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Self-compassion Education, a Framework for a Self-Care Plan for Military Chaplains: A Qualitative Study

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by

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Thesis Project Approval Sheet

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT
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Self-compassion education promotes coping skills to ease emotional discomfort and suffering by offering a sense of belonging, understanding, and caring, similar to the benefits of empathy for someone else. No research has been done examining the buffering importance of self-compassion education as a framework for self-care among military chaplains. The current study was tailored toward understanding military chaplains' perception of self-compassion as a framework for self-care. The dissertation aimed to determine a need to formulate a self-care plan for military chaplains to reduce their pain after helping Soldiers and their families diagnosed with trauma through different interventions. The goal of this project was limited to how military chaplains understood and desired to learn more about self-compassion and not to explore their psychological health treatment in dealing with pain. The thesis project assessed the perspectives of military chaplains stationed at Schofield Barracks, Hawaii. The study employed a descriptive quantitative research methodology. The participants were a purposeful sample of 10 U.S. military chaplains stationed at Schofield Barracks, Hawaii, who at the time of the study had been providing counseling to Soldiers suffering from trauma and their families for at least one year. Data were collected through a one-to-one, semi-structured interview, analyzed, and organized by theme. The result of the study showed the importance of incorporating self-compassion education into military chaplaincy. The importance of self-care cannot be over-emphasized; it is the key for chaplains to be battle-ready and resilient.

Keywords: Military Chaplaincy, Self-Compassion, Spirituality, Second Traumatic Stress, Self-Care

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Abbreviations

BHO	*Behavior Health Officer*
COSC	*Combat Operation Stress Control*
CMM	*Combat Medical Ministry*
CPE	*Clinical Pastoral Education*
DoD	*Department of Defense*
DMIN	*Doctor of Ministry*
IPV	*Intimate Partner Violence*
MBSR	*Mindfulness-Based Stress Reduction*
MSC	*Mindful Self-compassion*
MI	*Moral Injury*
PC	*Palliative Care*
PTSD	*Post-Traumatic Stress Disorder*
STS	*Second Traumatic Stress*
UMT	*Unit Ministry Team*
VA	*Veteran Administration*

CHAPTER 1: INTRODUCTION

Introduction

According to a growing body of evidence, mindful self-compassion, among other positive psychological therapies, has improved well-being and reduced the suffering of various groups.[1] Since the dawn of time, according to some, people have experienced different forms of moral harm.[2]According to others, Moral Injury (MI) has not been properly defined or experimentally proved to warrant a separate diagnosis and, until proven differently, should be included in post-traumatic syndrome disease (PTSD).[3] However, according to the majority, as suggested by adequate technical skills based on background and exploratory practice, MI is a vibrant sociological phenomenon distinguishable from PTSD,[4] one that can profoundly impact the development of people who have suffered—in one manner or the other—significant

[1] L. D'raven, and N Pasha-Zaidi. "Positive Psychology Interventions: A Review for Counseling Practitioners." *Canadian Journal of Counseling and Psychotherapy* 48, no. 4 (June 12, 2014).

[2] T R. Frame, *Moral Injury: Unseen Wounds in an Age of Barbarism*. Sydney, (Nsw: New South Publishing, 2015), 89.

[3] A. J. Phelps, Kartal, D., Lau, W. and Forbes, D., The utility of moral injury. *Moral injury: Unseen wounds in an age of barbarism*, (2015), 150-166.

[4] Bernard Joseph Verkamp, *The Moral Treatment of Returning Warriors in Early Medieval and Modern Times* (Scranton, Ill.: Univ. Of Scranton Press, 2006).

normatively demanding trauma.[5] Soldiers and their family members are not exempted. They tend to seek spiritual and pastoral support from the military chaplains for positive interventions.

However, military chaplains offering spiritual support for these soldiers and family members must engage in mindfulness self-compassion training. The three essential characteristics of self-compassion are mindfulness, a feeling of shared humanity, and self-kindness.[6] To be mindful is to pay attention, on purpose and without judgment, to the present moment.[7] It is a balanced state of awareness, one that avoids the extremes of over-identification and disassociation with experience, involving clearly observing and accepting mental and emotional phenomena as they arise.[8]

Self-compassion, akin to how empathy is beneficial to another person, is supposed to ease emotional discomfort and suffering by offering a sense of belonging, understanding, and caring. Humans are presented with several opportunities in their daily lives to feel compassion for others and for themselves, compassion may also be actively taught, learned, and practiced. To

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[5] Chris Antal, and Kathy Winings. "Moral Injury, Soul Repair, and Creating a Place for Grace." *Religious Education* 110, no. 4 (August 8, 2015): 382–94.

[6] Kristin D. Neff, "The Development and Validation of a Scale to Measure Self-Compassion," *Self and Identity* 2, no. 3 (July 2003): 223–50.

[7] United States, *Army Field Manual Holistic Health and Fitness (H2F),* vol. FM 7-22 (Washington, DC: Headquarters, Department of the Army, 2020), 13–14.

[8] James Pattison, "The Legitimacy of the Military, Private Military and Security Companies, and Just War Theory," *European Journal of Political Theory* 11, no. 2 (November 29, 2011): 131–54.

help people become more compassionate toward themselves, existing self-compassion therapies include a variety of meditations and interactive activities such as letting go of negative thoughts, confronting one's inner critic, and forgiving oneself among others.

Self-compassion stands in stark contrast to self-criticism, which is linked to heightened despair and other mental health issues.[9] This research addresses the problem that the military chaplains stationed at the Schofield Barracks are not appropriately prepared to cope with the pain and suffering they might experience while assisting their traumatized clients (the military community). The chaplains would thus benefit from a methodology that would effectively recognize and support not only the mental health requirements of the soldiers and their families but also, through self-compassion, that of the chaplains.

This research addresses the importance of self-care for military chaplains dealing with deployed troops and their family members. It highlights the need for them to provide a framework that may not only help them deal with the pain and suffering they might experience during and after any intervention but also subsequently boost their well-being. By directing kindness toward themselves by not judging and criticizing themselves, the military chaplains can

[9] Gilbert, Paul, and Sue Procter. "Compassionate Mind Training for People with High Shame and Self-Criticism: Overview and Pilot Study of a Group Therapy Approach." *Clinical Psychology & Psychotherapy* 13, no. 6 (2006): 353–79.

mitigate the effects of their negative emotional experiences and better maintain a balanced awareness of their thoughts and emotions.[10]

Ministry Context

In today's fast-paced working environment, serious workplace hindrances can cause burnout. As described by Tony Horsfall, a pastor and a mental health and well-being coach, these snags include "fatigue, lack of motivation, cynicism, decreased satisfaction, frustration, inability to concentrate, negative outlook, self-doubt, frequent mood changes, and social isolation, and depression."[11]

Military chaplaincy is not an exemption from these problems. Professional chaplains work in multidisciplinary settings—hospitals, prisons, business organizations, and the military—often forming close bonds with patients, soldiers and their families, which leaves chaplains vulnerable to the risk of heightened stress.[12] Due to an asymmetry between the stressors and

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[10] Neff, *The Development and Validation of a Scale to Measure Self-Compassion*, 223–50.

[11] Tony Horsfall, *Working from a Place of Rest: Jesus and the Key to Sustaining Ministry* (Abingdon: Bible Reading Fellowship, 2010), p. 52.

[12] Anthony L. Back et al., "Building Resilience for Palliative Care Clinicians: An Approach to Burnout Prevention Based on Individual Skills and Workplace Factors," *Journal of Pain and Symptom Management* 52, no. 2 (August 2016): 284–91.

coping techniques, these caregivers may be concerned about the possibility of diminished empathy during soldier–chaplain, patient-clinician, and employee–chaplain engagements.

Compared to nurses, military chaplains are likelier to experience low levels of discomfort and thus resort to a greater variety of coping methods.[13] Among various helping professionals, the growing number and variety of palliative care (PC) programs indicate the growing need for PC physicians,[14] a need that has been accompanied by a more in-depth examination of the impact of PC on its caregivers. According to another research, 60% of PC clinicians experienced burnout and stress. Moreover, healthcare practitioners have recognized the negative impacts of burnout on clinical treatment (as well as the significance of self-care techniques).[15]

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[13] Kevin Massey et al., "What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care," *BMC Palliative Care* 14, no. 1 (April 15, 2015): 10.

[14] Kelsey B. White et al., "Distress and Self-Care among Chaplains Working in Palliative Care," *Palliative and Supportive Care* 17, no. 5 (February 11, 2019): 542–49.

[15] Ibid.

The burnout rates among PC professionals (chaplains inclusive) were projected to be greater when they were younger, worked more than 50 hours per week, and had fewer institutional colleagues.[16] Non-physician PC clinicians tend to suffer from more emotional weariness and depersonalization. These disparities in clinical professionals' discomfort might result from organizational variances or discipline-specific operational or self-care techniques. Clinicians have recognized the necessity of treating sentiments and assimilating memories connected with psychological and spiritual distress, with researchers uncovering proactive approaches to enhance resilience. Among the PC doctors who practice self-care and self-awareness, particularly those who regularly deal with mortality, there seems to be reduced burnout.[17]

In the military, chaplaincy ministry support is an essential aspect of trauma, mental health intervention, and encouragement to Soldiers and their family members.[18] The deployed Soldiers and chaplains who witness a battlefield after a large-scale combat pray for and seek peace, as a war's psychological repercussions are sometimes annoyingly difficult to envision. However, it is

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[16] Tamara Dumanovsky et al., "The Growth of Palliative Care in U.S. Hospitals: A Status Report," *Journal of Palliative Medicine* 19, no. 1 (January 2016): 8–15.

[17] Ibid.

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

undeniable that war zones and the overall conditions of military interventions may negatively affect chaplains' mental health. In the garrisons, military chaplains' mental health takes a toll while they support and care for Soldiers during war activities and assist them and their families in dealing with trauma, pain, and suffering.

The chaplains who interact directly with deployed troops should be well-versed in mental health issues so that they can comprehend their requirements and offer effective care. Military chaplains are well-trained and informed to provide spiritual support to Soldiers during deployment, allowing them to deal with the consequences of war. However, despite this, some chaplains continue to experience secondary traumatic stress (STS), anguish, suffering, and even mental illness due to war-induced stressful experiences and various interventions, necessitating mental health treatment.

According to a study, the Soldiers who interacted with chaplains and sought assistance in dealing with mental health issues were better managed.[19] After World War II, therapeutic dialogues between military chaplains and deployed troops have proven to be helpful in subsequent military missions.[20] For many Soldiers in the field, military chaplains are considered

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[19] Janice M. Bell, "The Central Importance of Therapeutic Conversations in Family Nursing: Can Talking Be Healing?" Journal of Family Nursing 22, no. 4 (2016): 440-441.

[20] Ibid.

safe to talk about their problems without fear of being criticized or misunderstood.[21] These therapeutic interactions between military chaplains, Soldiers, and their family members seem to go beyond spiritual care. This implies that the chaplains can assist Soldiers deal with their mental health difficulties and journey with the Soldiers and their family members during traumatic events, pain, and severe challenges.

Previous research on military chaplaincy, spirituality, and mental health has highlighted the importance of mental health and suggested that military chaplains may play a key role in assisting deployed troops with their mental health concerns. However, these chaplains must have the necessary ability to execute this properly. Unlike psychologists and psychiatrists who work in specific healthcare institutions, military chaplains advance with Soldiers in the field to war and obtain first-hand familiarity with the nature of their jobs and its potential health consequences. Compared to other psychologists and psychiatrists with no first-hand expertise in the field, military chaplains are much more willing and able to provide problem-focused psychological counseling to Soldiers and their families. In light of this, it is imperative to offer military chaplains a healthy foundation of psychological health to ensure that they can effectively tackle the agony, pain, and mental health concerns that impact both parties.

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[21] Grace Davie, "The Military Chaplain: A Study in Ambiguity," International Journal for the Study of the Christian Church 15, no. 1 (2015): 39-41.

Healthcare professionals and other helping agencies are prone to experience STS, which results from the various fraught interactions with their patients or clients. STS, which is not burnout, is caused by these professionals' interactions with traumatized clients. According to Charles Garfield, a clinical professor of psychology and a research scholar at the Starr King School for Ministry at the Graduate Theological Union in Berkeley, caregivers experiencing STS may continue to administer care for their clients, but only in a compromised manner.[22] In a separate study on self-care involving hospice caregivers, Karen Alkema, a licensed mental health counselor (LMHC) at Pine Rest Christian Mental Health Services, Michigan, and her colleagues found a relationship between burnout and STS as they overlapped.[23]

[22] Charles A Garfield, Cindy Spring, and Doris Ober, *Sometimes My Heart Goes Numb: Love and Caregiving in a Time of AIDS* (San Diego, Calif.: Harcourt Brace, 1997).

[23] Karen Alkema, Jeremy M. Linton, and Randall Davies, "A Study of the Relationship between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout among Hospice Professionals," *Journal of Social Work in End-Of-Life & Palliative Care* 4, no. 2 (October 10, 2008): 101–19.

According to one study, 72% of chaplains assigned to a pediatric unit reported high levels of STS.[24] In another study, hospice chaplains were found to have similarly high stress levels, with a lower but significant number reporting moderate to severe symptoms of depression, anxiety, STS, and burnout.[25] Undoubtedly, military chaplains suffer STS due to their direct intervention, longer hours, and counseling sections with the traumatized Soldiers and families. In light of this, their ability to self-regulate and be intentional during their interactions with clients is key for them to remain positive and healthy.

[24] Patrick Meadors and Angela Lamson, "Compassion Fatigue and Secondary Traumatization: Provider Self Care on Intensive Care Units for Children," *Journal of Pediatric Health Care* 22, no. 1 (January 2008): 24–34.

[25] Robin R. Whitebird et al., "Stress, Burnout, Compassion Fatigue, and Mental Health in Hospice Workers in Minnesota," *Journal of Palliative Medicine* 16, no. 12 (December 2013): 1534–39.

Problem Presented

Chaplains working in the military have three competencies: honoring the dead, caring for the wounded, and nurturing the living.[26] While conducting their daily tasks of caring for their clients, listening to their hurts, pains, and sorrows, and mending their mental and spiritual wounds, it is easy for them to neglect their own welfare and fail to care for themselves.[27] They are often emotionally depleted and left with reduced motivation from protracted distress while helping clients.[28] Just as they were for the PC physicians, reduced clinical coherence, longer trauma treatment delivery, years in their current post, and reported capacity building were all predictors of anxiety among military chaplains. In light of this, as part of their training, chaplains must learn self-awareness and self-care.

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[26] United States, *Army Regulation: Army Chaplain Corps Activities*, vol. AR 165-1 (Washington: Headquarters, Dep. Of The Army, 2009), Para 1-5, b.

[27] Jason T. Hotchkiss and Ruth Lesher, "Factors Predicting Burnout among Chaplains: Compassion Satisfaction, Organizational Factors, and the Mediators of Mindful Self-Care and Secondary Traumatic Stress," *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications* 72, no. 2 (June 2018): 86–98.

[28] Ibid.

According to one small study, chaplains who offer ritual care at the cemetery may be more stressed than those who do not.[29] According to a limited research, while nurses use functional coping techniques, chaplains alternate between occupational and religious coping mechanisms.[30] Equally, one-third of the group seemed to have some emotional distress. For example, one-third of chaplains working in PC participate in spiritual guidance and employ informal self-care techniques. Acute spiritual pain (loss of faith) was uncommon (9.3%), but one-third of the participants suffered from Theodicy Distress (TD), and the majority (61%) said they had been worn out in the previous three months.[31] According to previous studies, this might be accounted for by a chaplain's capacity to deal with mortality or self-awareness. The chaplains who work longer hours face greater burnout than other chaplain providers in different settings. Meanwhile, military chaplains, day-to-day ministry experiences, and encounters may not predict stress.

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[29] White, *Distress and Self-Care among Chaplains Working in Palliative Care*, 542-549.

[30] M. Ekedahl and Y. Wengström, "Coping Processes in a Multidisciplinary Healthcare Team - a Comparison of Nurses in Cancer Care and Hospital Chaplains," *European Journal of Cancer Care* 17, no. 1 (December 20, 2007): 42–48.

[31] White, *Distress and Self-Care among Chaplains Working in Palliative Care*, 542-549.

As seen in the case of other healthcare professionals, providing continuous care for Soldiers and their families and spending increased time in counseling have been found to be linked to greater discomfort for chaplains. Though the relationship between chaplain activities and Soldiers' pain is difficult to explain, they do show a link. Chaplains seem to be concerned with both official and informal self-care. In the healthcare profession, a significant number of patients seek spiritual guidance and counseling, and only a small percentage utilize employee support programs. However, chaplains are best suited for Soldiers and their family members who seek identity, meaning, and purpose. For these chaplains, self-compassion is essential for effective ministry.

Self-compassion refers to a positive way of relating to oneself. According to Breines and Chen, to have self-compassion is to extend a compassionate attitude toward oneself, an attitude that demands warmth during difficulty.[32] In terms of both human suffering and societal expenses, work-related emotional exhaustion is a major concern. The ones most likely to suffer stress and stress-related psychiatric illness are those professionals in diverse occupations that demand substantial knowledge, such as caseworkers and chaplains.[33] It is also a major source of worry to

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[32] Juliana G. Breines and Serena Chen, "Self-Compassion Increases Self-Improvement Motivation," *Personality and Social Psychology Bulletin* 38, no. 9 (May 29, 2012): 1133–43.

[33] Gary Morse, Michelle P. Salyers, Angela L. Rollins, Maria Monroe-DeVita, and Corey Pfahler, "Burnout in mental health services: A review of the problem and its remediation," *Administration and Policy in Mental Health and Mental Health Services Research*, *39*(5) (2012): 341-352.

have human service workers trapped in stressful situations, owing to their potential impact on patient treatment outcomes: employee burnout, as studies show, has been linked to decreased client experience and longer healing durations.[34] In light of this, discovering measures to avoid pain and mental illness and encourage emotional stability among human service workers is critical not only for the affected but also for those who need assistance.

