapy.

Although 80% of this study's participants are male, female participants would read the Bible more thoroughly. Female participants would read the Bible for comprehension and would prefer to spend more time in the Bible than discussing or reflecting on the passage in each therapy session. Male participants enjoyed discussing the ideas in the Bible as opposed to spending so much time reading the actual text. The researcher noticed this variance during the second therapy session and immediately made tweaks to remedy the situation. Female participants would read most of the lengthy biblical texts while male participants would read shorter passages or texts that still give sufficient information for reflection.

### Relating to Prior Acquaintances

It is challenging to conduct Bible-reading therapy sessions with veteran participants who knew each other personally and knew their ranks during service. The military has a way of

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<sup>161</sup> On January 26, 2021, the Department of Defense removed restrictions for transgender personnel in the Armed Forces. Now, transgender individuals can serve openly in the United States military.

instilling respect in servicemember right from the onset of their military service. Participants who knew the researcher's rank during service still addressed the researcher with proper salutation and respect even though everyone in the study, including the researcher, have either retired or left the military.

During the researcher's follow-up call to one of the participants, he revealed that he was reluctant to speak during the session because he had served with one of the veterans in the group. In fact, this person was his Command Sergeant Major (CSM). The participant further affirmed that he still sees him as his CSM even though they are all veterans. The researcher encouraged the participant to see the group as a place of healing, a place where God intends to help everyone in their challenges through His Word, and a place where everyone is going through some morally damaging issues. The participant later agreed with the researcher's encouraging words and contributed more during the next session discussion.

#### Understanding of God's Will and Purpose for their Life

Exposing participants to God's will and thoughts for their lives helps boost their confidence. Some of the reproaching symptoms of moral injury are self-condemnation, guilt, shame, and condemnation. The truth is that God has not condemned the participants. Thus, it was crucial in the therapy to show participants how God's plan for them is far from the condemning plan of the devil.

During the researcher's interaction with one of the participants, he affirmed that he feels more confident now, knowing that he is still connected with God through Christ Jesus. The participant further explained that cultivating a daily Bible-reading habit, helped him feel close to God because God was speaking to his heart. This connection had the effect of creating a desire to please God in the participant.

### Following-up with Counseling

Providing follow-up pastoral counseling and emotional support to participants help them feel protected. Every participant in the group said they have family or domestic issues they are going through. They sometimes feel affected by certain sensitive or emotional discussions during therapy sessions that would need further clarification and follow-up. These discussions could spur from either the participant's input or inputs from others in the group.

Each time the researcher reached out to individual participants for follow-up for an encounter or incident in the meeting, the participant felt supported. In the same way, when the researcher reached out to participants about emotionally stimulating issues that occurred outside of the sessions, the participants expressed gratitude. During a follow-up conversation with a participant, she tearfully told the researcher that she was feeling miserable and depressed prior to the researcher's call. However, after the interaction with the researcher, the participant said she felt much better and was encouraged.

### Trusting the Researcher and Family

Participants in Bible-reading therapy tend to heal faster and sturdier when they have better support from their immediate family and have some level of trust for the researcher (or chaplain/pastoral caregiver) during Bible-reading sessions. Each participant veteran has their strong suit, but most participants who appear to do better and faster either showed some passion to please God with their lives, have some family support,<sup>162</sup> or simply knew/trust the researcher.

A participant said during the exit interview that he feels much better and healthier both spiritually and emotionally because of the support he received from his family during the

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<sup>162</sup> These participants received moral support from their families in the form of studying and praying together as a unit, reminding participants about the meeting, studying the articles and materials with participants, taking care of their children and other dependents during meetings, and encouraging participants when they feel discouraged.

process. Another participant said that she accredits her progress to her desire to please God in all aspects of her life, and because of her respect and value for the researcher who was her chaplain during her tour in the Middle East.

### Growing Together

In Bible-reading therapy, the researcher or chaplain/pastoral counselor learns and grows alongside the participants/group members. Even if the facilitator has taken numerous groups through the series of sessions, his or her current life situation will be new. When the Word of God is applied to these new circumstances new truths will be learned. So, everyone has a chance to grow closer to God and to grow closer to each other by going through the same process of finding divine answers for their problems.

Personally, the researcher's solution-focused Bible study time per week has increased by 50% in the past months since the study.<sup>163</sup> The answers might require a change in expectations, might require patience, and might require hard work. However, all the discovered answers are still effective and healing to the soul. Delightfully, every issue or problem has an answer in the Bible.

### Finding Openness through the Exploration of Biblical Accounts

Exploring biblical accounts of the effect of moral injury on the soul divulges a participant's vulnerability and requires additional emotional support. Pastoral counseling and possible referral/consultation for additional psychotherapy support should be anticipated. As participants related to the individuals in the Bible who went through similar moral injury issues, they became more open about their inability to help themselves. They often, too, became more aware of the emotional pain they went through and are still going through.

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<sup>163</sup> In the past months, the researcher's solution-focused Bible-reading hours have increased significantly from 5 hours to 7.5 hours weekly.

During the exit interview, a participant said that he still gets emotional whenever he remembers the Psalm 22 illustration of torture because the descriptions are like his symptoms. A month after the study, a female participant told the researcher that she is still perplexed how God could reject and turn His back on someone for whom He once showed so much love and care. She further explained that she knows that Jesus Christ took care of such consequences for us believers but still feels baffled by the issue.