While experiencing suffering and failure, one can be self-compassionate by treating oneself kindly, by recognizing difficulties as a shared aspect of the human condition, and by holding one's painful thoughts and feelings in mindful awareness.[35] When one is experiencing, self-kindness has also been reported to involve being sympathetic and compassionate to oneself. Finally, recognizing that pain and individual inadequacies are part of common life experiences is mainstream humanism. Keeping all this in mind, this research tackles the problem that the chaplains stationed at Schofield Barracks are inadequately trained to deal with the pain they experience when assisting traumatized Soldiers and their family members.

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[34] Michelle P Morse et al., *Burnout in mental health services*, 341-352.

[35] Sarah L. Marshall et al., "Is Self-Compassion Selfish? The Development of Self-Compassion, Empathy, and Prosocial Behavior in Adolescence," *Journal of Research on Adolescence* 30, no. S2 (March 18, 2019): 472–84.

Purpose Statement

The purpose for this DMIN action project is to determine a need to formulate a self-care plan for chaplains at Schofield Barracks to reduce their pain after helping Soldiers and their families diagnosed with trauma through different interventions. The proposed study problem exists because of the chaplains' lack of self-compassion—consciously or unconsciously, they deny themselves quality self-care—and deserves careful examination, as caring for oneself is crucial for the chaplain's overall success. Self-care is vital to a caregiver's overall performance. Enhanced mental health expertise is thus essential for military chaplains deployed with troops.

Specifically, this study aims to help military chaplains and Soldiers develop appropriate communication skills that may improve the relationship between them and ensure that the latter have faith in the chaplains' mental and cognitive care abilities. To this end, this study focuses on the need to improve the chaplains' ability to recognize the underlying well-being issues that impact their clients. However, do note that this research is limited in that it only focuses on how military chaplains understand and desire to learn more about self-compassion—it does not explore the psychological health treatment in dealing with pain. As a result, this research recognizes the lag between spirituality and psychological health that many military chaplains

experience in their work.[36] From a holistic standpoint, it might be difficult to investigate the connection between spirituality and mental health. Chaplains serve in various ministry settings and therefore depend on religious ideas to comprehend the complexities of wellness and mental illness.[37] Because of the intricate relationship between psychological wellness and theology, military chaplains must develop a new psychological wellness paradigm.[38]

One way to enhance compassion satisfaction and decrease burnout and compassion fatigue among chaplains may be through promoting self-care.[39] The importance of self-care cannot be over-emphasized—it is the key for chaplains to be battle-ready and resilient.

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

[37] Mohsen Joshanloo and Dan Weijers, "A Two-Dimensional Conceptual Framework for Understanding Mental Well-Being," ed. Todd Thrash, *PLOS ONE* 14, no. 3 (March 27, 2019): e0214045,

[38] Brian J. Grim and Melissa E. Grim, "Belief, Behavior, and Belonging: How Faith Is Indispensable in Preventing and Recovering from Substance Abuse," *Journal of Religion and Health* 58, no. 5 (July 29, 2019): 1713–50.

[39] Karen Besterman-Dahan et al., "Bearing the Burden: Deployment Stress among Army National Guard Chaplains," *Journal of Health Care Chaplaincy* 18, no. 3–4 (July 2012): 151–68.

Basic Assumptions

To practice self-kindness is to be warm and compassionate toward oneself when one is struggling, failing, or lacking confidence and not flagellating oneself with self-criticism. When humankind approaches their grief with self-kindness, they tend to comfort and nourish themselves instead of growing furious at a reality that falls short of their objectives. Their inner dialogue becomes, instead of being harsh and demeaning, compassionate, encouraging, and hopeful. Whenever individuals are honest about their difficulties and failings, they do it without passing judgment and do what they must do to assist themselves. Acknowledging that the human situation is flawed, that they are not alone in their difficult experience, is part of mainstream humanity.

Moreover, by directing the posture of caring for others toward oneself, self-compassion allows one to adopt a wider perspective of oneself and their life. When, in the grip of agony, individuals realize they are not alone, they feel less lonely—this distinguishes self-compassion from self-pity, a "woe is me" attitude in which individuals get absorbed in their troubles and lose sight that others are also dealing with similar issues. Self-compassion applies to all—it is universal and promotes a connected and inclusive worldview.

This study assumed that all the military chaplains working in various military branches, including the Army Installation, Schofield Barracks, are adequately trained to deal with the pain, traumas, and STS stemming from their multiple encounters with Soldiers and their family members. These chaplains were also assumed to be well-grounded in self-care practices, that they show as much kindness to themselves as they show to their clients. However, such training

does not effectively address the chaplains' coping skills regarding how they deal with the pain they have sustained during their interventions, their wellness, and the mental health requirements of deployed troops.

Healthcare professionals and other caregivers, such as military behavioral health officers (BHO), are more likely to be experienced and trained in dealing with the pain and suffering they encounter in working with traumatized Soldiers and their family members. It was also assumed that the military chaplains at the Schofield Barracks do not rely on their religious convictions, as they encounter military personnel from various religious backgrounds. Hence, establishing their contribution to their religious beliefs could influence the results of the services they provide. As in most chaplaincy professions, chaplains who deal with people with different religious or spiritual views are obliged to deliver their services without imposing their ideas on their clients.[40]

As a result of military chaplains assumed adequate training to deal with trauma, pain and suffering, it was assumed that their failure to cope with such pains and traumas was due to the lack of a complete self-care framework that the military chaplains could employ. One may also conclude that the inadequacy in this area is due to the chaplains' lack of training in mindful self-compassion (MSC) related to the military chaplaincy vocation rather than their spiritual ability.

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[40] Anke I. Liefbroer, R. Ruard Ganzevoort, and Erik Olsman, "Addressing the Spiritual Domain in a Plural Society: What Is the Best Mode of Integrating Spiritual Care into Healthcare?" *Mental Health, Religion & Culture* 22, no. 3 (March 16, 2019): 244–60.

Military chaplains, before they become officers, are, first and foremost, clergy. They are thus well-versed in sacred texts and are leaders of their religious organizations.

However, these chaplains lack MSC training. Learning about MSC through the framework used in this study may thus help them grasp the relationship between self-compassion, self-care, and spirituality, which could further hone their ability to offer hope and healing for traumatized Soldiers and families. Throughout this study, it was believed that the military chaplains stationed at the army base had previously engaged with traumatized Soldiers and family members, deployed troops, and continued intervention counseling to the military community. Therefore, the chaplains stationed at the institution were assumed to have only a hazy knowledge of their chaplaincy's physical training limits when dealing with self-compassion, self-care, and self-kindness. Other assumptions included the view that all the chaplains stationed at the Schofield Barracks, regardless of faith, had a strong conviction in their spirituality and relationship with God. Such a connection with a higher power and a deep spirituality would guarantee that the traumatized Soldiers and suffering families do not consider mental illness a punishment from God but rather a common health condition.

Finally, it was assumed that military chaplains have a basic understanding of the trauma, pain, danger, and mental health issues that those engaged in the military are vulnerable to—an assumption founded on the premise that the chaplains' perspective on the earlier situations was not the source of their ineptness in dealing with these problems. The biggest issue, instead, is the lack of a systematic strategy to deal with such experiences they may encounter. More than 70% of Americans belong to religious organizations, with around 42% engaging in weekly religious

rituals, such as prayers, thus demonstrating the significance of religion in people's lives.[41] Military chaplains' theological expertise and their knowledge of MSC were anticipated to aid them in coping with any similar unpleasant emotions and situations that may arise while caring for their clients, from both a theological and psychological perspective.

Definitions

Active-duty military personnel is a term used for individuals assigned to military tasks or assignments and are now working in such jobs or on shifts. [42] Active-duty personnel are Soldiers assigned to a particular place for a ceasefire agreement and are obliged to perform full-time. In combat service, military personnel must work twenty-four-hour shifts a day, seven days per week, except for paid holidays or allowed time-offs.[43]

Burnout is a psychological syndrome that directly responds to prolonged stressors on the job.[44] It blocks individuals from being connected to their inner strengths and a sense of purpose

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[41] Emine Rabia Ayvaci, "Religious Barriers to Mental Healthcare," *American Journal of Psychiatry* 11, no. 7 (2016): 11-13.

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

[43] Ibid.

[44] Christina Maslach and Michael P. Leiter, "Understanding the Burnout Experience: Recent Research and Its Implications for Psychiatry," *World Psychiatry* 15, no. 2 (June 2016): 103–11.

along with the subsequent symptoms.[45] Burnout can also be an erosion of work engagement, with engagement being the positive and burnout the negative pole on the employee well-being continuum.[46] Burnout also has metaphoric power, as it links the dying down of a worker's passion with the dying down of a fire's embers.[47]

Combat exposure is a pathogenic stressor generally induced by a person's mental health deteriorating over time due to a history of war-related post-traumatic stress disorder (PTSD).[48] When sent to war-torn places, armed services are subjected to horrific and traumatic situations[49] that may lead to mental health problems or combat-related mental diseases.

Mental wellness is associated with having good mental health or with advocating for good emotional, psychological, and social well-being to enhance one's health and attitude toward

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[45] Alan K. Louie et al., "'Physician Wellness' as Published in Academic Psychiatry," *Academic Psychiatry* 41, no. 2 (February 17, 2017): 155–58.

[46] A Bakker, Schaufeli WB: Positive organizational behavior: engaged employees in flourishing organizations. J Organ Behav 29:147– 154, 2008. Combating Physician Burnout: A Guide for Psychiatrists, edited by Sheila LoboPrabhu, et al., (American Psychiatric Association Publishing, 2019), 5. ProQuest Ebook Central.

[47] Ibid., 7.

[48] Lynnette A. Averill et al., "Combat Exposure Severity is Associated With Reduced Cortical Thickness in Combat Veterans: A Preliminary Report," *Chronic Stress* 1, issue number (2017): 1.

[49] Ibid.

life. [50] Mental wellness may thus be defined as an emotional and psychological condition of balance.

Self-compassion is the act of treating oneself kindly. It refers to channeling compassion toward oneself by treating oneself with love and care and gaining an awareness of one's sorrow and suffering."[51]

Pain is a personal, subjective experience influenced by cultural learning, the meaning of the situation, attention, and other psychological variables.[52] Pain is revealed and known to humans through hurtful and unpleasant experiences. Pain may be a warning signal that saves some people's lives, but it also destroys the lives of countless others.[53] It presents a feeling that remains emotionally negative, significantly changing lives from good and protective to awful and nasty.[54]

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[50] Sana Loue and Martha Sajatovic, *Determinants of Minority Mental Health and Wellness* (New York: Springer, 2010), 1.

[51] C. A Labarrere et al. "Early Prediction of Cardiac Allograft Vasculopathy and Heart Transplant Failure." *American Journal of Transplantation* 11, no. 3 (January 10, 2011): 528–35.

[52] R Melzack and J Katz, "Pain," WIREs Cogn Sci (4: 1-15, 2013), 78 https://doi-org.ezproxy.liberty.edu/10.1002/wcs.1201.

[53] Melzack and Katz. *Pain*, 78.

[54] Fernando Cervero, *Understanding Pain Exploring the Perception of Pain* (Cambridge, Mass Mit Press, 2014), xii.

Pastoral care occurs when people are given social, psychological, and intellectual assistance to improve their well-being. It is concerned with the interconnectedness of many parts of a person's life related to their issues or needs.[55]

Resilience is "a dynamic process encompassing positive adaptation in the case of significant adversity."[56]

Spirituality is an "untapped resource in understanding human development, resilience and illness, and health and healing."[57]

Suffering is the correct emotional reaction to pain.[58] However, if there is any unfelt pain, it cannot be regarded as suffering. Human suffering is often rooted in bodily responses, but it is also often mediated by the unique rational perspective concerning that suffering.[59] Pain is non-

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[55] Kristine Wrocklage et al. "Cortical thickness reduction in combat exposed US veterans with and without PTSD." *European Neuropsychopharmacology*, *27*(5): 515-525.

[56] Ibid., 307.

[57] Lisa Miller and Teresa Barker, *The Spiritual Child: The New Science on Parenting for Health and Lifelong Thriving.* (New York: Picador/St. Martin's Press, 2016), p 3.

[58] Olivier Massin. *Philosophy of Suffering*, 1st ed. (Routledge, 2019), 27.

[59] Matthew Fulkerson, and Jonathan Cohen. *Agony of Reason*: 1st ed. (Routledge, 2019), 257.

intentional, whereas suffering is intentional—an attitude directed toward something distinct from itself.[60]

Limitations

This study has several limitations. This study focuses on the military chaplains stationed in Schofield Barracks Army Installation in Hawaii on how they deal with pain, and stress during and after any interventions they provide to their clients. Its examination of the MSC mental and physical wellness paradigm has several shortcomings, the most significant one being some of the participants' aversion to change or refusal to respond to some components of the self-care and physical and mental well-being included in the framework. Some military chaplains must have likely considered the approach superfluous in dealing with the mental health concerns of deployed troops and were thus reluctant to engage with the care provided to family members, especially concerning intimate partner violence (IPV) or domestic violence-related care.

[60] Massin, *Philosophy of Suffering, 78.*

Why some of them dismiss everything that does not directly connect to or arise from their religious views might be due to their religious fundamentalism or extremism. Despite the study's positives that deserve to be highlighted—its random participant demography and the inclusion of a professional working sample (most of the past studies used student samples)—its flaws should be addressed in follow-up studies.

First, future research should include an active control study—a condition incorporating some alternative therapy—to examine the effects of self-compassion. This would give a stronger control for expectation effects. To this end, a program limited to normal mindfulness training, matched to a self-compassion-focused program in terms of length and time requirements, should be of interest and useful in sorting out the special characteristics of the self-care component. Incorporating stress metrics other than self-report measures, such as cortisol, might also help control expectation effects.

Furthermore, even with the evidence that the benefits of a comparable training program may be maintained for up to a year after completion, this research lacked a long-term follow-up—instead, it sought to determine if there is a need for such training at all for military chaplains. Future studies focusing on military chaplains should also include measures of compassion for others, which are absent from this study. However, since the existing standards have been criticized for having debatable authenticity and inadequate factor structure, they may

need to be streamlined.[61] Furthermore, future studies could examine the efficacy of the instruction in significantly improving clinical satisfaction.[62]

When people are aware that they are being filmed or audio-recorded, they are often careful about the information they provide. Despite the researcher notifying the participants about the research goal, promising them that the interview reports would be strictly anonymous, and that no unapproved individuals or other staff members would be present during the recording, some chaplains were still prone to suppress information concerning their practice, their depth of understanding of mindful self-compassion training and self-kindness, and how well they practice quality self-care—they were concerned about being evaluated or viewed as incompetent in taking care of themselves while providing support for others or about being looked down upon professionally or personally.

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[61] Shane Sinclair, et al., "Can Self-Compassion Promote Healthcare Provider Well-Being and Compassionate Care to Others? Results of a Systematic Review." *Applied Psychology: Health and Well-Being* 9, no. 2 (April 10, 2017): 168–206.

[62] Raab, *Mindfulness, self-compassion, and empathy among health care professionals*, 95-108.

Delimitations

Several factors delimit this study. First, it will be delimited to the topic and research questions. Although there have been several studies and topics related to the current study, this study focused only on self-care and compassion among chaplains. Several studies have examined the challenges that counselors experience with patients diagnosed with trauma. Therefore, to limit this study, its scope offers an in-depth analysis for replicability purposes. Only compassionate care and self-care were examined, delimited by this study's problem statement, existing research gaps, purpose statement, and research questions.

The study will also be restricted by the selected theoretical framework. Resilience theory was chosen to inform self-compassion education. Previous studies have used different theoretical and conceptual frameworks, such as cognitive behavioral therapy, to investigate this study's topic, including burnout-related theories, such as the job characteristic theory. However, for this study's purpose—the integration of a training program, one that focuses on self-compassion among chaplains after attending or supporting Soldiers and their families diagnosed with trauma—resilience theory stood out as the best approach. The theory offers various steps that can be used to train individuals in how to identify environmental stressors and adopt strategies to facilitate easy coping mechanisms.

This study's target population—military chaplains from the Schofield Barracks, Hawaii, United States, offering emotional support to Soldiers and their families diagnosed with trauma-related issues—will also delimit it. Limiting the scope of the study to this location will offer the researcher adequate time and in-depth data to design and propose and ascertain if there is,

indeed, a need to promote self-compassion education as a framework for self-care among military chaplains.

Thesis Statement

If the chaplains stationed at Scofield Barracks are exposed to the concept of self-compassion, they will consider training in it as beneficial to their ministry. By studying the aspects of self-compassion among military chaplains and identifying the various spiritual and pastoral approaches that integrate self-compassion, it may be possible for chaplains to avoid burnout and compassion fatigue while advancing the scope of care.[63] The chaplains' emotional resilience and coping behavior might also improve. Self-compassion, which is compassion for others turned inward,[64] is not selfish or self-centered. It offers an individual the emotional resources needed to care for others. It can be conceptualized as an openness to and acceptance of one's pain, the desire to soften one's pain with kindness, and an understanding that one's failures and shortcomings are a common characteristic of the human experience.[65] It is a pathway for individuals to respond to suffering with kindness. It allows them to be nonjudgmental and,

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[63] James C. Parker, "Self-Compassion and Healthcare Chaplaincy: A Need for Integration into Clinical Pastoral Education," *Journal of Health Care Chaplaincy*, February 3, 2020, 1–13.

[64] Christopher Germer, and Kristin Neff. *Teaching the Mindful Self-Compassion Program: A Guide for Professionals.* (New York, NY: Guilford Publications, 2019), p 17

[65] Kristin Neff, "Self-Compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself," *Self and Identity* 2, no. 2 (April 2003): 85–101.

instead, cognitively understand their predicament as part of the human experience; it allows them to pay attention to pain by being mindful of it and not being overly identified with it.[66]

For military chaplains, self-compassion is important, and practicing it does not indicate neglecting or rejecting their negative thoughts or experiences. Rather, it is about being aware of these experiences without being consumed by them.[67] Effective chaplains are mindful and aware of how a patient's story triggers their own emotions and memories.[68] Armed with mindfulness, military chaplains can remain conscious and receptive to newer and ever-changing emotions, grow calmly aware of their emotions triggered by various traumatic situations, and remain dynamically present to a Soldier's ever-changing momentary emotions.[69]

Mindfulness improves chaplains' skills to listen deeply and better understand their patients' emotions and thoughts. With deep listening skills, chaplains can reflectively and vicariously feel and understand their patients' pain and suffering accurately.[70] In light of this,

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[66] Ibid.

[67] Rebecca A. Blackie and Nancy L. Kocovski, "Examining the Relationships among Self-Compassion, Social Anxiety, and Post-Event Processing," *Psychological Reports* 121, no. 4 (November 10, 2017): 669–89.

[68] Ramakrishnan Parameshwaran, "Theory and Practice of Chaplain′s Spiritual Care Process: A Psychiatrist′s Experiences of Chaplaincy and Conceptualizing Trans-Personal Model of Mindfulness," *Indian Journal of Psychiatry* 57, no. 1 (2015): 21.

[69] Ibid.

[70] Ibid.

military chaplains—who are often on the frontlines of the issues of Soldiers and their families, who are spiritual leaders and not typically therapists or healthcare providers, who are sought by Soldiers and their families not for necessarily therapeutic services but for their emotional presence and their readiness to guide and offer the necessary emotional and spiritual support[71]—must be trained in MSC. These chaplains must complete a bachelor's degree of 120 semester hours and a bachelor's degree of at least 72 semester hours or 90 hours of theological seminary education. Despite undergoing such rigorous training, whenever the need arises, the chaplains are still expected to refer a Soldier or a family member as often as possible to an appropriate professional such as Behavioral Health Officers.

[71] Jason B. Whiting, Garrett Cardinet, and Lisa V. Merchant, "Military Chaplains and Intimate Partner Violence: Ethical Dilemmas in the Armed Forces," *Journal of Couple & Relationship Therapy*, August 6, 2020, 1–17.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Literature Review

Introduction

This section, which reviews the previous literature on the research topic, includes scholarly sources that offer an overview of the existing knowledge and thus allow the researcher to identify the theories, methods, and study gaps relevant to the current research. It also involves finding the relevant authorities, critically analyzing them, and explaining the findings to offer insight into the research topic. It also attempts to determine if there is a need at all for self-compassion training in military chaplaincy.

Synopsis of Military Chaplaincy

All branches of the U.S. military designate chaplains to offer religious and spiritual support to military members and their families and ensure every military member's constitutional right to freely exercise their religion.[72] A unique form of ministry, chaplaincy differs from a traditional religious church, mosque, or temple. Community clergy, imams, and monks usually minister to people who share similar religious beliefs and cultural identities with them. Chaplains, however,

[72] Besterman-Dahan et al., *Bearing the Burden*, 151–68.

generally minister to people with different religious beliefs or even no beliefs.[73] They are both subject matter experts of their religious faith and officers. They are responsible for offering spiritual care and support to Soldiers and their family members, including the Department of Defense (DoD) employees who endure physical, social, spiritual, and emotional pain. These include trauma, IPV, child abuse, and domestic violence.[74]

Effective chaplain care involves overcoming the challenge of integrating one's personal life history and experiences with the longstanding moral/spiritual traditions of one's faith group and with the emerging professional standards for chaplains.[75] Hence, pastoral caregivers tend to abandon themselves for the benefit of their patients or clients—a daily endeavor that can lead these professionals to develop a lifestyle of service for those suffering while ignoring their own needs in times of hardship or failure.[76] To ensure Soldiers' well-being and mental health, appropriate resources are provided in collaboration between psychologists, behavioral health

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[73] Naomi K. Paget and Janet R. McCormick, *The Work of the Chaplain* (Valley Forge, PA: Judeson: Judeson, 2006), 15.

[74] Glenna Tinney and April A. Gerlock, "Intimate Partner Violence, Military Personnel, Veterans, and Their Families," *Family Court Review* 52, no. 3 (July 2014): 400–416.

[75] Kent D. Drescher et al., "A Qualitative Examination of VA Chaplains' Understandings and Interventions Related to Moral Injury in Military Veterans," *Journal of Religion and Health* 57, no. 6 (August 9, 2018): 2444–60.

[76] Parker, *Self-Compassion and Healthcare Chaplaincy*, 1–13.

practitioners, and military chaplains: a culture that recognizes and adapts to the complexities and needs of the human mind, body, and soul.[77]

Among Veterans, military chaplains were found to have mental health problems more frequently than overtly spiritual ones. In a separate study conducted by Hamilton, a clinical psychologist, and her colleagues at the Center for Health Services Research in Primary Care, Durham Veteran Administration (VA), different studies on psychologists and other healthcare providers were compared, and they discovered that 1199 male colorectal patients who accessed services in the VA hospital frequented the chaplains more than health professionals for psychosocial support.[78] Bonner, a professor of psychiatry and behavioral sciences at the University of Washington School of Medicine, and her colleagues reported that Veterans with depression and PTSD are amenable to receiving help from chaplains and other providers. The severity of PTSD symptoms was found to be positively associated with the possibility of seeking the service of a spiritual counselor.[79]

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[77] Jan Grimell, "Military chaplaincy in Sweden: A contemporary perspective." *Journal of health care chaplaincy* (2020): 1-14.

[78] Natia S. Hamilton et al., "Use of Psychosocial Support Services among Male Veterans Affairs Colorectal Cancer Patients," *Journal of Psychosocial Oncology* 29, no. 3 (April 29, 2011): 242–53.

[79] Bonner, L., Lanto, A., Bolkan, C., Watson, G., Campbell, D., Chaney, E., et al. "Help-seeking from clergy and spiritual counselors among Veterans with depression and PTSD in primary care." *Journal of Religion and Health*, 52 no. 3, (2013): 707–718.

Mental Health Trauma Among Soldiers

Soldiers are expected to sacrifice their pleasure and comfort to properly fulfill their service, which often occurs in harsh and severe conditions. Further, during their post-deployment period, as they are held responsible for several actions and decisions they took at critical times, they are exposed to severe moral breakdowns. All these factors are capable of and contribute to further harming their mental health, which, most likely, is already suffering due to the numerous moral injuries and the often-high level of exposure to physical and psychological violence they encounter during their service.[80]

Several war experiences negatively impact not only the physical health of Soldiers but also their mental health, birthing several anxiety-related issues. Mental degradation gets further enhanced due to their maximum exposure to harsh and severe working conditions during their service. Soldiers, war Veterans, and other cops are also exposed to several mental health issues and physical injuries during combat.[81] Several studies suggest that psychological and mental evaluation, including appropriate and timely treatment, is required for Soldiers prone to several brain injuries. It is common for Soldiers to undergo regular psychological therapy and counseling

[80] Lorraine A. Smith-MacDonald, Jean-Sébastien Morin, and Suzette Brémault-Phillips, "Spiritual Dimensions of Moral Injury: Contributions of Mental Health Chaplains in the Canadian Armed Forces," *Frontiers in Psychiatry* 9 (November 14, 2018): 1-7.

[81] Grimell, *Military Chaplaincy in Sweden*, 1-14.

during their professional lives and after military service. The rising mental health-related issues resulting from their exposure to various traumatic events and harsh training conditions can lead to painful conditions, such as trauma, and even lead to suicide. Veterans may also experience certain comorbid conditions, such as mild traumatic brain injury and depression, and a growing number of Afghan and Iraqi Veterans tend to be narcissistic, according to the 2010 U.S. Department of Defense Health Behavior Survey.[82] Some engage in substance abuse, high-risk lifestyles, and suicidal ideation.

Military personnel experience death during their professional life and post deployment for several reasons, including accidental fatalities and loss of beloved ones during the war, events that are also common in the lives of other non-military individuals. Experiencing deaths during their service is expected to have a traumatizing effect, especially for Soldiers with underlying mental health-related issues.[83] After being deployed, the Soldiers start to consider themselves part of a military family. The Soldiers' mental health is likely to be impacted as they face many deaths during service.

It is quite hard for Soldiers to deal with the deaths of those Soldiers with whom they have previously worked in the same postings or whom belonged to the so-called same military family.

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[82] Lorraine Smith-MacDonald et al., "Spirituality and Mental Well-Being in Combat Veterans: A Systematic Review," *Military Medicine* 182, no. 11 (November 2017): e1920–40.

[83] Ibid.

These deaths, which are expected to erode the mental health of the living Soldiers, can even act as a source of demotivation, which might prevent them from appropriately performing their desired roles and responsibilities.[84] The critical mental health issues can worsen the other Soldiers' motivational status, which might lead to a decline in the level of performance among the other Soldiers.

Various studies have focused on the mental health of individuals who leave home at an early age in search of higher education and jobs. It has been experienced at a high rate due to specific socio-demographic changes. Youths and teenagers who leave home much early are likely to develop experience issues related to mental stress.[85] They also suffer mentally at the hands of adults, who are likely to author many of them psychological imbalances by offering improper guidance and support. This has been found mostly in urban cities, where there exists a high rate of youth employment. According to Aurora, the existing literature has focused chiefly on the mental health of military personnel and coping strategies.

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[84] Ibid.

[85] Aurora Hasselberg and Michael Rönnlund, "Cultivating Self-Kindness and Attention to the Present Moment in the Young: A Pilot-Study of a Two-Week Internet-Delivered Mindfulness and Self-Compassion Program," ed. Marcella Caputi, *Cogent Psychology* 7, no. 1 (January 1, 2020).

The literature has ignored how training chaplains in self-compassion would increase their self-care management practices when dealing and coping with traumatic experiences after helping Soldiers and their families heal from trauma. Given that the family members of the deployed troops are likely to suffer from various traumas and seek support from military chaplains, Aurora recommended further research on how chaplains cope with increased exposure to traumatic experiences through self-compassion training for self-care management and increased resilience.[86] The above limitations present a gap in the literature this research seeks to address by formulating a self-compassion training program for military chaplains working with traumatized Soldiers and their families.

As researchers have observed, war-related experiences likely create a psychological imbalance for Soldiers, contributing to physical and spiritual distress problems and leading to depression. Soldiers also tend to feel mental pain post-war, as they face punishment for the incorrect decisions they made on the battlefield. To address the psychological well-being of the chaplains who attend to these Soldiers, Susannah recommended further research on how self-care strategies focused on increasing self-compassion through mindfulness-based practices could support the counselors working in different settings to reduce the psychological impairment

[86] Kelsey B. White, Patricia E. Murphy, Jane Jeuland, and George Fitchett. "Distress and self-care among chaplains working in palliative care." *Palliative & supportive care* 17, no. 5 (2019): 542-549.

resulting from compassion fatigue[87]—a gap this study seeks to address by training military chaplains counselors in self-compassion to improve their self-care management practices when dealing with their clients.

Mindful Self-compassion (MSC)

Self-compassion is compassion for others turned inward.[88] Not selfish or self-centered, it offers individuals the emotional resources needed to care for others. It can be conceptualized as the openness to and acceptance of one's pain, the willingness to soften one's pain with kindness, and the understanding that one's failures and shortcomings form a common element of the human experience.[89] Further, self-compassion is a pathway for individuals to respond to suffering with kindness. Self-compassionate individuals are non-judgmental: they cognitively understand their predicament as part of the human experience and pay attention to their mental pain by being mindful and not by overly identifying with it.[90]

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[87] Susannah Coaston, "Self-Care Through Self-Compassion: A Balm For Burnout", *The Professional Counselor* 7, no. 3 (2017): 285-297, doi:10.15241/scc.7.3.285.

[88] Christopher Germer, and Kristin Neff. *Teaching the Mindful Self-Compassion Program: A Guide for Professionals.* (New York, NY: Guilford Publications, 2019), p 17

[89] Kristin Neff, "Self-Compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself," *Self and Identity* 2, no. 2 (April 2003): 85–101.

[90] Neff, *Self-Compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself*, 85–101.

For military chaplains who care for their clients, self-compassion is important. However, this does not mean that they neglect or reject their negative thoughts or experiences. Rather, it is about being aware of these experiences as part of the common experience of humanity without being consumed by them.[91] Compassion is relevant to blameless victims and those suffering from personal failures, weaknesses, or bad decisions.[92] It provides a refuge from the stormy seas of positive and negative self-judgment that allows one to stop asking, "Am I as good as them? Am I good enough?"[93]

The happiness behind self-compassion is not based on being better than anyone else—it stems from relating to life's imperfection, the imperfection of human creation, with open hearts and minds. It can be stated that there is a lack of self-compassion, which leads to burnout and distress, among military chaplains. Therefore, caring for others is considered a principle of everyday living, whereas compassion is the execution and an outward expression of person's holistic health and care.

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[91] Rebecca A. Blackie and Nancy L. Kocovski, "Examining the Relationships among Self-Compassion, Social Anxiety, and Post-Event Processing," *Psychological Reports* 121, no. 4 (November 10, 2017): 669–89.

[92] Germer and Neff, *Teaching the Mindful Self-Compassion*, 16.

[93] Ibid.

Need for MSC Training in Military Chaplaincy

There is a need for military chaplains, who are often on the frontlines of the issues affecting Soldiers and their families, to be trained in mindful self-compassion. Interestingly, researchers have proposed that education may improve self-compassion and that this training can help people cope with psychological discomfort.[94] Self-compassion education may be particularly useful for medical personnel and other assisting professionals—it may help them manage stress and increase their empathy (humanity) for patients. For health practitioners, mindfulness-based stress reduction (MBSR) and self-compassion training have been advised to reduce the reported stressful situations while increasing self-compassion and sympathy for patients.

Being spiritual leaders, chaplains are not typically therapists or healthcare providers. The Soldiers and family members do not necessarily seek therapeutic services from them.[95] But they are seeking someone who will be present emotionally with them, who is ready to guide them, who will not judge them and who offers the necessary emotional and spiritual support. Military

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[94] Kelley Raab, 2014. Mindfulness, self-compassion, and empathy among health care professionals: a review of the literature. *Journal of health care chaplaincy*, *20*(3) (2014): 95-108.

[95] Jason B. Whiting, Garrett Cardinet, and Lisa V. Merchant, "Military Chaplains and Intimate Partner Violence: Ethical Dilemmas in the Armed Forces," *Journal of Couple & Relationship Therapy*, August 6, 2020, 1–17.

chaplains must complete a bachelor's degree of 120 semester hours and a master's degree of at least 72 semester hours or 90 hours of theological seminary education. Despite such rigorous training, whenever the need arises, the clergy are still expected to refer a Soldier or family member as often as possible to the appropriate professional.

Effective military chaplains are mindful of how a patient's stories trigger their own emotions and memories.[96] Mindfulness prepares chaplains to remain conscious and receptive to newer and ever-changing emotions; it helps them stay calmly aware of the emotions triggered by the various traumatic situations and remain dynamically present to the Soldiers' ever-changing momentary emotions.[97] Mindfulness also improves their ability to listen deeply to better understand the patient's emotions and thoughts. With such deep listening skills, chaplains can reflectively and vicariously feel and accurately understand their patients' pain and suffering.[98]

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[96] Ramakrishnan Parameshwaran, "Theory and Practice of Chaplain′s Spiritual Care Process: A Psychiatrist′s Experiences of Chaplaincy and Conceptualizing Trans-Personal Model of Mindfulness," *Indian Journal of Psychiatry* 57, no. 1 (2015): 21.

[97] Ibid.

[98] Ibid.

Several studies have focused on self-care and self-compassion in different settings. For instance, using a qualitative study, Elaine focused on helping school counselors enhance their self-compassion through self-care.[99] Elaine used mindfulness therapy to describe self-compassion strategies to promote self-care among counselors exposed to trauma. However, the researcher recommended that future studies replicate their study using different theoretical lenses, such as resilience theory. Based on mindfulness-based theories, Elaine used approaches that are usually short-term in promoting self-care through self-compassion.

Elaine recommended an additional study be conducted, one that focused on training counselors exposed to trauma to improve their self-care through self-compassion and the extent to which self-care remains for a long time without relapse. Susan also recommended further research on self-care and self-compassion, given that self-care practice is an emerging and evolving profession concerned with a highly traumatic environment that predisposes counselors to different forms of trauma.[100] They thus recommended additional research on how self-

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[99] Elaine Beaumont, "Does Compassion-Focused Therapy Training For Health Care Educators And Providers Increase Self-Compassion And Reduce Self-Persecution And Self-Criticism?", *Journal Of Continuing Education In The Health Professions* 36, no. 1 (2016): 4-10, doi:10.1097/ceh.0000000000000023.

[100] Susan Knier, "Effects Of Mindful Self-Compassion Training On Increasing Self-Compassion In Health Care Professionals," *The American Journal Of Occupational Therapy* 75, no. 2 (2021): 7512515315p1-7512515315p1, doi:10.5014/ajot.2021.75s2-po315.

compassion training practices can help counselors in different settings cope with trauma-related traumatic experiences from their clients, including military chaplains.

Clinical Pastoral Education (CPE) is the educational training open to clinical and non-clinical chaplains so that they can be effective and efficient in their chaplaincy assignments. In addition to the many kinds of specialized military training, the United States Army Chaplain Corps exposes the chaplains to over the course of their careers—Combat Operation Stress Control (COSC),[101] Combat Medical Ministry (CMM), Pastoral Counseling Training (PCT), and Moral Injury Training (MIT)—CPE trains military chaplains to be mindful and have a balanced awareness of their negative thoughts and feelings rather than overly identifying with them.[102] Particularly, the CPE curriculum teaches the chaplain about the following:

i. Actively listening to the emotional pain and struggle in the patient's story
ii. Becoming aware of how the patient's story triggers one's own emotional memories[103]
iii. Remaining mindfully aware but self-differentiated and refusing to be "pained" by them

[101] United States, *Army Field Manual Combat Operational Stress Control*, vol. FM 4-02.51 (FM 8-51) (Washington, DC: Headquarters, Department of the Army, 2006).

[102] Ulli Zessin, Oliver Dickhäuser, and Sven Garbade, "The Relationship between Self-Compassion and Well-Being: A Meta-Analysis," *Applied Psychology: Health and Well-Being* 7, no. 3 (August 26, 2015): 340–64.