### Forgiving Self and Others Collectively

On the last day of the study, all participants, including the researcher, unanimously recited a prayer of forgiveness. The group also collectively recited a statement that they have forgiven everyone who hurt them or contributed to their moral injury during service. This process was invigorating to the group. The feeling of good was multiplied exponentially by corporate action.

All the veterans affirmed that even though it was tough to let go of all the hurts they have in their hearts, letting them go through forgiveness was a peaceful progression. One participant said that she felt at ease not carrying the hurt anymore. She further said that she would still not reach out to the individual that primarily caused injuries to her moral code. The researcher affirmed the participant's thoughts/views.

### Redirecting Participants

There were times during the therapy sessions when the researcher would need to carefully guide and redirect participants on issues that could potentially cause conflict and unnecessary arguments in the group. This redirection was a delicate process to navigate. In such instances, it is imperative that the researcher or chaplain, or pastoral caregiver remains unbiased without causing one participant to feel that you are siding the other.

All participants in the study agreed that the researcher was fair in conflict resolution and in redirecting the group to the main issue when they wandered to unrelated issues during discussion. However, there were times when the researcher would allow participants to spend time on a topic that could help them process their emotions, even when the topic or issue is not part of the session outline.

### Misperceiving Other Veterans

At the beginning of the study, older participant veterans tended to see younger participants as a bit feeble in the ways they handled their distress. A young female participant complained to the researcher about the discrepancy after the first day of the therapy session. The researcher addressed it during the next/second session. The researcher explained how such presumption goes against what the study is trying to achieve. The therapy would only work if the setting was a trusted and safe environment where everyone's story and challenges are accommodated and addressed without favoritism.

During the researcher's follow-up interaction with the oldest individual in the group, a retired CSM, he expressed regret for the way he spoke to one of the female participants as if her symptoms seemed less serious than his. This issue was resolved quickly and amicably without jeopardy.

### Summary

In summary, this study achieved its purpose of providing a platform for participants to voice their inner struggles, feel heard, and begin a process of healing through Bible-reading therapy. This success was evidenced in the results of the study which showed that all the participants made some progress in their path to better spiritual/emotional health. Some participants did better with moral injury symptoms when it had to do with self than when similar

symptoms are linked to others or other external stimuli. This trait was not a failure of the study. It simply meant that the process is a work in progress. Participants were encouraged to continue to practice what they have learned and continue to dig into the Bible for motivation, encouragement, and healing.

The study, however, may have been more successful if the researcher had placed more emphasis on the confidentiality rules before the first session. In the same way, the sessions may have moved more smoothly by going straight to the Bible-reading part with more discussion time placed at the end. Related to the overall schedule, having therapy session four (i.e., Effect of Moral Injury on the Soul and Emotion of the Sufferer) at the beginning stage of the study could have benefits for participants' struggles with self-condemnation and guilt. More formal conclusions will be presented in the last chapter.

## **Chapter Five**

### **Conclusion**

The purpose of this study was to recognize the challenging impact of moral injury on adult Bay Area/Central Valley/Los Angeles veterans, address its symptoms using Bible reading therapy, and reassess their progress for an effective and lasting solution to veterans who are battling with war's unseen wounds. The study was prompted by the unwelcoming negative effect of moral injury on veterans coupled with the fact that there are limited therapies or solutions to the problem regionally and nationally. The need for Bay Area/Central Valley/LA veterans to use spiritually and emotionally stimulating tools to tackle their spiritual/emotional battles and reintegrate properly into their communities is of vital importance.

This chapter will review and analyze this research project to draw recommendations for future studies on moral injury and to give guidance to other pastoral caregivers, counselors, and chaplains for their work. The chapter will show how the results of the research project differ from previous studies on issues relating to moral injury including literature reviewed in chapter two of this project. It will also summarize the researcher's takeaway from the study, the relevance of the study results to other non-pastoral counseling settings, and germane issues that deserve more investigation.

### **Review of Chapters**

Chapter one of this research project gave an introductory justification for the reason, purpose, and intent of the study. The unremitting challenges of the effect of moral injury, also known as spiritual injury or soul injury, on veterans in the Sergeant Major Association of

California have over the years, hindered them from experiencing a suitable quality of life.<sup>164</sup>

However, this research project was undertaken to address these unwanted symptoms of moral injury among veterans using Bible-reading therapy.

The researcher adopted the notion that there are gaps in the ways by which moral injury sufferers are cared for or supported both in Bay Area/Central Valley/LA area and in the nation at large. First, there are gaps or discrepancies in veterans' access to care due to the malformation system of the Veterans Affairs, misinformation, and lack of organized and non-judgmental ground for support. Second, there are social discrepancies in the ways by which moral injury sufferers respond to the limited support presented to them. The fact that these great men and women are battling with shame and guilt makes it challenging to seek or accept help, or even express their deep challenges. In response, the researcher proposed a safe, welcoming, and non-judgmental ground where participant veterans would feel comfortable to share their challenges, reflect on relevant biblical principles related to their experiences, and begin a process of healing.

The researcher anticipated some challenges during the study especially in directing the focus on moral injury as opposed to PTSD which could have similar symptoms with moral injury but is different from moral injury. Many of the participants in the study and intended beneficiaries of the product are veterans with PTSD. Consequently, the researcher used the term moral injury and its definition frequently during the study intervention.