[103] Parameshwaran, *Theory and Practice of Chaplain's Spiritual Care Process*, 12.

iv. Being intentionally non-judgmental about the Soldiers and families' behavior or lifestyle

v. Engaging Soldiers with verbal and non-verbal communication that focuses on empathy so as to walk with them in their dark moments

vi. Helping patients share their painful emotions/stories, which increases their inner awareness of who they are and the very pain they are going through.[104]

vii. Deliberating to not make the Soldiers' stories the chaplains', hence resisting the urge to rush the patient out of their pain and suffering

Concept of Spirituality

Spirituality refers to how individuals seek and express meaning and purpose and how they experience their connectedness to God, self, others, nature, and the significant or sacred.[105] To be spiritual is to believe in a higher being or adapt to progressive ideologies quite different from that of the normal living world and searching for a deeper meaning of life. Julian Raffay, a former dean and professor of pastoral theology and pastoral care at the Brite Divinity School, stresses that individual spirituality is a gateway to finding meaning in life and having a sense of hope.[106] Moreover, spirituality is not religiousness, as both are difficult concepts to explain.

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[104] Ibid.

[105] Lindsay B. Carey and Timothy J. Hodgson, "Chaplaincy, Spiritual Care and Moral Injury: Considerations Regarding Screening and Treatment," *Frontiers in Psychiatry* 9 (December 5, 2018): 6.

[106] Julian Raffay, Emily Wood, and Andrew Todd, "Service User Views of Spiritual and Pastoral Care (Chaplaincy) in NHS Mental Health Services: A Co-Produced Constructivist Grounded Theory Investigation*," BMC Psychiatry* 16, no. 1 (June 17, 2016): 9.

Religiousness is defined as a system of beliefs shared and institutionalized, moral values, faith in God or a mighty power and involvement in a religious community.[107] According to Shafranske and Malony, religiousness represents "adherence to faith and practices of an established church, or religious institutions"[108] However, spirituality is personal and experiential. While it finds a clear expression in a religious context, it can stand equally outside such a context. Religion represents only one of the ways through which an individual can reach "sacredness"—spirituality is the search for sacredness within oneself.[109]

Spirituality has also been defined as the way people view God and its different incarnations and establish a connection between humans and God. One's spiritual beliefs are expected to vary in terms of whatever is holy to an individual. Spirituality has been mostly seen in cases where it has been disclosed in various religious dogmas, rituals, and ideologies followed by several religions. Several worships also accompany spirituality in holy places and grounds. Therefore, pluralistic-based religious services are generally disclosed as chaplaincy, where

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[107] Ibid.

[108] Edward P. Shafranske and H. Newton Malony, "Clinical Psychologists' Religious and Spiritual Orientations and Their Practice of Psychotherapy.," *Psychotherapy: Theory, Research, Practice, Training* 27, no. 1 (1990): 72–78.

[109] George Fitchett, "Kenneth I. Pargament: Empirical Theologian of Hope a Review Essay of Kenneth I. Pargament, the Psychology of Religion and Coping: Theory, Research, and Practice (New York: Guilford Press, 1997)," *Chaplaincy Today* 14, no. 2 (July 1998): 57–62.

chaplains are stationed in various military installations, including theaters during war missions. The chaplains are saddled with providing pastoral and spiritual support, mental guidance, and treating the Soldiers' psychological distress by exploring individual spirituality.

Spirituality can also be expressed as the variation in the beliefs and behavior of people of various religious and socio-cultural backgrounds, often related to the ideologies and different ways of faith of multiple categories of people. Chaplains from different religious groups help Soldiers on the battlefield, who come from various socio-cultural backgrounds and diverse religious heritages, understand the social and mental issues affecting them. Spirituality is also strongly associated with positive inner assets, such as meaning, purpose, and optimism.[110] In her book, *The Spiritual Child*, Miller wrote about the study of suffering and the mystery of spiritual transformation, affirming that science has established the positive role of spirituality in adult life.[111] From decades of research, spirituality in adulthood has been found to be linked to less suffering, less depression and substance abuse, higher rates of recovery from physical illness, and even a longer life span.[112]

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[110] Lisa Miller, "The Spiritual Child," June 2018, http://www.csmsg.org/wp-content/uploads/2018/06/The-Spiritual-Child_intro-4.pdf.

[111] Ibid.

[112] Ibid., 81.

Military Chaplains and their Spiritual Identity

Their exposure to God or the higher power, whichever applies to them, tends to speak and affirm confidence in their holistic well-being and care. Soldiers have often reported to nurses loss of innocence, self, and soul during and after deployment.[113] Hence, Spirituality underlies many of the experiences of MI, including changes in identity, meaning-making, social support, and MI symptoms such as persistence negative emotions, avoidance drug and alcohol abuse.[114] When the human spirit is exposed to pain and suffering, trauma cases not excluded, a person's core self, ideals, and perceptions of reality can be shattered and their spirit "broken," leaving them spiritually and existentially struggling.[115] The United States Army believes that an individual's spiritual dimension is based on their core religious, philosophical, psychological, or personal values, character, and integrity.[116] These elements are capable of building one's inner strength and helping one become resilient in the face of adversity.[117]

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[113] Brian P Miller, "Exploring Moral Injury in Combat Veterans: A Qualitative Study of Four Combat Veteran Interviews (Thesis)," *Https://Www.researchgate. Net/Publication/295920131*, May 17, 2016.

[114] Suzette Brémault-Phillips et al., "Spirituality and Moral Injury among Military Personnel: A Mini-Review," *Frontiers in Psychiatry* 10, no. 276 (April 29, 2019): 7, https://doi.org/10.3389/fpsyt.2019.00276.

[115] Ibid., 2.

[116] United States, *Comprehensive Soldier, and Family Fitness*, Army Regulation 350-53 (Washington, DC: Headquarters, Department of The Army, 2014), Para 2-5, 8.

[117] Ibid.

Military chaplains consider the overwhelming strength of spirituality the utmost protection against the source of the leading causes of suicides, substance abuse, domestic violence, IPV, trauma, and other mental health-related issues among Soldiers and their family members. The chaplains emphasize the essentiality of tapping into one's inner strength, especially for Soldiers suffering from war-related trauma and psychological problems. However, when chaplains neglect to connect and integrate their spiritual core as a component of overall wellness and readiness in the face of pain and suffering while caring for others, it poses a danger to their well-being.

Conclusion

Chaplains are spiritual leaders and wear rank, but they have no command authority; they don the warrior uniform, but they are noncombatants; they are deployed to the battlefront, but they do not kill the enemy. Instead, chaplains nurture and practice religious beliefs, traditions, and customs in a pluralistic environment to strengthen the spiritual lives of Soldiers and their families.[118] Being in the military is a dangerous business. It is not only the Soldiers who put themselves in harm's way daily during training and war, but also the chaplains and their religious affairs specialists who are deployed with their Soldiers. Every day, the chaplains are exposed to varying degrees of suffering, pain, and traumas experienced by the Soldiers and their family members—the chaplains, like the Soldiers, are not exempt from suffering.[119]

Sometimes chaplains, these pastoral and spiritual care providers, entangle themselves in the pain and trauma of their clients, suffering a little or similar emotional pain after being present with them. Since chaplains can cope with this pain using self-compassion,[120] there is a need for training in self-compassion with self-care. Training to promote self-care properly will improve

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[118] Michael C. Whittington and Charlie N. Davidson. *Matter of Conscience: A Practical Theology for The Evangelical Chaplain Serving In The United States Military*. (Lynchburg: VA, Liberty University Press, 2013), p. 69.

[119] Parker, *Self-Compassion and Healthcare Chaplaincy*, 1–13.

[120] Ibid.

the chaplains' self-awareness and overall self-care in their profession. Self-care involves positive activities that help manage stress, including adequate rest, a balanced diet, exercise, meditation prayer, and a support system.[121]

Self-care is associated with positive physical health, emotional well-being, and mental health.[122] Promoting self-care may be a way to increase chaplains' compassion satisfaction to practice self-care for their emotional well-being.[123] Hence, when self-care is properly attained, there is a balance between the various types, such as physical, emotional, spiritual, intellectual, social, relational, and safety, which is critical to holistic health.[124]

[121] Franco Vaccarino, and Tony Gerritsen. "Exploring clergy self-care: A New Zealand study." *The International Journal of Religion and Spirituality in Society*, (2013): 69.

[122] Parameshwaran, *Theory and Practice of Chaplain's Spiritual Care Process*, 12.

[123] Ibid.

[124] Vaccarino and Gerritsen, *Exploring clergy self-care*, 69.

Theological Foundation

The Holy Bible offers a comprehensive report on the pain and suffering experienced by humanity. In the creation story, God created man in his image, and everything He made was good and perfectly great until the latter fell from his God-given grace. The Scripture teaches that the man formed by God is presumed to mirror God's spiritual nature when He declared "let us make man in our image"[125] and visibly reflect His functional action "according to our likeness."[126] Man, supposedly, is to rule the world on God's behalf and reproduce for His glory.[127]

At creation, Adam's initial experience at the Garden of Eden reflected God's original plan: "absence of pain, sorrow, disappointment, hurt, and suffering."[128] At Eden, humanity was beautified and spiritually pure. However, the "good land" provided by the Creator was later cursed.[129] The deprivation of man brought sin into the world when Adam and his wife, Eve,

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[125] Gen 1:26: Tony Evans, *The Tony Evans Bible Commentary.* (Nashville, Tennessee: Holman Bible Publishers, 2019), 60. *ProQuest Ebook Central*.

[126] Ibid.

[127] Gen 1:28.

[128] Rev. 21:4; James G Murphy and Joseph P Thompson, *A Critical and Exegetical Commentary on the Book of Genesis : With a New Translation* (London: Forgotten Books, 2018). *ProQuest Ebook Central.*

[129] Longman, III, Tremper, and Zondervan. *Genesis-Leviticus*, edited by David E. Garland, HarperCollins Christian Publishing, 2008. *ProQuest Ebook Central.*

disobeyed God by eating the forbidden fruit they were commanded not to eat, thus causing humanity's spiritual death, their action inviting pain, affliction, suffering, tribulation, and all sorts of trials to become humans' acquaintance in their sojourn on earth.[130]

A Biblical Understanding of Human Suffering

Suffering is omnipresent; everyone, young and old, is affected. Trouble is thus an inescapable reality of this fallen, evil world (Gen. 3:16-19).[131] Physical, emotional, psychological, and spiritual pain has become a regular part of the human experience. Soldiers, their family, and military chaplains are thus not exempt from human suffering; they are vulnerable like everyone else to mental anguish, relational woes, financial difficulties, affliction, disillusionment, despair, and death.

Throughout the Scripture, the horrific testimonies of human suffering are told. For instance, in all of the Old Testament, the Book of Lamentations may well be the most remarkable and compelling testament to the human spirit's will to live.[132] It captured the prophet Jeremiah's description of a city in anguish. Jeremiah unequivocally renders his ragged emotions and sorely

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[130] Gen 3:14-19; Evans, *The Tony Evans Bible Commentary,* 62.

[131] John MacArthur. *2 Corinthians MacArthur New Testament Commentary: The MacArthur New Testament Commentary*, (Moody Publishers, 2003), 23. *ProQuest Ebook Central.*

[132] F W Dobbs-Allsopp, *Lamentations: Interpretation: A Bible Commentary for Teaching and Preaching,* (Presbyterian Publishing Corporation, 2011), 56. *ProQuest Ebook Central.*

grieves for his fallen city, its inhabitants, and his suffering. During Job's travail, Eliphaz, one of his friends, declares, "Man is born for trouble, as sparks fly upward."[133]

A despondent Job, who has experienced many sorrows, despairingly declares, "Man, who is born of woman, is short-lived and full of turmoil."[134] Jeremiah, the weeping prophet, laments, "Why did I ever come forth from the womb to look on trouble and sorrow so that my days have been spent in shame?"[135] The psalmist petitions God on his troubles and sorrows several times.[136] Terrible and unfortunate incidences happened to everyone (the righteous and the unrighteous) simply because they lived in a sin-pervaded world—as John MacArthur notes, "because believers are redeemed sinners who live in a fallen world, bad things even happen to them."[137] Military chaplains, the Soldiers, and their family members, despite being believers who were once sinners, are also prone to experience pain and suffering.

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[133] Job 5:7.

[134] Job 14:1.

[135] Jer. 20:18.

[136] Psalm 13:1; 22:1.

[137] John MacArthur. *2 Corinthians MacArthur New Testament Commentary, 24.*

God's Compassion

Everyone created by God is important to Him; however, all are deeply fallen.[138] The fall of man separated him from God. The curse tainted the marital relationship that was supposed to be a woman's source of blessing—to be a marriage partner and have children.[139] In those moments of life's greatest gift—marriage and children—the woman will feel most painfully the consequences of her foolish act.[140] The land also became cursed for the man, forcing him toward hard labor, and God jettisoned man from Eden.

From the creation story to the present age, man has been consistently unfaithful, while God remains faithful. Certainly, Adam and Eve disappointed God; however, though they fell from His grace, they still enjoyed His love—the fall that eroded their purity could not erode His love from them. In their troubled moments, God revealed Himself to them as a compassionate father, offering them redemptive covering by slaying an animal, a demonstration of His love and compassion for the man He created.[141]

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[138] Rom. 3:23.

[139] Longman, *Genesis-Leviticus,* 45.

[140] Ibid.

[141] Evans, *The Tony Evans Bible Commentary,* 62.

God is sovereign and makes absolute comfort available to humanity in every circumstance, even during trials, pain, suffering, and turmoil.[142] The Scripture teaches that God is sovereign over suffering.[143] Man's trials and tribulations are not alien to Him and never take Him by surprise. The brittleness of Job's life can be compared to that of the military chaplains, military personnel, and their family members who face challenges due to deployment, military assignments, change of location, domestic violence, IPV, and financial difficulty.[144] In providing healing and hope intervention to the traumatized Soldiers and their families, military chaplains must remember that God is aware of everything they have gone through or might be going through emotionally, mentally, and physically.[145]

Job's suffering and triumphant restoration pose a shining example for military personnel and their family members, including the chaplains. Job's life explains human suffering, a common denominator for all creatures born of a woman: Job does not curse or speak ill of God; one can learn a healthy spiritual resilience from Job's life. Similarly, in dealing with their pain, chaplains can further explore their spirituality and dependency on God—a lesson that could be

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[142] 2 Cor. 1:3-4.

[143] 2 Cor. 1:5.

[144] Gerald H. Wilson, Job (Understanding the Bible Commentary Series) (City: Baker Books, 2012), 19.

[145] Amos 3:4.

gleaned from the life of the prophet Jeremiah. As Lalleman wrote, Jeremiah relied on God's covenantal love and faithfulness to see hope, even during his suffering.[146] For him, God did not completely annihilate His people despite their terrible plight, as He is still a God of compassion and loving-kindness. Keeping this in mind, military chaplains can be intentional, self-direct, self-regulate, and extend grace to themselves daily.

Each day presents a new opportunity to experience a fresh outpouring of God's great love and compassion as well His faithfulness.[147] Military chaplains can constantly evaluate their spiritual thermometer's reliability, trustworthiness, and consistency with God. God is ever-present and available to His people during their distress. Even if one cannot feel Him at the wailing hour, their faith and trust can see them through, just as Jeremiah's did. The Bible records God's faithfulness, which is evident in Him helping His people who seek him and not abandoning them.[148] He urges people to call on Him during days of trouble: He would rescue them, and they would honor Him with praise.[149] The Psalmist communicates God's promises to

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[146] Hetty Lalleman, and Winkel H. Lalleman-De. *Jeremiah and Lamentations: An Introduction and Commentary* (InterVarsity Press, 2013), 357. *ProQuest Ebook Central*.

[147] Lam. 3:23.

[148] Psalm 50:15; 147:3-5; 2 Corinthians 12:9-10.

[149] Evans, *The Tony Evans Bible Commentary*, 533.

deliver and protect those who set their hearts on God.[150] Indeed, the believers whose hearts are devoted and submitted to Him can count on God to rescue them.[151] Military chaplains can take a clue from their master's instruction in Matthew 11:28 for comfort and grace while dealing with the STS they encounter during and after the crisis intervention they offer.

Biblical Perspective on Self-Care

Self-care is not "selfish care" or "self-centered care."[152] It is self-preservation.[153] For counselors, it refers to healthy and wise strategies for taking good care of oneself and effectively managing stress and preventing burnout.[154] The Bible also teaches and offers insights into self-care. For example, in the creation story, God worked for six days, and on the seventh day, He ended his work and rested. Although the words "self-care" are not in the Bible, God demonstrates it to the man He puts in charge so that he can appreciate the essence of it. The author of Genesis,

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[150] Psalm 91:14.

[151] Evans, *The Tony Evans Bible Commentary*, 554.

[152] Siang-Yang Tan, Counseling and psychotherapy : A Christian Perspective. (S.L.: Baker Book House, 2022), 19.

[153] Lisa D Hinz, *Beyond Self-Care for Helping Professionals : The Expressive Therapies Continuum and the Life Enrichment Model* (New York, Ny: Routledge, 2019), 67.

[154] Ibid.

the first book of the Bible, sets the seventh day apart from the first six, not only by stating specifically that God "sanctified" it but also by markedly changing the style of the account.[155]

On the seventh day, neither does God "speak" or "work"—he blessed, sanctified, and made that day holy instead (Gen 2:2-3). The reader is left with a somber and repetitive reminder of only one fact: God did not work on the seventh day—he rested.[156] This fact is repeated thrice. By doing so, the author surely intended to identify the seventh day with the notion of divine "rest."[157] The account of the seventh day becomes more significant later, with God commanding humans to remember that He created the Sabbath day—the seventh day—to keep it holy (Ex 20:8 – 11).

The cities where Jesus did most of his deeds of power—Chorazin, Bethsaida, and Capernaum—are adjacent to each other in northeast lower Galilee, near the shore of the Sea (11:20). To the communities of these cities, Jesus taught the very essence of *rest.* His promise of rest (11:28– 29; Exo. 33:14) addresses their suffering and oppression. In the narrative, the lightening of burdens, easy yoke, and rest point concretely to Jesus' interpretations of Sabbath law, which follow immediately (12:1–14) and anticipate the author's interpretation of Jesus as the

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[155] Longman, III, Tremper, and Zondervan. *Genesis-Leviticus*, edited by David E. Garland, HarperCollins Christian Publishing, 2008), 90. *ProQuest Ebook Central*.

[156] Ibid.

[157] Ibid.

gentle servant of God (12:17– 21).[158] Amid Jesus' busy ministry and meeting the needs of many people, he regularly took time off to be in solitude and to pray—to be in communion with the Father by the power of the Holy Spirit (Matt 14:23; 26:36; Mark 1:35).

Man in God's Creation

Considering all of creation, man is but a speck of cosmic dust—but they are thinking specks, made in the image of the Creator.[159] Man is important to God. Humankind is crowned (encircled) with glory and dominion over creation. He loves the man that He created so much that God sent His Son to die for them, so that, at the end of the age, humankind will receive the glory and honor for which He created them. In light of the vast expansiveness of space, man appears insignificant (Psalm 8: 4). Man is also small in light of who God is; nevertheless, the Creator made him a little less than God and crowned him with glory and honor.[160] Therefore, though he is reduced in size compared to God, mankind has a significant relationship with God.[161]

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[158] Anthony J Saldarini. *Eerdmans Commentary on the Bible: Matthew*, edited by John W. Rogerson, (Wm. B. Eerdmans Publishing Co., 2021) 75. *ProQuest Ebook Central*.

[159] Dana Gould. *Psalms 1-50*, (B&H Publishing Group, 1999), 34. *ProQuest Ebook Central.*

[160] Psalm 8:5

[161] Evans, 511

God demonstrates His love for man by offering him grace and mercy daily (Lam. 3:22-23). God is plenteous in mercy. He knew what He would do through His Son when man fell from the initial grace at Eden. Jesus satisfied God's wrath against sin so that he could deal with man mercifully, a clear indication that God cares for the man He created. God also holds great expectations from man to take care of himself, just as He daily watches and takes care of those who trust and obey Him. Jesus unequivocally told his disciples that they are the light of the world.[162]

Light is utterly distinct from the darkness; the smallest of sparks in a dark room can be seen at once. Light is the most useful of all that was created, the first thing called into being. Without it, the world would be a gloomy blank—it fertilizes, it guides and cheers.[163] Light has only one task: to shine. Jesus is the light of the world (Jn. 8:12); hence, he requires his followers to be lights and shine for people to see the good deed they put forth (Mat 5:16). Jesus demanded, "Let your light shine." Whenever someone has the light bulb but no actual light, the light is no longer shining. For the disciples of Christ and Christians to fulfill the mandate of "letting your light shine," there will be a need to take care of the light so that it does not dim. Many daily occurrences and events

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[162] Matthew 5:14

[163] J. C Ryle. *Bible Commentary - The Gospel of Matthew*, (Grupo Oxigênio Ltda-ME, 2015), 29. *ProQuest Ebook Central*.

have the potential to dim the light of a Christian, including helping professionals such as military chaplains in particular and humankind in general.

Biblical Concept of Self-Compassion

God loves man and invested a lot in him to be successful. He created man in His image and honors him. Just as He loved man, He expects man to do the same towards self. God fearfully and wonderfully makes the man (Psalm 139). In Mk 12: 28-30, Jesus echoes the greatest commandment to His audience. Then He added the second greatest: *Love your neighbor as yourself*.[164] Jesus thus connects the vertical (love of God) with the horizontal (love of others).[165] To claim to love God while not loving people is a contradiction. The two necessarily go together. To love God is to pursue His glory passionately, and to love one's neighbor is to decide to compassionately and righteously seek their well-being.[166]

Demonstrating love toward oneself is not sinful; however, the extent of such love ought to be measured in the searching scale of God's standard (Col. 3:22-23). Honoring God starts by showing compassion for the self as done to others. The opposite of self-compassion is self-hatred—the tendency to think poorly about oneself amounts to dishonoring God. Self-compassion

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[164] Mark 12:31 All humans should acknowledge their own identity as human beings who are flawed and loved at the same time. One should recognize that God offers forgiveness for his sins.

[165] Mark 12:31; Evans, *The Tony Evans Bible Commentary*. 947.

[166] Ibid.

gives one the ability to grasp the idea that humans are made with wonder and fear simultaneously (Psalm 139:14). To not show compassion toward the self is to dishonor God. Self-compassionate individuals recognize and internalize God and His compassion for themselves and the acceptance He has for them.

Experiencing bullying, loneliness, suffering, trauma, cruelty, and even abuse from others will most definitely harm one's identity and self-worth. At times, such individuals might blame themselves and struggle with feelings of worthlessness and guilt. However, meditating on God's kindness and compassion can help them embrace more of life with God's love. Christians and military chaplains must thus cultivate compassion for others and themselves. Self-compassion is not about being selfish but being a life-giving person—it is about people giving themselves God's love for themselves

Theoretical Foundations

Resilience is the process of coping, overcoming, and gaining strength through adversity.[167] Self-compassion is associated with increased resilience.[168] Weidlich and colleagues noted that resilience plays an important role in the workplace, shielding one against the negative effects of work-related stress, such as burnout.[169] Self-compassion, Olson and colleagues found, is positively associated with clinician resilience, and similar results have been obtained with medical students and residents (Olson & Kemper, 2014; Olson et al., 2015).[170] Lefebvre and colleagues elaborated on research studies focused on organizations that embrace self-compassion. The researchers found the results encouraging, discovering numerous advantages associated with having a self-compassionate mindset that leads to increased resilience.[171]

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[167] Ronald M. Epstein and Michael S. Krasner, "Physician Resilience," *Academic Medicine* 88, no. 3 (March 2013): 301–303.

[168] Karen Bluth and Tory A. Eisenlohr-Moul, "Response to a Mindful Self-Compassion Intervention in Teens: A Within-Person Association of Mindfulness, Self-Compassion, and Emotional Well-Being Outcomes," *Journal of Adolescence* 57 (June 2017): 108–18.

[169] Weidlich and Doris N. Ugarriza, "A Pilot Study Examining the Impact of Care Provider Support Program on Resiliency, Coping, and Compassion Fatigue in Military Health Care Providers," *Military Medicine* 180, no. 3 (March 2015): 290–95.

[170] Jade-Isis Lefebvre, Francesco Montani, and François Courcy, "Self-Compassion and Resilience at Work: A Practice-Oriented Review," *Advances in Developing Human Resources* 22, no. 4 (August 22, 2020): 437–52.

[171] Ibid.

This study will be informed by resilience theory. According to Glenn Richardson, resilience theory offers an in-depth framework that explains how medical practitioners and counselors manage their inherent work-related stressors.[172] Richardson integrates different types of stressors into the theory. Of the currently available resilience theories, only Richardson's resilience framework fully incorporates ideas from other fields such as physics, psychology, and medicine.[173]

One of the previous resilience studies focused on children born on the island of Hawaii in 1955, mainly investigating why some children thrived, while others did not under certain circumstances, such as maltreatment, poverty, or traumatic events. Another landmark study on resilience was conducted by Richardson, his famous Minnesota Risk Research Project, primarily focusing on the children of parents diagnosed as schizophrenic. With advancements in research, present studies have investigated resilience in adults.

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[172] Glenn Richardson, "The Metatheory of Resilience and Resiliency", *Journal of Clinical Psychology* 58, no. 3 (2002): 307-321, doi:10.1002/jclp.10020.

[173] David Fletcher and Mustafa Sarkar, "Psychological Resilience," *European Psychologist* 18, no. 1 (January 2013): 12–23, https://doi.org/10.1027/1016-9040/a000124.

According to Richardson, research on resilience has evolved and can be categorized into three key waves. The first wave is resilient qualities. In this wave, individuals are trained and helped to identify the risk factors in their environment.[174] This includes allowing individuals to identify the traits and environmental aspects related to resilience. In addition, however, individuals are helped to openly identify the characteristics that help them thrive in challenging situations. For example, some of the variables that individuals are trained in for identifying traits and environmental factors include high self-esteem, support system, and critical care in helping individuals develop resilience.[175]

The second wave is the resilient process, which aims to help individuals focus on strategies used to overcome stressors and regain mental balance. This wave allows individuals to develop strategic qualities that may help them cope with challenges or adversity.[176] The belief that individuals are likely to increase their level of resilience in the second wave and that developing resilience is a continuous process—and not an event—is supported by this theory. Richardson argues that resilience is mainly acquired through "a law of disruption and

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[174] Richardson. *The Metatheory of Resilience and Resiliency, 307.*

[175] Ibid., 308.

[176] Richardson. *The Metatheory of Resilience and Resiliency, 307*.

reintegration."[177] The theory demonstrates the resilience processes of homeostasis, which relate to disruptive life events and reintegration in a unique way compared to previous resilience models.

Innate processes form the third wave of resilience. These processes identify the relevant motivational forces within individuals and groups that help them self-actualize and take their self-care seriously. This wave deals with the following questions: Why do some people weather challenging situations better than others? Or how do people emerge from difficult circumstances doing better than before? According to Richardson, the "succinct statement of resilience theory is that there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony."[178]

Richardson believed that all individuals start the process of resilience in a state of biopsychospiritual homeostasis, given that they have adapted to their circumstances, no matter the quality of a given situation. However, when disruption occurs, including experiences of compassion fatigue, counselors would need reintegration to restore their biopsychospiritual homeostasis. The integration process, according to Richardson, appears in four major ways.

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[177] Ibid.

[178] Ibid., 313.

First, the process could occur through dysfunctional reintegration, laws, a return to homeostasis, or an acquisition of a resilient state in which the counselors are better than before.[179] Given the highly challenging nature of counseling work, individuals' protective factors likely determine their capability to reintegrate with resilience.

Richardson's resilience theory seeks to integrate research from three different waves into a resilience model based on the premise that everyone naturally seeks a state of biopsychospiritual homeostasis. This approach considers bio-spiritual homeostatic, physical, psychological, or spiritual when an individual is exposed to a disruptive event.[180] In this case, Richardson argues that the affected individuals are likely to have one of the four outcomes as the reaction or response to stressors or disruption: resilient reintegration, homeostatic reintegration, maladaptive reintegration, and dysfunctional reintegration. He further notes that disruption or falling apart is critical for resilience to manifest, but disruption is usually unpleasant, thus encouraging individuals to adapt or develop new resilience skills.

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[179] Richardson, *The Metatheory of Resilience and Resiliency,* 309.

[180] Ibid.

Disruption occurs in response to stressors that are likely to interrupt homeostasis. On the other hand, protective factors are likely to temper all stressors. As a result, an individual experiencing disruption is expected to achieve the highest level of coping known as *resilient integration*.[181] However, within resilient integration, an individual tends to have maximum growth in self-knowledge or understanding, including gaining increased resilience. Another state is homeostatic reintegration, in which individuals have regained their balance but have not experienced growth from disruption.[182]

Maladaptive reintegration is based on the premise that an individual has lost hope and motivation. In dysfunctional reintegration, an individual seeks reintegration to a homeostasis state by utilizing maladaptive means. Strong emotions—including pain, guilt, or heartbreak—may be experienced if an individual fails to reintegrate into a homeostasis state.

Several studies have been conducted on the relationship between resilience and self-compassion. For instance, Saleh found a possible link between improved self-compassion and an individual's ability to cope with environmental status.[183] Jones' findings have also validated

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[181] Ibid., 312.

[182] Ibid., 314.

[183] Saleh Alsaifi, "A Cross-Sectional Overview: The Effect Of The Covid-19 Pandemic On The Flow Rate Of Orthopedic Trauma Cases In Kuwait", *International Journal Of Innovative Research In Medical Science* 5, no. 12 (2020): 573-578, doi:10.23958/ijirms/vol05-i12/995.

those of previous studies that used younger populations as sample. Furthermore, studies have shown that training individuals to increase their self-compassion helps them develop resilience in stressful situations.[184]

The component of resilience theory can be integrated into self-compassion training programs for counselors, aiming to train counselors to realize the concept of self-care and to build unique self-care strategies for managing stressors or negative experiences linked to their involvement with traumatized patients. In this study, the researcher will determine the need for self-compassion education, whereby he will use resilience theory to design counseling programs that seek to train military chaplains to cope with the negative experiences related to their traumatic patients in a future study. Through this approach, the participants will develop resiliency qualities that will help them identify different traits or environmental characteristics related to resilience. It will also help chaplains identify different strategies to overcome stressful events and regain balance from traumatic experiences. In addition, the participants will gain an increased understanding of major self-kindness, such as healthy self-care behaviors that target stressors to lower stress and burnout while enhancing resilience.

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[184] Payton Jones, "Does Broadening One's Concept Of Trauma Undermine Resilience?," *Psychological Trauma: Theory, Research, Practice, And Policy*, 2021, doi:10.1037/tra0001063.

CHAPTER 3: METHODOLOGY

Intervention Design

This chapter describes the planned study methodology, design, and procedures and their rationales. The first section of this chapter describes the intervention design used to determine the need to formulate self-compassion education as a framework for self-care for military chaplains at Schofield Barracks. The subsequent part of the section describes the implementation of the intervention.

The intervention design used is qualitative methodology. First, the planned qualitative method and generic design are described. The study procedures are then presented after securing the Institutional Review Board (IRB) approval and site permission, followed by the purposeful sampling procedure and strategy to recruit the military chaplains. The data collection plan for semi-structured, one-to-one interviews is then discussed, followed by data organization, management, and analysis discussions.

Purpose and Objective

Qualitative methods involve collecting open-ended verbal data, such as data from interviews, focus groups, or documents. Participants are invited to respond in their own words instead of selecting responses from a list of predefined choices.[185] Qualitative research has significant strengths. For instance, if the existing literature does not offer a detailed description of a phenomenon, one that could help the researcher anticipate the full range of possible participant responses, qualitative methods can be employed to identify themes unanticipated by the researcher.

Moreover, qualitative research is appropriate for studying phenomena that cannot easily be separated from the social, organizational, and individual contexts in which they occur. For example, when participants are invited to describe their perceptions and experiences in their own words, they can furnish information about the perceived contextual influences and offer data grounded in their own lives and perspectives.

In light of the aim of this study, qualitative methods, which enable researchers to study a phenomenon embedded in the contexts in which it occurs, are more appropriate than quantitative methods, in which the data would be decontextualized. Participants in this qualitative research described, in their own words, any relationships they perceive between relevant past military

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[185] Sharan B Merriam and Elizabeth J Tisdell, *Qualitative Research : A Guide to Design and Implementation*, 4th ed. (San Francisco, Ca: Jossey-Bass, Cop, 2016).

training and the benefit of self-compassion education and whether there is a need for it to be introduced to the Chaplain Corps. Additionally, in this area of study, where little prior research has been done, the impact of self-compassion training on military chaplains who help traumatized Soldiers and their families has not been exhaustively studied. Therefore, to identify unanticipated themes and ideas, the participants should represent their experiences in their own words.

Ethical Considerations

The Belmont Report (U.S. Department of Health and Human Services, 1979) indicates the standards for ensuring the ethical protection of human subjects in research. The first standard is respect for individuals, ensuring that participants' autonomy is preserved. Owing to the nature of their positions in the military, all participants will provide informed consent to participate in the study.[186] Through the recruitment and informed consent processes, they will be informed of the purpose and nature of the survey. Further, they will be notified that their participation is entirely voluntary, that there are no negative consequences if they decline to participate, that they have the option to withdraw from the study at any time or decline to participate in any aspect of

[186] United States. Department of Health and Human Services., "THE BELMONT REPORT Office of the Secretary Ethical Principles and Guidelines for the Protection of Human Subjects of Research the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research ACTION: Notice of Report for Public Comment," 1979, https://www.hhs.gov/ohrp/sites/default/files/the-belmont-report-508c_FINAL.pdf.

the training or decline to answer any interview questions for any reason, without facing any negative consequences. They will also be informed that the risks of participation are minimal—the risks will not exceed those associated with their normal day-to-day activities—and that the direct benefits to them, which are not guaranteed, through the training in self-care compassion practices may include increased self-care knowledge and awareness, improved self-value, and the ability to always remain resilient.

The second standard in the Belmont Report is beneficence or ensuring that participants' interests are protected. As mentioned already, the risks of participation will be minimal, and the study and intervention may offer several direct benefits to the participants. The participants' interests are thus considered to be protected, and those who do not believe that participation is in their interests have the option of declining to participate or withdrawing without any negative consequences. Additionally, their identities will remain confidential, minimizing any risks associated with potential identity disclosures.

The third standard in the Belmont Report is justice or ensuring that the risks and benefits of participation are equitably distributed. As already stated, there will be minimal risks. The participants will not receive direct benefits. Other benefits may include a better understanding of self-care practices using self-compassion.

This chapter describes the intervention and the planned implementation. Figure 2 summarizes the steps of intervention implementation and their explanations.

Task

The intervention design demands that the researcher collect and analyze qualitative data from its participants. Interviews and focus groups were the primary data sources. The data collected were then analyzed to assess whether there is a need for self-compassion education as a framework for self-care among military chaplains. The focus group discussion complemented the interviews, and both were used to assess the chaplain's perspectives, understanding, and practice of self-compassion as a framework for self-care.

Study Location

The study was carried out at the 25th Infantry Division, a military installation located on the north side of the Island of Oahu in Hawaii. The division was formed on 1 October 1941 at the Schofield Barracks, Hawaii. The Division is known for its stellar lethal capability, and due to its superior performance during operations in the Solomons, the division earned the nickname "*Tropic Lightning."* For over seven decades, the 25th Infantry Division has fought in some of the most important conflicts of the 20th and early 21st centuries.

From the jungles of the Solomons and Vietnam to the mountains of Korea and Afghanistan, to the deserts of Iraq, Soldiers of Tropic Lightning have fought for freedom throughout the world and remain 'Ready To Strike-Anywhere, Anytime.' For over seven decades, the 25th Infantry Division has fought in some of the most important conflicts of the

20th and early 21st centuries. From the jungles of the Solomons and Vietnam to the mountains of Korea and Afghanistan, to the deserts of Iraq, Soldiers of Tropic Lightning have fought for freedom throughout the world and remain 'Ready To Strike-Anywhere, Anytime.'[187]

Step-by-Step Tasks

Interviews

The data will be collected through one-to-one, semi-structured interviews with each participant, focusing on individual perspectives on self-compassion. Semi-structured interviews are the most appropriate and common data collection method in generic qualitative research.[188] Conducted using an interview guide that includes open-ended questions, which preclude yes-or-no answers or selecting prewritten responses,[189] semi-structured interviews are consistent with this study's goals, methodology, and design: they invite the participants to describe in their own words their experiences and perceptions while maintaining a focus on the topic of interest. This interview format also offers the researcher the freedom to formulate and ask probing follow-up

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[187] Study Location narrative was adapted from the United States Army Garrison Hawaii portal. United States Army Garrison Hawaii, "History of the 25th Infantry Division," accessed May 20, 2022, https://home.army.mil/hawaii/application/files/5215/4941/3783/25th_ID_History.pdf.