The researcher also anticipated challenges relating to individual emotional reactions toward topics that would remind them about past trauma. The goal was to follow up with such individuals or participants and provide additional spiritual/emotional support and possibly refer

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<sup>164</sup> The heart-wrenching story of seventeen-year-old Noah Pierce – an enlisted soldier with the United States Army, shows how unfathomable moral injury is eating up the humanity and psyche of America's servicemembers and veterans. Unfortunately, Noah took his own life when he felt that the load was too much to carry – a load (of moral injury) that could have been managed with appropriate support or therapy.

them to a higher level of care. The gender imbalance in the Sergeant Major Association of California was another anticipated challenge. It was a problem finding two female veterans who agreed to participate in the study. However, their inputs were invaluable in the overall development. By the end of the chapter, the problem and its related issues had been summarized in a way that pointed to both the need and the feasibility of the project.

Chapter two surveyed the theoretical and theological backbone of the research project. The chapter showed how biblical principles and books, articles, and other relevant materials could help in the assessment and support of moral injury sufferers. The chapter capitalized on two major works on moral injury by Jonathan Shay and Brad E. Kelle.<sup>165</sup> These resources laid down the meaning, history, and effects of moral injury on veterans and servicemembers. They also provided insights for addressing this moral issue from a spiritual perspective by using the Bible.

Evidence from both the Bible and the texts reviewed showed the debilitating effects of moral injury on the spirit of its sufferers. The clinical material gave reasons for why these individuals find it extremely difficult to carry the moral injury burden. Bible texts described the condition as “something strange.”<sup>166</sup> Again, since this moral injury issue is spiritually and morally connected, it makes sense to tackle it with a divine solution by reading and reflecting on the Bible.

The Bible promises hope for those who are battling with symptoms of moral injury through the redemptive work of Jesus Christ. Sins, afflictions, and moral wounds were nailed on the cross of Calvary, and thus forgiveness transforms and renews those who believe. Kelle in *The*

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<sup>165</sup> The two books reviewed were Jonathan Shay’s *Achilles in Vietnam: Combat Trauma and the Undoing of Character* and Brad E. Kelle’s *The Bible and Moral Injury: Reading Scripture Alongside War’s Unseen Wounds*.

<sup>166</sup> 1 Peter 4:12-14; 5:6-11, NIV.

*Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds* talked about this redefinition of self and hope through lamentation, post-war rituals, and forgiveness as outlined in the Old Testament. The book introduced a method of healing that capitalizes on embracing the reality that something wrong had occurred; however, those wrongdoings do not have to define those involved.

Chapter three covered the process and procedure of achieving the objective and goal of this research study. It outlined qualitative and quantitative intervention design which was the process the researcher intended to follow to achieve desired goals. The chosen design considered the unfortunate fact that moral injury sufferers sustain inner wounds that are not always visible to the eyes and as a result require caution in its treatment or intervention.

The chapter further explained how the research problem or question would be addressed using the categories or researcher roles, setting factors, and ethical considerations.<sup>167</sup> In each area, it was demonstrated that the researcher, setting, participants, and procedures were a good fit for the methodology. It also explained how the researcher could achieve this process without causing harm to study participants or breaching their confidentiality before, during, and after data collection, analysis, and usage. Because the intervention was dynamic, some space was given in the chapter for triangulation and sequencing. In the end, it was clear that the selected course of action could address the problem brought up in chapter one and reviewed in chapter two.

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<sup>167</sup> The problem or question raised in this research project is that veterans' moral injury issues are highly underestimated, obscured, morally or virtuously repressing, and detrimental to Bay Area/Central Valley and LA area veterans and consequentially calls for qualitative and quantitative research methods of intervention that provides platforms for veterans to regain their moral stand through Bible reading, voice their individual struggles, and feel heard).

Chapter four recorded the life-changing outcome of the intervention design proposed in chapter three. It showed how participants of this study respond, reflect, interact, and engage in a healing journey through Bible reading. It also showed the state of the study participants prior to the intervention, their state following the intervention, and the result of the study as evidenced in their spiritual and emotional responses. The intervention provided a non-judgmental, trusting, and healing ground for participants to talk about their challenges and feel heard, which was accomplished in the study intervention. As a result, participants' lives were changed for good and their relationship with God and others improved.

Although the study was aimed at improving the quality of life of the participants, the researcher was also impacted positively. Other pastoral caregivers, chaplains, behavioral health officers, and counselors should be encouraged to use the process in their support of veterans and individuals who are experiencing symptoms of moral injury. Among other things, the researcher discovered that speaking about the events that led to one's moral injury collectively, understanding God's will and purpose for one's life, and forgiving self and others, helped participants tremendously. Furthermore, study participants benefited from the researcher's follow-up pastoral counseling and all the positive support they received from their families.

The researcher also witnessed a few hurdles during the study intervention. It was interesting to see how different genders reflect, process, and react to Bible reading. It was also initially challenging to keep participants engaged in discussions that include sharing ideas with someone they once knew as their leader or higher ranked servicemember during their service time. Other issues such as diversion from important topics to politics or unrelated matters, and the misconception of older veterans that younger veterans were emotionally feeble, arose from time to time. Despite the difficulties, though, the study was successful.

Chapter five was a summary of the project. Like a car that rolls to a stop, this last section allows the paper to find a resolution. The content will answer questions such as, how do the results match expectations? How do the results compare with other research, and do any results merit further research? The reflections may provide some clarification, but the overall aim was to punctuate the final thoughts.