[188] Sandelowski, *What's in a Name? Qualitative Description Revisited*, 44.

[189] Hanna Kallio et al., "Systematic Methodological Review: Developing a Framework for a Qualitative Semi-Structured Interview Guide," *Journal of Advanced Nursing* 72, no. 12 (June 23, 2016): 2954–65.

questions whenever further clarification or details are needed, thus enabling the researcher to ensure that a sufficient amount of rich and relevant data is obtained. The interviews will be *audio-recorded*—they will be recorded and stored on a digital system for subsequent analysis or usage. For encounters with individuals, academics often utilize audio-recording equipment to ensure that they capture all the vital information. Moreover, audio-recorded interviews alleviate the issues that researchers often face when working with data that is not well-documented, enabling them to have another frame of comparison to reassess their data.[190]

The interviews will be guided by a researcher-developed interview guide consisting of approximately 24 questions (Appendix I) formulated by following the principles and guidelines found in the *Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*[191], a book authored by Kristin Neff and Christopher Germer.[192] The first part of the guide includes filtering questions that aim to capture the demographic of the participants' years of military service and assignments as a chaplain, their rank, and the

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

[191] Neff, Kristin, and Christopher Germer. *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*. New York: Guilford Press, 2018.

[192] Kristin Neff, Ph.D., is the Associate Professor of Human Development and Culture at the University of Texas at Austin and a pioneer in self-compassion research. She authored self-compassion (for the general public). Dr. Neff's website is www.self-compassion.org. Christopher Germer, Ph.D., is a psychotherapist and a professor of psychiatry- at the Harvard Medical School/Cambridge Health Alliance. His website is www.chrisgermer.com.

approximate number of traumatized Soldiers they counseled during those years to the best of the participants' recollection.

The interview guide will then proceed with approximately 10 open-ended questions to assess the participants' understanding of the need for self-compassion as an outcome of self-care intervention. The interviews will be conducted through the online videoconference application Zoom at a time of each participant's choice. Video conferencing software allows two or more people in different locations to communicate using audio and video imaging in real time.[193] The participants will be asked to join the Zoom call from a safe location that ensures privacy and minimal distractions. The interview will begin with a review of the purpose and nature of the study and the terms of informed consent (Appendix II), which should take no more than 10 minutes. The participants will be welcome to ask or express any questions or concerns.

If a participant has no further questions or concerns, their permission will be requested to activate Zoom's integrated audio-recording feature, and the interview will begin. The interview is expected to take approximately 45 minutes, meaning that the entire Zoom meeting is scheduled to last about 60 minutes. During each interview, questions will be asked in the order they appear in the interview guide. Follow-up questions will be asked if additional clarification

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[193] M Gough and J Rosenfeld, *Video Conferencing over IP: Configure, Secure, and Troubleshoot.* (Rockland, MA: Syngress., 2006).

or detail is desirable. At the end of the scripted and follow-up questions, the participant will be asked to add to their previous responses. Then, the audio recorder will be deactivated, and the participant will be thanked for their time and invited to contact the researcher if any questions or concerns arise.

Table 3.1: Steps Involved in Conducting Interviews

Session duration: Approximately 60 minutes	
Step	**Implementation**
Start of meeting	The participating chaplain joins the Zoom platform from a safe location that ensures privacy and minimal distractions.
Introduction	The researcher introduces themselves, welcomes the chaplain, and introduces the topic for discussion.
Rules of Engagement	The researcher provides ground rules for the interview and, after asking for the chaplain's approval to record the session, activates the audio-recording, thus starting the interview.
End of meeting	At the end of the session, after the audio recorder is deactivated, the researcher thanks the participant and ends the meeting.

Focus Group Discussion

Focus group discussions are supplementary data compiled and adopted to buttress the information gathered through the interviews. The data collected through these deliberations offer a deeper understanding of chaplains' lives, their role in providing care and support to traumatized Soldiers and their family members, and their expertise and proficiency in dealing with traumas. In addition, their coping mechanisms for self-care and their need for self-compassion will be explored. The data will be collected in a group arrangement: the focus group will be conducted in two groups of five participants each.

The group discussions, conducted through Zoom, will be scheduled for deliberation. The participants will be asked to join the Zoom call from a safe location that ensures privacy and minimal distractions. The discussions are expected to take approximately 60 minutes. The Zoom administration protocol used for the interviews also applies to the group discussion. The audio recorder will be deactivated at the end of the discussion.

The researcher, the moderator, will use the same pre-determined questions drawn from the interview questions to gain more insight into the chaplains' perceptions of caring for traumatized clients and caring for themselves. The final questions, strategically formulated to ensure that all the needed information is captured, will allow the participants to reflect on the subject discussed. For instance, regarding the questions to be reviewed, each participating chaplain will have the opportunity to reflect on their position on self-care and its importance.

The issues to be discussed will also feature each participant's personal history of trauma that feels unresolved and could cause a build-up of fear, sadness, or anger that is likely to interfere with their ability to help others and cause STS and compassion fatigue. Moreover, the pre-determined discussion question includes the kinds of self-care activities the chaplains regularly engage in to include self-compassion education. In closing, the question enables the participants to reflect on the aspects of their professional military training that would help them improve their self-compassion and self-care.

Table 3.1: Steps Involved in Conducting Focus Group Discussions

Session duration: Approximately 60 minutes	
Step	**Implementation**
Start of meeting	The participating chaplains (group of five) join Zoom from a safe location that ensures privacy and minimal distractions.
Introduction	The researcher introduces himself, welcomes the chaplains, and introduces the discussion topic.
Rules of Engagement	The researcher provides ground rules for the focus group discussion—such as notifying participants that all answers are welcome and that there are no right or wrong answers—and, after asking for the participants' approval to record the session, activates audio-recording and starts the session.
Opening Question with follow-up questions	The participants are allowed to respond by taking turns to answer.
End meeting	After deactivating the audio recorder, the researcher thanks the participants and ends the meeting.

Population and Sampling

The study focuses on U.S. military chaplains stationed at Schofield Barracks, Hawaii, from all religions who counsel traumatized Soldiers and their families. The inclusion criteria are as follows:

i. Chaplains assigned to the 25th Infantry Division irrespective of their faith-heritage, sexual orientation, and rank.
ii. Those who offer counseling to Soldiers suffering from trauma inflicted during military service.
iii. Those who have provided such counseling in their capacity as a U.S. military chaplain for at least one year.

The exclusion criterion will be any pre-existing personal or professional relationship with the researcher—an ethical precaution to ensure that no power differentials exist between the researcher and the participants that might interfere with their autonomy as voluntary participants.

For generic qualitative research, the most appropriate strategy is purposeful sampling.[194] It involves focusing recruitment efforts on individuals who are expected to have the knowledge and experiences necessary to provide rich, relevant data to ensure that sufficient data is collected using limited time and resources.[195] The specific, purposeful sampling strategy will be criterion-based sampling, which involves focusing recruitment efforts on individuals who meet a particular set of the inclusion criteria.

In addition, a sample of at least 10 participants will be included in the study, consistent with Creswell's recommendation that qualitative research comprises between five and 25 participants. To ensure that a sufficient number of participants are retained if attrition occurs, at least 15 participants will be recruited. After approval is received from Liberty University's IRB,

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[194] Sandelowski, *What's in a Name? Qualitative Description Revisited, 45.*

[195] Lawrence A. Palinkas, "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research," *Administration and Policy in Mental Health and Mental Health Services Research* 42, no. 5 (November 6, 2015): 533–44, https://doi.org/10.1007/s10488-013-0528-y

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site permission will be sought from the Division Chaplain (Appendix III) to conduct interviews and training with U.S. military chaplains on-site at one domestic military base (the Schofield Barracks Army Installation).

The target population will be informed through the Division Unit Ministry Team (UMT) central electronic mail, telephone calls, and one-on-one visits. The electronic mail will allow each participant to understand the type of research, the need for it, and its potential benefits. Face-to-face meetings and interactions with the participants will also be conducted to inform them about the proposed research and how they can get involved. If 15 participants cannot be recruited using this strategy, snowball sampling will be implemented, which involves asking participants to recommend other individuals who might be eligible to participate.

In addition, it can effectively gain the researcher access to individuals whom recruitment materials might not otherwise reach.[196] If 15 participants cannot be recruited using snowball sampling, the study will be expanded to other bases until a sufficient number of participants is obtained. The interested potential participants will be asked to contact the researcher by phone or email to register their interests.

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[196] Palinkas, *Purposeful Sampling for Qualitative Data Collection and Analysis*, *533–44.*

The researcher will then screen potential participants for eligibility by asking them to confirm whether they meet the inclusion criteria. Successful potential participants will be invited to provide informed consent to participate in the research. An email will be sent to each potential participant with the informed consent form as a digital Portable Document Format (.pdf) attachment. They will then be invited to review the form and contact the researcher to discuss any questions or concerns. If they do have questions or concerns, after they are addressed to their satisfaction, they will be invited to append their signature to the informed consent form e-mailed to them.

Data Organization and Management

The participants' identities will remain confidential. The audio-recorded interviews will be stored only on a password-protected flash drive to which only the researcher has access. In addition, each participant's real name will be replaced in all study materials with an alphanumeric codename (P1, P2, etc.). The flash drive with the interview recordings will be stored in a locked filing cabinet to which only the researcher has access and which will be destroyed at the end of the required retention period.

The audio-recorded interviews will be transcribed using Zoom's automated transcription feature. In addition, the researcher will verify the transcripts by reading and rereading them while listening to the audio recordings, making corrections, and de-identifying the transcripts by removing personally identifiable information as needed.

Analysis/ Evaluation Procedure

Data analysis involves bringing order, structure, and meaning to the complicated mass of qualitative data the researcher generates during research.[197] After the transcripts are de-identified and verified, they will be uploaded to the NVivo 12 computer-assisted qualitative data analysis software. The software, though it does not automate the analysis, can increase its trustworthiness by maintaining the organization of the coding scheme the researcher develops from the data.[198] The transcripts will be analyzed in NVivo using the inductive six-step thematic procedure described by Terry and colleagues.[199]

An inductive approach involves clustering data into codes and themes based on meaning similarities rather than sorting data into predefined categories, as with deductive coding. An inductive procedure will allow the participants' intended meanings to determine the major study findings instead of preconceived categories derived from the literature or researcher expectations. A thematic procedure involves developing the major themes that incorporate all or

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[197] Tim Sensing, Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses (Eugene, Or.: Wipf & Stock, 2011), 194.

[198] Nancy L. Leech et al., "Mixed Research in Gifted Education," *Journal for the Education of the Gifted* 34, no. 6 (November 4, 2011): 860–75.

[199] G Terry., Hayfield, N., Clarke, V., & Braun, V. Thematic analysis. *The Sage Handbook of Qualitative Research in Psychology*, (2017), 17-37.

most of the participants' perspectives. Finally, thematic approach will increase the trustworthiness of the study findings by minimizing the influence of individual participants' errors or biases on major results.

The thematic analysis procedure described by Terry and colleagues (2017) consists of six steps. First, the data are read and reread to gain familiarity with them and identify points of potential analytical interest, such as patterns incorporating multiple participants' responses. Second, the data are coded by clustering responses with similar meanings. Third, themes are sought in the data by clustering similar codes. Fourth, the themes are reviewed to accurately reflect the patterns in the data. Fifth, and last, a presentation of the findings is created. The results will be presented in Chapter Four.

Implementation of Intervention Design

The implementation of the intervention design followed the specific approaches considered for the study. Hence, the application of the design was considered through proper analysis, which determined its results and findings. Both the interviews and focus group discussions produced comprehensive data needed for the study purpose. After the researcher received approval from the IRB to begin the project with respect to the data safeguarding methods mentioned in the IRB application, written permission was obtained from the Division Chaplain to conduct recruitment and interviews at the military installation.

The request was subsequently approved, and a recruitment letter with a consent agreement document was sent to 35 chaplains stationed at the installation. Only 15 respondents agreed to participate in the study and were recruited through a purposeful sampling strategy. A total of 10 respondents participated in the interviews, while the remaining five were present for the focus group discussion. All of them provided informed consent for their voluntary participation, and their identities remained confidential.

The interview process followed a question-answer sequence, which created responses for the participants. The researcher conducted one-on-one meetings with the participants, with the latter given permission to ask for clarification on any question(s) that was/were asked. The focus group data collection was done in a sequence as the discussions were based on the question-and-answer format. Therefore, the researcher acted as the moderator for pushing the questions to the participants, allowing them to answer by taking turns. There were no right or wrong answers to the structured questions.

All the responses were captured and stored in Zoom. One focus group was conducted, with its demography being three (3) Company Grade Officers of Grade Level O3 (Captain) and two (2) Field Grade Officers of Grade level O4 and O5 (Major and Lieutenant-Colonel) respectively. Every participant was given some time to contribute to the discussion. The duration of the focus group discussion was approximately 60 minutes.

Data Analysis

After conducting research interviews using Zoom and reflecting on the experiences of both the researcher and the participant experiences, Zoom offers several notable advantages to qualitative researchers working on online video conference interviews.[200] The interviews were conducted through Zoom and were audio-recorded using Zoom's integrated recording feature. The use of the integrated audio-recording feature on Zoom was key in capturing each participant's responses and the focus group discussion.

Zoom automatically saved the interview into two files—an audio-only file and a combined audio–video file.[201] After each interview session and the focus group discussion, the reduced size of the audio-only files was used to transcribe the participant responses. The transcripts were imported as source files into the NVivo 12 software and analyzed using an inductive and thematic procedure.

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[200] Lisa M. Gray et al., "Expanding Qualitative Research Interviewing Strategies: Zoom Video Communications" (Athabasca University, Alberta, Canada, The Qualitative Report 2020 Volume 25, Number 5, Article 8, 1292-1301, n.d.).

[201] Ibid.

Table 3.2: Intervention Implementation Steps

Activity	**Explanation**
1. IRB approval	Receive approval from Liberty University's IRB
2. Site permission	Obtain written site permission to conduct interviews and focus group sessions from the Division Chaplain at the Schofield Barracks, Hawaii Army Installation
3. Sampling	Use purposeful sampling to recruit a sample of fifteen military chaplains (who counsel traumatized Soldiers and family members) and send electronic mails through the Division UMT central mailing distribution list. Contingency: If 15 participants are not recruited, implement snowball sampling, then expand the study to other military installations.
4. Screening	If interested, the potential participants contact the researcher; then, verify their eligibility by inviting them to verbally confirm that they meet the inclusion criteria.
5. Informed consent	Email the informed consent form to potential participants who confirm that they meet the inclusion criteria. Invite them to review the terms and contact the researcher with any questions or concerns. Finally, invite them to accept the terms of the informed consent by returning an email stating, "I CONSENT."
6. Interviews and Focus Group	Post-training, one-to-one interviews are scheduled at the participants' convenience and conducted via Zoom. Focus groups of two groups are performed on the same platform. The questions are asked in the order in which they appear in the interview guide. The interviews, recorded using Zoom's integrated audio-recording feature, are expected to take approximately 45 minutes, whereas the focus group discussion is expected to be 60 minutes long.
7. Data transcription	The audio-recorded interviews are transcribed verbatim using Zoom's automated transcription feature.
8. Transcript de-identification	The researcher removes all personally identifiable information from the transcripts and replaces participants' real names with alphanumeric codes (P1, P2, etc.).
9. Transcript verification	The researcher verifies the transcripts by reading and rereading them while listening to the recorded interviews and making corrections as needed.
10. Data analysis	The transcripts are analyzed in the NVivo 12 software using the six-step inductive thematic procedure described by Terry et al. (2017).
11. Report the results	The researcher writes Chapter Four.

CHAPTER 4: RESULTS

Overview

This DMIN action project aims to determine a need to formulate a self-care plan for chaplains at Schofield Barracks to reduce their pain after helping Soldiers and their families diagnosed with trauma through different interventions. The study was tailored toward understanding military chaplains' perception of self-compassion as a framework for self-care for military chaplains who counsel Soldiers who suffer from trauma. The following section of this chapter describes the study participants. This is followed by the presentation of the results organized by theme. This chapter concludes with a summary of study results.

Participants

The participants were a purposeful sample of 10 U.S. military chaplains stationed at Schofield Barracks, Hawaii, assigned to the 25th Infantry Division, who, at the time of the study, had been providing counseling to Soldiers suffering from trauma and their families for at least one year. Six of the 10 participants held the rank of Captain, two the rank of Major, and two the rank of Lieutenant-Colonel. In total, the participants had an average of 9.1 years of experience as military chaplains, ranging from a minimum of 1.5 years to a maximum of 21 years. The average number of military assignments as a chaplain was four, ranging from a minimum of one duty assignment to a maximum of 10. Table 4 indicates the relevant demographic characteristics of the individual participants.

Table 4.1: Participant Demographics

Participant	Rank	Years of military service as a chaplain	Number of military assignments as a chaplain
P1	Captain	9	4
P2	Captain	2.5	1
P3	Captain	3	1
P4	Captain	7	3
P5	Captain	1.5	1
P6	Major	12	5
P7	Major	14	7
P8	Lieutenant-Colonel	17	9
P9	Captain	4	2
P10	Lieutenant-Colonel	21	10

Results

This section comprises two major subsections. The first, Theme Development, describes the implementation of the data analysis procedure described in Chapter Three; the second, Research Question Responses, is a narrative description of the findings.

Theme Development

The audio recordings of the semi-structured interviews with the 10 participating military chaplains were transcribed verbatim into Microsoft Word documents. The transcripts were imported as source files into the NVivo 12 computer-assisted qualitative data analysis software. The analysis procedure applied to the data was the inductive and thematic procedure.[202] In the

[202] Terry et al., *Thematic Analysis*, 17-37.

first step of the analysis, the data were read and reread in full to gain familiarity with them.[203] During this step, handwritten notes regarding the potential patterns in the participants' responses were made. The keywords and phrases that were repeated across transcripts and within transcripts were noted.

The second step of the analysis consisted of coding the data.[204] Collecting and identifying themes is the primary way qualitative researchers process and analyze data.[205] Coding (sometimes called "indexing," "tagging," or "labeling") is a way to get a handle on the raw data so that it is more accessible for interpretation.[206] Different blocks of text within and across transcripts were grouped when they had similar meanings. Those groups with similar meanings were coded, and they were labeled with descriptive phrases that summarized the meaning of the data assigned to them. For example, P1 said of the limitations of the spiritual counseling they provided for alleviating the pain and trauma of Soldiers and their families: "I believe that I am part of the solution but cannot take on the pressure to be the sole alleviator to the sufferer." This block of text was assigned to a code, and the code was labeled 'recognition that spiritual

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[203] Ibid.

[204] Ibid.

[205] Sensing, *Qualitative Research*, 202-203.

[206] Ibid.

counseling is not all that Soldiers need.' Moreover, P9 stated, "I am aware that I don't have all the answers to their problems and concerns." P9's response also indicated the perception that they, as military chaplains, were not the sole resource the traumatized Soldiers needed for their recovery. P9's response was assigned to the same code as P1's response. In total, 139 blocks of transcript text were given to 22 codes. Table 5 indicates the codes identified during Step 2 of the analysis and the number of blocks of transcript text assigned to them.

The third step of the analysis involved investigating the data for themes.[207] Themes were formed by grouping similar codes. For example, the five codes 'addressing Soldiers' inner pain by listening,' 'coping with own emotions is challenging,' 'leaving emotions at work,' 'experiencing sympathetic suffering,' and 'suffering, while Soldiers describe their experiences' were grouped into a theme because they all indicated participants' experiences of counseling and empathizing with traumatized Soldiers. Overall, the 22 codes were grouped to form three themes.

[207] Terry et al., *Thematic Analysis*, 17-37.

Table 4.1: Data Analysis Codes

Code (alphabetized)	*n* of blocks of transcript text assigned
Addressing Soldiers' inner pain by listening	2
Consulting with colleagues	3
Coping with own emotions by compartmentalizing	5
Coping with own emotions is challenging	6
Discrepant data - Leaving emotions at work	1
Emotions contribute to empathy	6
Experiencing sympathetic suffering	11
High awareness of own inner pain	7
Letting go of empathetic suffering after counseling Soldiers	7
Managing inner pain through reflection	8
Other chaplains practice self-compassion	5
Practicing self-care regularly	5
Recognition that spiritual/pastoral counseling is not all that Soldiers need	9
Scheduling constraints are barriers to mindfulness practices	5
Self-compassion as compassionate detachment	7
Self-compassion is necessary for helping others	5
Self-compassion practices reduce secondary suffering	4
Self-compassion through mindfulness	6
Spirituality is a key coping strategy	14
Suffering while Soldiers describe their experiences	7
Training helps with coping	6
Treating oneself with the same compassion one shows to others	10

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In the fourth step of the analysis, the themes were reviewed.[208] First, the themes were compared to the original data to ensure that they each reflected a pattern in the participants' responses. Next, each theme was evaluated to ensure that it represented a single, cohesive idea. The themes were then compared with one another to ensure that they did not overlap.

The fifth step of the analysis involved naming the themes.[209] Each theme was compared to the research questions to assess which question it was relevant to address. Each theme was then named to clarify its significance as an answer addressing the research question. Coding the themes into groups reduces large amounts of data into a smaller number of analytic units[210] It also gets the researcher into analysis during data collection so that later fieldwork can be more focused.[211] Table 6 indicates how the codes were grouped to form the named and finalized themes.

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[208] Terry et al., *Thematic Analysis*, 17-37.

[209] Ibid.

[210] Sensing, *Qualitative Research*, 204.

[211] Ibid.

Table 4.2: Themes as Groups of Similar Initial Codes

Theme Code grouped to form themes	*n* of blocks of transcript text assigned
Theme 1. Empathizing with traumatized Soldiers and their families' pain caused STS	27
Addressing Soldiers' inner pain by listening	
Coping with own emotions is challenging	
Discrepant data: Leaving emotions at work	
Experiencing sympathetic suffering	
Suffering while Soldiers describe their experiences	
Theme 2. Strategies for coping with STS, pain, and suffering included spirituality, self-reflection, and letting go	64
Consulting with colleagues	
Coping with own emotions by compartmentalizing	
Emotions contribute to empathy	
High awareness of own inner pain	
Letting go of empathetic suffering after counseling Soldiers	
Managing inner pain through reflection	
Practicing self-care regularly	
Recognition that spiritual counseling is not all that Soldiers need	
Spirituality is a key coping strategy	
Theme 3. Self-compassion was perceived as an effective strategy for reducing STS, pain, and suffering	48
Other chaplains practice self-compassion	
Scheduling constraints are barriers to mindfulness practices	
Self-compassion as compassionate detachment	
Self-compassion is necessary for helping others	
Self-compassion practices reduce secondary suffering	
Self-compassion through mindfulness	
Training helps with coping	
Treating oneself with the same compassion one shows to others	

The sixth step of the analysis involved creating the presentation of the results that form the present section of Chapter Four. The following presentation of the answers to the research questions is organized by research questions. Table 7 indicates the themes used to address the two research questions.

Table 4.3: Use of Themes to Address Research Questions

Research question	Theme(s) used to address question
RQ1. What are military chaplains' experiences with traumatized Soldiers and their family members, and how do these experiences affect their ability to demonstrate empathy and provide care?	**Theme 1.** Empathizing with traumatized Soldiers and their families' pain caused STS **Theme 2.** Strategies for coping with STS included spirituality, self-reflection, and letting go
RQ2. What are military chaplains' perceptions of self-compassion as a framework for self-care?	**Theme 3.** Self-compassion was perceived as an effective strategy for reducing STS

Research Question Responses

Two research questions were used to guide this study. The presentation of the responses to the research questions is organized by the questions themselves and, under each question, by theme. The themes presented under the research question headings form the major findings that address the questions.

RQ1: What are military chaplains' experiences with traumatized Soldiers and their family members, and how do these experiences affect their ability to demonstrate empathy and provide care?

Two themes identified during data analysis were used to address this question: (Theme 1) empathizing with the traumatized Soldiers and their families' pain caused STS, and (Theme 2) strategies for coping with STS, including spirituality, self-reflection, and letting go.

Theme 1: Empathizing with traumatized Soldiers and their families' pain caused STS. The participants reported that their role as military chaplains entailed listening to and empathizing with the Soldiers as they recounted traumatic incidents and experiences of PTSD. The participants experienced significant stress and emotional pain while listening to the Soldiers—the pain they felt, according to the participants, was the result of empathizing with the suffering the traumatized Soldiers described. All participants but one said that coping with this STS was a challenge they had to face not only during the counseling sessions but also after work. When providing pastoral care, the participants' role involves listening and empathizing instead of trying to fix the problems of the Soldiers. P1 referenced the distinction between listening and trying to fix problems: "I'm careful not to have the mentality that I am the fixer in their [the Soldiers'] situation. I'm a listener but not a fixer. My interaction with Soldiers is conversational, relatable, and compassionate." P10 described the listening role as "sitting with" the Soldiers:

> I find it is best to just sit with them [the Soldiers]. It is not the time for serious theological discussions, nor to question their anger or lack of faith in God, but rather to acknowledge

it internally. It was just being with them and listening to their hurt and bearing with one another.

The participants reported experiencing distress while listening to the Soldiers describe traumatic incidents and symptoms of PTSD. P1, for example, said, "I feel sad that they had to experience trauma, especially in uniform. It's hard to listen to, but I know that allowing them to talk is part of their healing process." P4 said that, when listening to Soldiers' stories, "I feel sad and sometimes angry," and P5 reported feeling "Sad, pained, and at times disconnected" while the soldiers described their trauma. P10 reported that "I hurt with them" while the Soldiers narrate their stories. P7 said, "When you see what people go through during their dark moments as humans, one will feel it." Finally, P9 reported that when providing pastoral care to traumatized Soldiers, "I can feel overwhelmed."

The participants described the nature of the suffering they experienced during and after the counseling sessions with traumatized Soldiers as shared pain, with them also experiencing the Soldiers' suffering. P5 said of suffering shared pain when counseling Soldiers, "I feel their pain and agony." P6 said, "It is painful [for me] when they [the traumatized Soldiers] share their story. It is painful emotionally." P1 reported that shared pain was sometimes a product of a shared experience: "There are some occasions where negative emotions creep out [in me] because I have similar experiences [to the traumatized Soldiers'] in my life." P10 reported shared pain based on shared losses, but they added that pain was shared even when the loss was of someone they did not know: "I suffer the loss with [the traumatized Soldier] if it's someone I know. I suffer the loss with them even if I did not know their loved one just because I can feel

their pain." P8 suggested that sharing Soldiers' pain made pastoral care more effective in alleviating Soldiers' trauma, saying, "When I am able to be in their [the Soldiers'] shoes, I can understand with clarity, and together, we may find better options and resources for their pain."

The participants added that coping with experiences of shared pain during and after counseling traumatized Soldiers was challenging. P2 contrasted the intense, shared pain experienced when counseling Soldiers with the challenges of civilian ministry, which P2 perceived as less intense: "Coming into the active duty, it is very challenging to deal with one's emotions while dealing with Soldiers and their family members that have been traumatized. The challenges are real, as compared to civilian ministry." P9 reported ruminating over traumatized Soldiers' situations after work: "The closer I am to the service member or their loved ones, the more I may feel drained, to the point that even after the counseling has ended, I keep thinking of possible solutions or courses of action." P4 said of the effects of counseling traumatized Soldiers, "Sometimes it can be challenging to cope with my emotions." P5 reported that, during their first assignment as a military chaplain, the lack of any preparatory training made the empathetic pain of listening to Soldiers even more challenging than it normally was:

> It [counseling traumatized Soldiers] is always challenging to me because it is a real situation of suffering in someone's life. Not having been trained to combat stress in my first assignment when I came into the military posed a great threat to my well-being. I struggled to navigate and detached myself from the clients that I counseled.

P6 corroborated P5's perception that a lack of training in stress management left military chaplains more vulnerable to the challenges of sharing traumatized Soldiers' pain: "In my early

years as a chaplain, I was affected because I had not been trained on how to manage and handle my emotions and stress that comes with dealing with [Soldiers'] different, dark situations." P6 subsequently received training that helped them mitigate the negative effects of sharing Soldiers' pain, including "Combat Operation Stress Control (COSC), Traumatic Event Management (TEM), Clinical Pastoral Education (CPE), Pastoral Counseling Training (PCT) and Moral Injury Training (MIT)," and P6 said of this training, "Applying these training daily helped me to care for myself and know how to care for traumatized Soldiers." P7 provided further corroboration of the perceived vulnerability of the military chaplains who had not received the training P6 described: "As a first-time chaplain in my early assignments, before all the training I took, I was indeed a victim of STS."

Only one participant provided partly discrepant data. P1 indicated that during counseling sessions with traumatized Soldiers, "[t]here are some occasions where negative emotions creep out," diverging from other participants, indicating that these feelings of secondary distress did not persist after leaving the office. P1 said, "I leave those thoughts and counseling advice in the office. I do not bring it [home] with me." Thus, all participants reported that listening to Soldiers and sharing their pain resulted in significant challenges related to managing their own emotions and mitigating STS. For all participants except P1, the challenge of managing their secondary distress affected them during and after counseling sessions.

Theme 2: Strategies for coping with STS, pain, and suffering included spirituality, self-reflection, and letting go. Participants reported that listening to traumatized Soldiers during counseling sessions caused them to experience shared pain, and they needed coping strategies to alleviate it. The primary coping strategy for all participants was spirituality. They engaged in praying, reflecting, studying the Scripture, meditating, and other spiritual practices. They further reported that letting go of the shared pain they experienced during and after spiritual counseling sessions with traumatized Soldiers was an effective coping strategy, which they engaged in by reminding themselves that the pain of the trauma belonged to the Soldier and not to them. Another part of letting go involved recognizing that the spiritual counseling they provided was not the only resource the traumatized Soldiers needed for their recovery. This reflection enabled them to remember that they were not solely responsible for the Soldiers' well-being. However, they noted that they did not attempt to cut themselves off completely from the shared pain they experienced during and after counseling traumatized Soldiers, but only to mitigate it enough that it did not interfere with their well-being and effectiveness as military chaplains. The participants indicated that they did not attempt to cut themselves off completely from the sympathetic suffering they experienced, because they believed that that suffering made them more effective spiritual counselors.

The participants also reported that they perceived themselves as having a high awareness of their inner pain, which contributed to their ability to cope effectively with that pain. P1 described how self-awareness contributed to knowing when self-care was needed:

> Awareness of my inner pains has helped me become a better caregiver. Sometimes, I get burned out and don't want to hear another story because they all seem to blend. I know it's time for a vacation when I feel like this.

P9 described striking a delicate balance in using their pain to empathize with the traumatized Soldiers they counseled without letting their pain dominate them to the extent that it exacerbated the Soldiers' negative emotions:

> As they start to share their traumatic events, I use the best of my pains and traumas to advise them better and take care of them. If any feeling starts to show up and is not a positive one, I take a minute before I say anything to them, so instead of intensifying their hate, sadness, and frustration, I may alleviate them.

The participants thus used their high awareness of their inner pain to help them cope with it effectively and to avoid burnout and negative effects on the Soldiers they counseled. The most frequently cited coping strategy was spirituality. P4 said that when sharing Soldiers' pain became too distressing, "I take it to the Lord in prayer. Also, I learned to pray for strength to change what I can and grace to accept what I cannot change." P4 added that after listening to traumatized Soldiers, "For a little while, I still feel sad and angry, but after having time to pray and meditate, I feel better." P5 spoke of using spirituality to enhance resiliency: "I always take solace in the Lord. I remind myself of the call of God upon my life. I resort back to my spirituality for

resiliency." P6 reported a daily regimen of prayer as an effective coping strategy: "All the time, I'm connected to Soldiers' pain. I take it to God in prayer. I do morning, afternoon, and evening prayers. My prayers routine helped me take care of myself and pray for my Soldiers." P3 described the practice of spiritual meditation:

> For me, spirituality is a connection to something greater than ourselves and a connection to others. Indeed, spirituality is an essential ingredient for me to be whole. My spiritual practice, when it comes to working with trauma and afterward, is sometimes I do Tonglin meditation, a Buddhist practice where you experience the feelings of pain and suffering. Then you send compassion into the world to call for alleviation of suffering. I pray and give myself to compassion.

P7 described spirituality as their primary coping strategy: "For me, a deep dive into my spirituality is my number one coping mechanism. Others follow." Of the spiritual practices that contributed to coping, P7 said, "I sing to the Lord, pour my heart out to God in worship, and honor Him. It helps me alleviate [STS] experiences." P9 described prayer as a form of self-care that involved taking a break from sharing Soldiers' pain: "After providing care for the traumatized Soldiers and family members, I normally need some alone time, where I can pray and take a break from the heat of the moment." P10 said of effective spiritual coping strategies, "I pray, meditate, perhaps open my Bible to some helpful Psalms for the moment."

Participants also described self-reflection as another effective coping strategy they implemented when their strong inner awareness indicated that the pain they shared with traumatized Soldiers was becoming excessive. P1 described solitary reflection and reflection through discussion with a loved one as valuable coping strategies: “I reflect right after they (traumatized Soldiers) leave my office. I also discuss the situation with my spouse without revealing any confidential information. This is helpful for me to decompress and process the trauma.” P4 described reflection as a continual practice: “I constantly reflect on Soldiers’ stories,” and P4 added that the purpose of this reflection was to “Humble myself and put it into perspective that suffering is inevitable.” P9 described reflection as a way of learning: “If there is anything I can learn from them [traumatized Soldiers] or their situations, I meditate about it, and in the process of helping them heal, I heal as well.” P7 described using reflection to problem-solve: “I reflect on those cases, especially on what I can do to further provide support to them that has not been done.”

The participants also described themselves as engaging in the effective coping strategy of letting go of the pain they shared with the traumatized Soldiers after listening to their stories. P1 described reflecting on the spiritual counselor’s role as a receptacle for traumatized Soldiers’ pain as an effective coping strategy for letting go of that pain: “Most of the time I can let it [pain shared with traumatized Soldiers] go. It’s their story and their conversation. I am a vessel that allows them to talk and get it out.” P3 used the skills they learned during military chaplain training to let go of the pain they shared with the traumatized Soldiers: “From my past training that led to my military chaplaincy, I learned those skills to keep myself together, even when I am

sad and traumatized as well." P6 described seeking training to learn the skill of letting go of negative feelings: "I felt so bad because I do not know what to do with my pain while caring for these Soldiers. That was why I started engaging in personal and professional development." P7 reported using prayer ("lay it on the altar"): "My source of hope and strength is God Himself. You see, everything that happens between the Soldiers and me, I take it back to God in prayer, lay it on the altar of prayer." P10 said that letting go of the shared pain involved focusing on the Soldiers: "I try to remember to make this about them and not me."

Another means that the participants used to dissociate themselves from the pain they experienced from listening to traumatized Soldiers was reflecting that they did not have to carry that pain for the Soldier alone and that other resources also needed to be engaged to assist the Soldier in recovering from trauma. P1 described letting go as not taking on all the pressure of being the Soldiers' sole healer: "I believe that I am part of the solution but cannot take on the pressure to be the sole alleviator to the sufferer." P4 shared this recognition: "I do not have all that is required to alleviate Soldiers' suffering." P6 defined the limitations and benefits of the military chaplain's role: "I am not a problem-solver, nor do I have an antidote to their [traumatized Soldiers'] suffering. However, as a soul caregiver, I can empathize with them in their situation and walk with them." P9 recognized the limitations of the military chaplain's role, and hence of his responsibility, in saying, "I am aware that I don't have all the answers to their [traumatized Soldiers'] problems and concerns." P10 expressed the military chaplains' perception: "Must learn that one can't fix everyone, and we all have limitations."