### **Comparison with Other Research**

Challenges which lead to change shaped the course of this research project and contributed to its success. This section of the conclusion will explain some of the changes the researcher identified in contrast to the original predictions of the project. It will show how the results of the project compare to the researcher's presupposed expectations and to other works from the literature review.

Firstly, there were changes to what the researcher gathered from Jonathan Shay's work, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, regarding the stories behind servicemembers' moral injury experiences. The researcher anticipated that participant veterans would have similar war-bound stories. For example, they probably killed people and later feel bad for their actions. On the contrary, most of the participants' narrative stories were non-combatant and have no exchange of weapons or ammunition.

As a clinical psychiatrist, Jonathan Shay focused on the treatment and support of Vietnam veterans who were dealing with combat-related trauma. The fact that his experience was directly tied to wartime service makes sense for why his participants and patients' stories focused primarily on events that involved the killing of the innocent or taking lives. In this researcher's observation, the seriousness of the damage in this study was due, in part, to the way the injury was ignored. Going unrecognized or being marginalized for not being as real as other trauma

made the effects worse. This reality started surfacing during the interview stage of the study when the participants talked about the experiences during service that caused their moral wounds.

Secondly, there were changes to what Shay proposed as a meaningful intervention strategy (i.e., self-care and individualized therapy). This study, unlike Shay's treatment, utilized organized and group therapy from the onset of the veterans' healing journey. Shay's methods of individualized therapy and medication contradict the objective of helping the veterans share their struggles with others who are going through similar problems. It can also reduce their chances of reconnecting to their families and community. The researcher understood this weakness and designed a strategy to bring spiritual hope.

Thirdly, there were changes in the intervention model used in the study. Although the researcher admired Brad E. Kelle's "Impact of Killing" model, it was not proper for a group where most of the participants did not have moral injury experiences that are directly connected to combat and killing.<sup>168</sup> The researcher however adopted the Adaptive Disclosure model by guiding participants to their moral injury causing experiences in their minds without visiting any physical location or event.

Fourthly, there were changes to Kelle's proposed Old Testament-centric approach to treating and managing moral injury symptoms. The study intervention utilized principles and narratives from both Old and New Testaments during the five therapy sessions. In fact, many

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<sup>168</sup> Impact of Killing focuses on veterans and servicemembers who were involved in combat-related killing or killings. It uses 10 organized sessions or steps in addressing and helping veterans in their healing process. They include, Pre-Treatment Evaluation, Common Responses to Killing-Part 1, Common Responses to Killing-Part 2, Cognitive Behavior Therapy (CBT) Elements, Becoming Unstuck (through acceptance), Acceptance to Moral Injury, Forgiveness-Part 1, Forgiveness-Part 2, Taking the Next Step (which involves writing forgiveness letter, making amends, and connecting/spending time with others), and Maintaining Gains (by understanding that healing is a process and then planning to continue the work). The researcher, however, did not encourage participants to reach out to and reconnect with those who have hurt them or caused/contributed to the cause of their moral injury.

participants expressed feelings of peace and purpose that mirrored the lessons being learned from the New Testament text. The challenges of the intervention demanded this kind of change in the therapy.

Finally, there were changes in the researcher's initial assumption of the intensity and workload of this research project. The researcher underestimated how challenging this study would be from the beginning to the end. The challenge intensified especially during the recruitment and pre-intervention aspect of the study. It was difficult to find veterans who would be willing to participate in the study. Veterans with moral injury prefer to be left alone and not be bothered due to the horrendous stigma that seeking or accepting help makes them regimentally weak coupled with the fact that they would rather keep such struggle 'buried' inside than share them with others. In addition, government agencies were uncooperative, and doing the meetings online had its own set of difficulties. However, looking at the before and after of the situation, made all the work worth it. In the same way, the hardships of this study will pave the way for future research.

### **Suggested Future Research**

The researcher has learned ample lessons during the implementation of the project, but more work is still required. This section will exemplify some of these features and identify aspects of the project that would need future research. Since this study utilized MMR, the suggestions will be grouped as qualitative, quantitative, and correlation.

Qualitative themes that emerged during the study were addressing moral injury symptoms through a truthful narration of morally injurious experiences, improving morale and willingness of participants by exposing them to God's will for their lives, showing genuine care to participants through follow-up support, growing together and gaining the trust of participants

for open interactions, helping participants trust and grow with each other by practicing comradery and normalizing vulnerability, encouraging forgiveness of self and other as a necessity for healing, keeping participants on track through gentle redirection which keeps them focused on the objectives and goals of the study, and seeing old acquaintances in a new light. These qualitative descriptions gave the researcher and the participants the terminology to continue the conversation.

The researcher believes that these discoveries could be the focus of a deeper qualitative study on a specific motif. Looking at the experience of a particular veteran would be an interpretive biography. Group interviews could be done using ethnographic techniques. Describing events or institutions related to moral injury would fall under phenomenology and case study respectively. One could even attempt a grounded theory study to explain what was observed in the sessions.

On the quantitative side, there is room for a descriptive study to see in any certain demographics that are predominant in moral injury. The ten participant veterans for the study could not give a comprehensive analysis of how people of diverse racial, cultural, and denominational/faith traditions would respond to the treatment. Most of the participants were non-denominational Christians. It is fair to ask in future research if changes in the church background have a measurable impact on the effectiveness of the Bible-reading sessions. In addition, only 20 percent of the participants in the group were of the female gender. Thus, a study that includes more female veterans is appropriate.

The reality is that the study was limited to ten participants because getting just one person is difficult. Quantitative studies require large samples to get an accurate picture. To conduct this kind of research would take a large organization or government agency. Perhaps if the VA

recruited for a study or an association of behavioral workers took up the cause, there would be the possibility of gathering many participants from different denominations, age groups, races, and genders. The hope would be that with more and more success the topic will become more and more popular so that the pools of volunteers become large enough for research on this scale. There are some things that can only be seen through statistics, but it takes quantitative analysis and intentional sampling to produce those findings.

Related to correlation, it would be fascinating to have further study for veterans from various eras or conflicts. A researcher could see if there is a correlation between older wounds and newer injuries. Specifically, it would be beneficial to compare material from Vietnam veterans with those in service today; the possibility that these individuals are still carrying inner wounds of shame, dejection, humiliation, feelings of isolation, demonization, and rejection from a nation for whom they fought makes it pertinent for further study. A researcher could also look at certain branches of service for correlations in data. There is the need, too, for long-term studies to see correlation over time. To mitigate a null hypothesis, correlation studies like the ones suggested would require MMR for validation.

Under this umbrella of correlation, there are other agencies outside the military that could benefit from the findings of this study. For example, moral injury therapy could be applied to research projects that address COVID-19 pandemic healthcare workers and emergency responders. These individuals, like servicemembers, have probably experienced moral injury that is being left untreated. In the same way, civilians who underwent morally damaging experiences in a natural disaster could learn to cope and begin to find healing through reading the Bible. How their results would compare with those of a veteran is a topic for a correlation study. One could

even do correlation studies among caregivers to see where the methods of chaplains and pastors are the same and where they are different.

### **Final Considerations**

The paper should not end without stating clearly that moral injury and its symptoms are manageable and treatable. God has given His Word as a way for the injured and those giving the care to find healing. This peace or wholeness goes beyond the mind to the spirit. His servants (the pastoral counselor or chaplain), and others in the community help moral injury sufferers find peace in their minds and healing in their souls. This resolution is meaningful and fitting for those who have served their country.

It should be said, too, that while this study was a success, success is not guaranteed. These veterans have the Christian faith. However, in a setting where the demography of the participants consists mostly of secular moral injury sufferers or veterans and people whose source or standard of moral code is different from those of Christian faith, the result could be different. If the chaplain or pastoral caregiver would explore the individual or individuals' source of moral code, draw hopeful messages from that source, and apply those points through similar settings and procedures, the result has the potential to be meaningful.

For Christian pastors, ministry leaders, and pastoral counselors, the process and methodology adopted in this research project is unequivocally capable of sustaining a better quality of life. Having extended and controlled Bible-reading therapy sessions that cover the topics of this study (i.e., Narrative Stories of Moral Injury Experience, the Effect of Moral Injury on the Soul and Emotion of the Sufferers, Understanding the Will of God for You, Moral Injury in the Bible, and Purification/Reintegration, Lament, Forgiveness, and Hope) would help participants to begin healing and finding peace.

For those who have been injured, the study shows a reason to hope. For those interested in the topic, the study provides a frame of reference that includes both secular models and biblical theology. For researchers, the findings are steppingstones to new studies. For ministry leaders and pastoral counselors, the methodology provides procedures for making up what is lacking in veteran care.

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**Appendix A**  
**IRB Approval Letter**

March 24, 2021

John Onuoha

Daniel Russell

Re: IRB Exemption - IRB-FY20-21-321 Using Bible Reading in Moral Injury Therapy: A Mixed-Method Approach

Dear John Onuoha, Daniel Russell:

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

**Appendix B**  
**Sample Permission Request to President of Sergeant Major Association of California**

March 17, 2021

Ron Cabrera  
SMA/Chaplain  
Sergeant Major Association  
8402 Carob Street  
Cypress, CA 90630

Dear SMA Cabrera:

As a graduate student in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry degree. The title of my research project is Using Bible Reading in Moral Injury Therapy: A Mixed-Method Approach and the purpose of my research is to address the negative effect of service-related moral injury on military veterans in the Bay Area/Central Valley/LA vicinity and introduce workable regulated Bible reading therapy that will not only help military veterans cope in their daily lives but also guide them through their healing path and restore their faith in God and their communities.

I am writing to request your permission to utilize your group list to recruit participants for my research.

Participants will be identified and provided a consent letter for their signatures. Participants will be asked to go to <https://www.surveymonkey.com/r/VGK2BRZ> and click on the link provided, complete the attached survey, and contact me to schedule an interview. The data will be used to identify those who would best benefit from the study. Participants will be presented with informed consent information prior to participating. The intervention process for the study will include sessions on “Narrative Stories of Moral Injury Experiences,” “Understanding the Will of God for You,” “Moral Injury in the Bible: King Saul and Judas Examples,” “Effect of Moral Injury on the Soul and Emotion of the Sufferer,” “Purification/Reintegration, Lament, Forgiveness, and Hope: The path to healing.” Following the intervention, participants will be retested, and the results will be used in compiling and concluding my research project. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, respond by email to [email removed]. A permission letter document is attached for your convenience.

Sincerely,

John Onuoha  
Student

## **Appendix C**

### **Sample Recruitment Letter**

Dear “Dave:”

As a student in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry in Pastoral Counseling degree. The purpose of my research is to address the negative effect of service-related moral injury on military veterans in the Bay Area/Central Valley vicinity and LA area and introduce workable regulated Bible reading therapy that will not only help military veterans cope in their daily lives but also guide them through their healing path and restore their faith in God, self, and their communities, and I am writing to invite eligible participants to join my study.

Participants must be of the Christian faith, wartime or peacetime veteran, a part of the Sergeant Major Association group, and currently experiencing challenges due to service-related moral injury. Participants, if willing, will be asked to complete a pre-intervention survey that will take approximately 5 minutes, attend five sessions of Bible reading/study classes that will take two hours per session, and complete a post-intervention survey that will take about 5 minutes to complete. It should take approximately 10 weeks to complete the procedures listed. Participation will be completely anonymous, and no personal, identifying information will be collected or used.

In order to participate, you must contact me for screening and receive information on the timing of the session. Participants must then click here <https://www.surveymonkey.com/r/VGK2BRZ> and complete the attached survey and contact me at [phone number and email removed] upon completion of the survey.

A consent document will be emailed to you if you are eligible to participate in the study. The consent document contains additional information about my research. If you choose to participate, you will need to sign and return the consent document.

Sincerely,

John Onuoha  
Doctoral Student  
[Phone number removed]

**Appendix D**  
**Sample Recruitment Follow-Up Letter**

01/30/2021

“Dave”  
Veteran  
720 Bascom Street  
San Jose, CA 95128

Dear Dave:

As a student in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry in Pastoral Counseling degree. Last week an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to respond. if you would like to participate and have not already done so. The deadline for participation is February 20, 2021.

If you choose to participate, you will be asked to complete a pre-survey, an interview, participate in five therapy group sessions, and complete a post-intervention survey and exit interview. It should take approximately 11 hours (over a ten-week period) for you to complete the procedure listed. Your name and/or other identifying information will be requested as part of your participation, but the information will remain confidential.

To participate, go to <https://www.surveymonkey.com/r/VGK2BRZ> and click on the link provided.

A consent document will be emailed to you one week before the sessions. The informed consent document contains additional information about my research, please sign the informed consent document and email it back to me no later than February 28, 2021.

Sincerely,

John Onuoha  
Doctoral Student

**Appendix E**  
**Sample Consent Form**

**Consent**

**Title of the Project: Using Bible Reading in Moral Injury Therapy: A Mixed-Method Approach**

**Principal Investigator:** John Onuoha, Student, Liberty University.

**Invitation to be Part of a Research Study**

You are invited to participate in a research study. To participate, you must be at least 18 years old, a Christian, and a veteran in the Bay Area/Central Valley/Los Angeles locality. Participants must be wartime or peacetime veterans, a regular member or attendee of the Sergeant Major Association of California group, and currently, experiences challenge due to U.S. military service-related moral injury. Participants, if willing, will be asked to complete a pre-intervention test that will take approximately 15 minutes, attend five sessions of Bible reading/study classes that will take two hours per session, and complete a post-intervention test that will take about 15 minutes to complete. It should take approximately 10 weeks to complete the procedures listed. Participation will be completely anonymous, and no personal, identifying information will be collected. 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 address the negative effect of service-related moral injury on military veterans in Bay Area/Central Valley/LA vicinity. It will introduce workable regulated Bible reading therapy that will not only help military veterans cope in their daily lives but also guide them through their healing path and restore their faith in God and their communities.

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

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

1. First, you will complete a survey/test and an interview that would take approximately 15 minutes to complete. The outcome of these processes would serve as a guide in planning for the intervention aspect of the study.
2. Second, you will go through an intervention process that would involve Bible reading therapy. This procedure will occur every other week (for 10 weeks) and will take approximately two hours per session.
3. Third, you will complete a post-intervention test that would take approximately 15 minutes to complete.

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

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

Benefits to society include reduction in the number of veterans who attempt or complete suicide; possible revisit of how to assess, support, and provide services that would meet the needs of veterans with moral injury; the functional reintroduction of veterans to their individual communities; introduction and implementation of workable solutions and therapies that would help morally injured veterans cope and heal; and a platform for additional research into the effect of moral injury and development of plausible helpful therapies and outcome.

#### **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. Veterans might have to narrate some of the issues that led to their moral injury during the introductory stage of the therapy.

#### **How will personal information be protected?**

Your personal information (such as real name, date of birth, home address) will not be used for this research. Other data (outside your personal information) collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

The following are means by which this researcher intends to protect your privacy and confidentiality:

- Participant responses will be kept confidential using pseudonyms or false names and interviews/therapies will be conducted via virtual means – where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- The researcher will take hand-written notes of the interviews and therapy groups sessions outcome, and later record them on a password-locked computer. Data/notes will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to this information.
- Confidentiality cannot be guaranteed in the Bible-reading therapy group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

#### **How will you be compensated for being part of the study?**

Participants will not be compensated for participating in this study.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future participation in the Sergeant Major Association of California group. 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 and/or phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from Bible-reading/therapy group data, will be destroyed immediately and will not be included in this study. Therapy group data will not be destroyed, but your contributions to the group will not be included in the study if you choose to withdraw.

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

The researcher conducting this study is John Onuoha. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact the researcher at [phone number and email removed]. You may also contact the researcher’s faculty sponsor, Dr. Daniel Russell, at [email removed].

**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 of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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

---

Printed Subject Name

---

Signature & Date

## **Appendix F**

### **Sample Interview Questions**

Thank you, Veteran, for participating in this interview. As you could tell from our previous communication, this research study is designed to help guide veterans with moral injury in their healing process, and I strongly believe you could help in achieving this goal. So, I really appreciate you making time and volunteering to speak with me.

In this interview, I want to focus on your understanding of and experiences with moral injury, how moral injury has impacted you, and what you would want to gain out of this study if selected.

The interview should take between 10 to 15 minutes to complete. The interview is voluntary – you can choose to stop the interview at any time. Even if I use your answers as a guide in the actual therapy process, your name will not be attached to any of the answers.

I will write down your answers on a piece of paper, type/store them in a password-protected computer for future use in the study.

Do you agree with this plan, and would you want us to begin the interview?

Question One:

What is your understanding of moral injury?

Question Two:

Could you please tell me a little about the incident or incidents that caused the moral injury?

Question Three:

Describe your relationship with God and others before moral injury.

Question Four:

How is your relationship with God and others now?

Question Five: Could you please describe some of the symptoms you have felt since your exposure to morally injurious experiences?

Question Six: How have you received support for the moral injury?

## Appendix G Sample Checklist

### Checklists for Using Bible Reading in Moral Injury Therapy: A Mixed-Method Approach

*This checklist is intended to guide in ensuring that all aspects, sections, and sub-sections of this research project are addressed and covered.*

- Completion and Approval of IRB Application
- Approval of Permission Request by SMA Cabrera
- Distribution of Research Flyer
- Phone Calls for Recruitment to Potential Study Participants
- Phone Calls for Follow-Up Recruitment to Potential Study Participants
- Participants Complete Interview with Researcher
- Participants Read, Understand, and Sign Consent Forms and Researcher Receives Forms
- Participants Complete Survey Questioners on SurveyMonkey.com
- Researcher Sets Up Means of Conducting Virtual Meetings/Sessions (i.e., Zoom)
- Researcher Conducts Five Bible-Reading Therapy Sessions and Complete Objectives:
  - ✓ Narrative Stories of Moral Injury (MI) Experiences (*Discuss and reflect on incidents that caused individual veteran's moral injury. Reflect on the reason why such incidents resulted in the violation of veteran's core moral convictions*)
  - ✓ Understanding the Will of God for You (*Explore God's will for each veteran as outlined in the Bible*)
  - ✓ Moral Injury in the Bible: King Saul and Judas Examples (*Explore, discuss, and reflect on biblical stories and examples of the effect of moral injury. Retrospectively narrate and relay King Saul's and Judas' moral injury to veterans' experiences. Discuss how the interpretation of biblical warfare texts could help lay the foundation for hope and healing*)
  - ✓ Effect of Moral Injury on the Soul and Emotion of the Sufferer (*Discuss some of the symptoms that veterans are experiencing. Explore some of the examples of the feelings of associated with moral injury as outlined in the Bible*)
  - ✓ Purification/Reintegration, Lament, Forgiveness, and Hope: The path to healing (*Explore the possible hints of postwar purification/rituals of demobilization, return, and reintegration in the Bible and compare those stories to similar rituals of individual veterans following deployment*)
- Complete Post-Intervention Interview and Post-Intervention Survey

**Appendix H  
Sample Session Outline**

**Session Outlines for “Using Bible Reading in Moral Injury Therapy:  
A Mixed-Method Approach”**

<b>Researcher’s Name</b>	John Onuoha	<b>Therapy/Session Date and Time</b>	
<b>Researcher Contact</b>	[Phone number and email removed]	<b>Session Location/Source</b>	Virtual – Via Zoom
<b>Session Number</b>		<b>Session/Therapy Duration</b>	

<b>Time</b>	<b>Session/Therapy Topic</b>	<b>Learning Resources/Text</b>	<b>Session Objectives</b>	<b>Session Activities</b>	<b>Assessment/Check-In and Homework</b>
	Narrative Stories of Moral Injury (MI) Experiences  Will address Moral Concern	<i>Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members with Combat-Related Psychological Stress Injuries</i> by Matt J. Gray Et al  <i>Exploring Moral Injury in Sacred Texts</i> by Joseph McDonald	Discuss and reflect on incidents that caused individual veteran’s moral injury  Reflect on the reason why such incidents resulted in the violation of veteran’s core moral convictions	Reading, reflection, and discussion of texts	Check-in on how everyone is feeling following the session  H/W: Read John 10:10; Jeremiah 29:11; 1 Timothy 2:3-4; Hebrews 10:36; 13:20-21; James 1:5; 1 Peter 2:15
	Understanding the Will of God for You  Will address Self Condemnation,	John 10:10; Jeremiah 29:11; 1 Timothy 2:3-4; Hebrews 10:36; 13:20-21; James 1:5; 1 Peter 2:15	Explore God’s will for each veteran as outlined in the Bible	Reading, reflection, and discussion of texts	Check-in on how everyone is feeling following the session  H/W: Read journal article on <i>Moral Injury and the Interdisciplinary Study of the Biblical War</i>

	Guilt, and Shame				<i>Texts by Brad E. Kelle</i>
	<p>Moral Injury in the Bible: King Saul and Judas Examples</p> <p>Will address Religious Struggles/ Loss of Religious Faith/Hope, Loss of Meaning/Purpose, Feelings of Betrayal, and Loss of Trust</p>	<p><i>Moral Injury and the Interdisciplinary Study of the Biblical War Texts</i> by Brad E. Kelle</p> <p>1 Samuel 9-31; Matthew 10:1; Matthew 26: 14; Matthew 26:49; Matthew 27:3</p>	<p>Explore, discuss, and reflect on biblical stories and examples of the effect of moral injury</p> <p>Retrospectively narrate and relay King Saul’s and Judas’ moral injury to veterans’ experiences</p> <p>Discuss how the interpretation of biblical warfare texts could help lay the foundation for hope and healing</p>	<p>Reading, reflection, and discussion of texts</p>	<p>Check-in on how everyone is feeling following the session</p> <p>H/W: Read Lamentation 3:1-30 and 1 Samuel 15:10-35</p>
	<p>Effect of Moral Injury on the Soul and Emotion of the Sufferer</p> <p>Will explore and address MI symptoms : Guilt, Shame, Moral Concerns, Feelings</p>	<p>Lam. 3:1-30; 1 Sam. 15:10-35; Matthew 27:1-10; Psalm 22</p>	<p>Discuss some of the symptoms that veterans are experiencing</p> <p>Explore some of the examples of the feelings associated with moral injury as outlined in the Bible</p>	<p>Reading, reflection, and discussion of texts</p>	<p>Check-in on how everyone is feeling following the session</p> <p>H/W: Read journal article on <i>Postwar Rituals of Return and Reintegration</i> by Brad E. Kelle</p>

	<p>of Betrayal, Religious Struggles/ Loss of Religious Faith/Hope, Loss of Meaning/Purpose, Difficulty Forgiving, Loss of Trust, and Self Condemnation</p>				
	<p>Purification/Reintegration, Lament, Forgiveness, and Hope: The path to healing</p> <p>Will address Difficulty Forgiving</p>	<p>Chapter 5 of <i>The Bible and Moral Injury</i> by Brad E. Kelle</p> <p><i>Postwar Rituals of Return and Reintegration</i> by Brad E. Kelle</p> <p>Numbers 31; Joshua 22; Gen. 14:17-24; Deut. 21:10-14; Judges 11; 1 Peter 4:12-14; 5:6-11; Proverbs 18:14; Lam. 3:31-66; Romans 8:1; John 8:32; Psalm 38; 107:13-16; 147:3; Isaiah 51:12-15; Romans 12:2</p>	<p>Explore the possible hints of postwar purification/rituals of demobilization, return, and reintegration in the Bible and compare those stories to similar rituals of individual veterans following deployment</p>	<p>Reading, reflection, and discussion of texts</p>	<p>Check-in on how everyone is feeling following the session</p> <p>Discuss what went well during the five sessions and what needs improvement</p> <p>After-action review (ARR)</p>

**Appendix I**  
**Sample Prompts**

**Prompts for: Using Bible Reading in Moral Injury Therapy:  
A Mixed-Method Approach**

<b>Therapy Session</b>	<b>Researcher's Prompts</b>
1) Narrative Stories of Moral Injury (MI) Experiences	<ul style="list-style-type: none"> <li>• In thinking back over your deployment and military experience, what experience or incident did you experience that caused the violation of your core moral belief?</li> <li>• Why do you think this occurrence damaged your core moral conviction?</li> <li>• How have the violation of your core moral belief impacted your daily life?</li> <li>• Do you feel that your trust for and relationship with God, self, and others have been impacted by moral injury?</li> </ul>
2) Understanding the Will of God for You	<ul style="list-style-type: none"> <li>• How would you describe the will of God for you prior to moral injury and now?</li> <li>• How have the moral injury challenges changed your understanding of God's will for you?</li> <li>• How would you explain or interpret the text we just read?</li> <li>• How can you embrace God's promises and will for your life?</li> </ul>
3) Moral Injury in the Bible: King Saul and Judas Examples	<ul style="list-style-type: none"> <li>• How have these Bible passages informed or ministered to you especially?</li> <li>• How can you relate these passages and stories to what you have experienced or still experience?</li> <li>• What messages of hope could you draw from these biblical examples of moral injury?</li> <li>• What other lessons can you take from the texts?</li> </ul>
4) Effect of Moral Injury on the Soul and Emotion of the Sufferer	<ul style="list-style-type: none"> <li>• How have you changed since you started experiencing moral injury?</li> <li>• What symptoms have you experienced since the onset of the moral injury?</li> <li>• What were your reactions to these symptoms?</li> </ul>

	<ul style="list-style-type: none"> <li>• How can you relate these symptoms to the biblical examples we just read?</li> </ul>
<p>5) Purification/Reintegration, Lament, Forgiveness, and Hope: The path to healing</p>	<ul style="list-style-type: none"> <li>• Did you go through reintegration courses during demobilization before or after returning to the States, following deployment?</li> <li>• What other self-care or ritual did you undertake after deployment? How would you compare these biblical examples of reintegration/ritual to what you practiced? Are there principles from the Bible you believe would have been helpful to integrate when you returned from deployment?</li> <li>• How have you shared your moral injury experiences with others? Are you able to talk about these experiences?</li> <li>• How have the texts we just read minister to your soul? As a believer in Christ's atonement, how can you relate to the forgiveness of sins that God freely gave us through the death, resurrection, and ascension of our Lord and Savior Jesus Christ?</li> </ul>