Although the participants acknowledged that they could not carry out or alleviate all of the traumatized Soldiers' pain and that they must use coping strategies, such as spirituality and self-reflection, to maintain their well-being and effectiveness as military chaplains, they added that they would not cut themselves off from empathizing with the Soldiers. In a representative response, P1 reported, "My experienced emotions help me understand the traumatized Soldier." P3 said that, when listening to traumatized Soldiers, "I feel sad, pained, which allows me to support them in any way I can." P10 said, "I use some of my emotional experience to be of help to them [traumatized Soldiers]." The participants thus indicated that they struck a balance, using coping strategies to prevent the pain they shared with traumatized Soldiers from reducing their well-being or impairing their effectiveness as military chaplains but still allowing themselves to share the pain with Soldiers to be effective spiritual counselors, who "Empathize with [traumatized Soldiers] in their situation and walk with them" (P6).

RQ2: What are military chaplains' perceptions of self-compassion as a framework for self-care?

One of the themes that emerged during the data analysis was used to address this question. The following subsection presents this theme.

Theme 3: Self-compassion was perceived as an effective strategy for reducing STS

The participants defined self-compassion as treating themselves with the same compassion they treated the Soldiers in their care. Self-compassion, the participants indicated, was necessary for helping others and effectively reducing STS. One-way participants practiced self-compassion was by compassionately detaching from the suffering of the traumatized Soldiers, which enabled them to empathize and be of assistance without reducing their well-being. Compassionate detachment was related to the coping strategy of letting go. Moreover, the participants also engaged in self-compassion through mindfulness practice.

The participants reported that they engaged in the intentional practice of self-compassion, which they described as empathizing with themselves, appreciating themselves, forgiving themselves, and engaging in self-care. When asked whether they engaged in self-compassion, P9 answered affirmatively and then elaborated by describing their self-care practices:

> When something is draining me due to someone else's situation, I take time to meditate and analyze how it affects me. Suppose it's affecting me physically with stress or insomnia. In that case, I make sure I do something to alleviate it: go to a spa or disconnect from everything early to rest.

In defining self-compassion as treating oneself with the same compassion shown to others, P9 expressed the perception that self-compassion was necessary for being an effective military chaplain: "Be kind and have compassion for myself as I do for others: I must take care of me before I can take care of others. I can't give what I don't have." Like P9, P1 said of self-

compassion, “It’s allowing yourself to have the freedom to care for yourself so that you will be fully strengthened to care for others. Be kind to yourself, and you will be kind to others.” P7 expressed a similar perception to P9’s regarding the definition of self-compassion, stating, “Self-compassion is caring, having empathy on your very self.” P10 also answered the question of whether they engaged in self-compassion affirmatively, adding that their practice of self-compassion consisted of temporary disengagement from the suffering of others: “If my Savior could pull away from the ever-encroaching masses and all the needs of the world, I have Biblical, authoritative permission to do so, only for a measured time, then I need to get back in the fight.” P6 described self-compassion as praying for and appreciating oneself: “Every morning, before leaving the house for work, I talk to myself in the mirror, pray for myself and appreciate myself, speak kind words to myself, and respect myself.” For P4, self-compassion was the “ability not to be too hard on oneself. That is, the ability to forgive oneself and understand the human nature at work.”

As some previous responses indicated, the participants regarded self-compassion as necessary for their effectiveness as military chaplains. “It has to be beneficial,” P1 said of self-compassion. “If my cup is empty, I cannot offer a drink to someone else. If my cup is full, then I am positioned to meet the thirst of others.” P4 affirmed, “It is impossible to give what you do not have. So, the two approaches, self-kindness and self-compassion are beneficial in enhancing efficacy in care delivery.” “Not doing it may lead to burnout,” P9 said of self-compassion, “and when someone reaches that point, it is not helpful for them and therefore for anyone.”

The participants reported that they perceived self-compassion as an effective strategy for coping with and alleviating the distress they experienced when they shared the traumatized Soldiers' suffering. "The practice of self-compassion," P4 said, "is beneficial in coping with negative or painful emotion because it is easier to let go and let God take control and accept the frailty of human nature." P9 said that self-compassion helps in alleviating STS symptoms: "Practicing self-compassion helps us distance ourselves from a situation that is affecting us, our feelings, and even our body stressors, spasms, headaches, and so on." P10 described self-compassion as effective in letting go of emotions associated with STS:

> If you don't differentiate between [yourself and] those who are experiencing those negative and painful emotions, you become overwhelmed trying to "carry" everyone's issues, and you can no longer think, feel constructively, or step back and do some self-assessment or assessment of those you are working with.

As P10's just-quoted response suggests, one way in which participants practiced self-compassion was by working intentionally to assume an attitude of compassionate detachment regarding the suffering of the traumatized Soldiers. "I have learned to detach myself from Soldiers' sufferings without losing empathy," P4 said. P7 spoke of compassionate detachment as an intentional practice: "I always remind myself at the moment of care and support that the story is theirs and not mine. I tend to self-differentiate and not to be entangled with the Soldiers and family members' problems." P9 described detachment as fully compatible with caring: "Most of the time I can [detach], understanding that it is their situation, and even though I care for them, I may not allow it to affect my loved ones or me." P10 described compassionate detachment as

necessary: “If I become so enmeshed in their suffering and adopt a Messiah complex for every hurting individual I encounter, I will destroy the good I can do because I am letting it destroy me.”

The participants described mindfulness as a form of self-care through which they exercised self-compassion. P7 discussed the practice of mindfulness as an expression of spirituality and self-compassion:

> For me, practicing mindfulness is a great benefit when dealing with negative emotions. For instance, I turn to God and meditate on the words of the Bible. It is magical for me. Self-compassion is very vital in what I do daily.

Regarding the mindfulness practice and its effectiveness as a form of self-compassionate self-care, P1 said, “Mindfulness is a great way to connect to God, yourself, and your primary purpose in life. It can provide rest, rejuvenation, and restoration.” P4 described mindfulness as instrumental in detaching from negative emotions: “Mindfulness is potentially beneficial because it helps bring the emotions into focus and helps to name, identify, and sometimes externalize the feelings.” P9 also described mindfulness as a form of self-compassionate self-care: “Practicing mindfulness when coping with negative and painful emotions can be very beneficial to our peace of mind, our bodies, and our well-being.”

The participants thus described self-compassion as effective and necessary for maintaining their well-being and effectiveness as military chaplains. They reported using self-compassionate practices—mindfulness, compassionate detachment, empathizing with themselves, appreciating themselves, forgiving themselves—and engaging in self-care.

Conclusion

Two research questions guided this study. The first question is as follows: What are military chaplains' experiences with Soldiers and their family members' experiences of pain and suffering and their ability to demonstrate empathy and provide care for them? The two themes identified during data analysis were relevant to addressing this question. The first theme is as follows: empathizing with the traumatized Soldiers and their families' pain caused by STS. The participants reported that their role in assisting Soldiers and their families in dealing with trauma was to listen and empathize while the Soldiers recounted traumatic incidents and experiences of PTSD. The participants experienced significant stress and emotional pain while listening to the Soldiers. The pain they felt, the participants believed, resulted from sharing the suffering described by the Soldiers. All participants but one described coping with STS as a challenge that they had to cope with not only during counseling sessions but also after work.

The second theme is as follows: strategies for coping with STS included spirituality, self-reflection, and letting go. Listening to the traumatized Soldiers during counseling sessions, the participants reported, caused them to experience shared pain, and they needed coping strategies to alleviate it. For all participants, the primary coping strategy was spirituality. They engaged in praying, reflecting, studying the Scripture, meditating, and other spiritual practices. The participants further reported that letting go of the shared pain they experienced during and after the counseling sessions was an effective coping strategy, which they engaged in by reminding themselves that the pain of the trauma belonged to the Soldier and not to them.

Another part of letting go involved recognizing that the spiritual counseling they provided was not the only resource the traumatized Soldiers needed for their recovery. This reflection enabled them to remember that they were not solely responsible for the Soldiers' well-being. The participants noted, however, that they did not attempt to cut themselves off completely from the shared pain they experienced during and after counseling the traumatized Soldiers—instead, they only attempted to mitigate it enough so that it did not interfere with their well-being and effectiveness as military chaplains. They did not attempt to cut themselves off because they believed that that suffering made them more effective spiritual counselors.

The second research question is as follows: What are military chaplains' perceptions of self-compassion as a framework for self-care? This is the theme that addresses this question: that self-compassion was perceived as an effective strategy for reducing STS. The participants defined self-compassion as treating themselves with the same compassion with which they treated the Soldiers in their care. Self-compassion, the participants reported, was necessary for helping others and effectively reducing STS. One-way participants practiced self-compassion was by compassionately detaching from the suffering of the traumatized Soldiers, which enabled the participants to empathize and be of assistance without their well-being getting affected. Compassionate detachment was related to the coping strategy of letting go. Another way the participants engaged in self-compassion was through mindfulness practice. Chapter 5 discusses these findings and offers implications and conclusions based on them.

CHAPTER 5: CONCLUSION

Introduction

That the chaplains stationed at Schofield Barracks were inadequately trained to deal with the STS they experienced when helping Soldiers and their family members with trauma is the problem this study examined. The participants were found to listen to other people's hurts, pains, and sorrows, mending their wounds, but fail to care for themselves. The protracted distress they experienced while helping their traumatized clients left the participants emotionally depleted and with reduced motivation.[212] This finding is in line with that of previous studies.[213]

The literature on military chaplains' perception of self-compassion as a framework for self-care is limited—a gap this study addressed to ensure that chaplains can arm themselves with different strategies and better manage the STS they endure during interventions with their traumatized clients [214] Moreover, the study adopted a purposeful sampling technique, selecting

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[212] Karen Besterman-Dahan et al., *Bearing the Burden*, 151–68.

[213] Karen Alkema et al., *Astudy of the Relationship between Self-Care, Compassion Satisfaction Fatigue, and Burnout Among Hospice Professionals*, 101-19. Jason T. Hotchkiss and Ruth Lesher, *Factors Predicting Burnout among Chaplains: Compassion Satisfaction, Organizational Factors, and the Mediators of Mindful Self-Care and Secondary Traumatic Stress*, 86–98.

[214] Gary Morse et al., "Burnout in Mental Health Services: A Review of the Problem and Its Remediation," *Administration and Policy in Mental Health and Mental Health Services Research* 39, no. 5 (May 1, 2011): 341–52,https://doi.org/10.1007/s10488-011-0352-1. Juliana G. Breines and Serena Chen, *Self-Compassion Increases Self-Improvement Motivation*, 1133–43.

10 U.S military chaplains stationed at Schofield Barracks, Hawaii. The data, collected through semi-structured interviews with the participants, were transcribed verbatim into Microsoft Word documents, which were then imported as source files into the NVivo 12 computer-assisted qualitative data analysis software. The inductive and thematic procedure recommended by Terry and colleagues (2017)[215] was used for data analysis.

As chaplains, the participants' role, the findings revealed, was to carefully listen to the trauma of Soldiers and their families and offer appropriate help. While listening to these recounted traumatic incidents and PTSD experiences, the participants experienced significant stress and shared emotional pain—a pain for whose alleviation the participants turned to several coping strategies, chiefly spirituality.

Self-compassion was also found to be necessary for helping others and effectively reducing STS. By practicing compassionate detachment, related to the coping strategy of letting go of pain, toward the suffering of the traumatized Soldiers, the participants were able to empathize with them and be of assistance without the interaction hurting the participants' well-being. Finally, mindfulness practice was another way by which the participants engaged in self-compassion.

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[215] Terry et al,. *Thematic analysis*, 17-37.

Discussion of Findings

This chapter compares the results of the qualitative analysis with the previous studies reviewed in Chapter Two. The findings of this study are discussed based on the research questions and their relevant themes.

RQ1: What are military chaplains' experiences with traumatized Soldiers and their family members, and how do these experiences affect their ability to demonstrate empathy and provide care?"

Two themes were identified during data analysis: 1) empathizing with traumatized Soldiers and their families' pain caused STS, and 2) strategies for coping with STS included spirituality, self-reflection, and letting go.

Theme 1: Empathizing with the traumatized Soldiers and their families' pain caused STS

The results indicated that chaplains had the role of assisting Soldiers and their families in dealing with trauma by listening and empathizing while they (Soldiers and their families) told their stories. Participants also indicated that they experienced significant stress and emotional pain while listening to Soldiers recounting traumatic incidents and experiences of PTSD. Further, the findings showed that coping with STS was a challenge that chaplains had to cope with during the counseling sessions and after work in their personal lives.

The findings imply that chaplains experienced traumatic stress after assisting Soldiers and their families with their traumatic depression and pains resulting from war experiences, domestic abuse, and other traumatic situations. The results indicate that the painful experiences felt by Soldiers are transferred to chaplains who counsel Soldiers with painful military stories,

thereby potentially negatively affecting the chaplains' wellbeing. The findings are important because they provide critical information for understanding how Soldiers' pain caused the chaplain's STS.

This finding agrees with past studies. Drescher et al. (2018) indicated that the counseling services military chaplains offer traumatized Soldiers and their families expose the chaplains to frequent psychological painful experiences that produce fatigue and stress.[216] Effective chaplain care involves integrating one's personal life history and experiences with the longstanding moral and spiritual traditions of one's faith—an assertion Drescher et al. (2018) supported by reporting that pastoral caregivers tend to abandon themselves for the benefit of their patients, ignoring their own needs during personal hardship or failure, sowing the seeds for traumatic stress.[217]

Bonner et al. (2013) reported that Veterans with depression and PTSD are amenable to receiving help from chaplains and other providers.[218] The severity of PTSD symptoms was positively associated with the possibility of seeking the services of a spiritual counselor. However, these counselors were also found to experience symptoms of depression and PTSD.[219]

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[216] Kent Drescher et al., *A Qualitative Examination of VA Chaplains*, 2444–60.

[217] Ibid.

[218] Laura M. Bonner et al., "Help-Seeking from Clergy and Spiritual Counselors among Veterans with Depression and PTSD in Primary Care," *Journal of Religion and Health* 52, no. 3 (January 8, 2013): 707–18, https://doi.org/10.1007/s10943-012-9671-0.

[219] Ibid.

Overall, the findings of this study have successfully addressed the research question and contribute to the existing literature by providing crucial information regarding the challenges that military chaplains have to cope with both during and after their counseling sessions.

Theme 2: Strategies for coping with STS included spirituality, self-reflection, and letting go.

When listening to the Soldiers recount their traumas during counseling sessions, the participants experienced shared pain, which they needed to alleviate using coping strategies, chiefly spirituality. They also let go of the shared pain they experienced during and after the sessions, which was another effective coping strategy they engaged in by reminding themselves that the pain of the trauma belonged to the Soldier and not to them. However, they did not attempt to cut off themselves completely from the sympathetic suffering they experienced, believing that the suffering also made them more effective spiritual counselors. Moreover, to effectively counsel their clients, the chaplains engaged in praying, reflecting, scriptures, meditating, and other spiritual activities.

These findings have also been reported previously. In a recent study, Emily Wood, a research fellow at the University of Sheffield, and colleagues concurred with the current findings, indicating that chaplains offered pastoral and spiritual support and mental guidance and

treated the Soldiers' psychological distress by exploring individual spirituality.[220] The chaplains consider the overwhelming strength of spirituality the utmost protection against the source of the leading causes of suicides, substance abuse, domestic violence, IPV, and trauma among Soldiers and their family members.

Spirituality has also been positively correlated with gratitude, forgiveness, and empathy in older adults.[221] Spiritual well-being is negatively associated with life stress and positively associated with happiness and psychological well-being in older adults.[222] Chaplains explore their spirituality by emphasizing the essentiality of utilizing their inner strength, especially when they engage Soldiers with war-related trauma and underlying psychological problems.

These findings successfully address the research question and contribute to the literature by revealing how military chaplains counter the STS they experience after counseling sessions:

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[220] Emily Wood et al., "Service User Views of Mental Health Spiritual and Pastoral Care Chaplaincy Services," *Health and Social Care Chaplaincy* 0, no. 0 (November 21, 2020), https://doi.org/10.1558/hscc.40947.

[221] Sam A. Hardy et al., "Daily Religious Involvement, Spirituality, and Moral Emotions.," *Psychology of Religion and Spirituality* 6, no. 4 (November 2014): 338–48, https://doi.org/10.1037/a0037293.

[222] Rowold, J. (2011). Effects of spiritual well-being on subsequent happiness, psychological well-being, and stress. *Journal of Religion and Health, 50*(4), 950–963.

spirituality and other coping strategies. For these chaplains, a spiritually calibrated brain is foundational to sound and moral decision-making and actions.[223]

RQ2: What are military chaplains' perceptions of self-compassion as a framework for self-care?

One theme emerged during the data analysis for this research question. The following subsection discusses the findings of this theme.

Theme 3: Self-compassion was perceived as an effective strategy for reducing STS

The results indicated that self-compassion is an effective strategy chaplains use to treat themselves with the same compassion with which they treated the Soldiers in their care. Most participants stated self-compassion was necessary for helping others and effectively reducing STS after counseling sessions with Soldiers and their families. One-way participants practiced self-compassion was through a compassionate detachment toward the suffering of traumatized Soldiers, enabling them to empathize and be of assistance without reducing their wellbeing.

Another way participants reported that they engaged in self-compassion was through the intentional practice of mindfulness. The findings imply that chaplains were mindful of their well-being to reduce stress and trauma attributed to pain sharing with Soldiers and their families

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[223] Lisa Miller, "The Spiritual Child," June 2018, http://www.csmsg.org/wp-content/uploads/2018/06/The-Spiritual-Child_intro-4.pdf.

during counseling. Chaplains practiced self-compassion by detaching toward the suffering of traumatized Soldiers and their families as a strategy to reduce STS.

These findings are consistent with those of the previous literature on the necessity of self-compassion for helping others and its effectiveness in reducing STS after counseling sessions with Soldiers and their families. The findings also agree with Whiting et al. (2020) that effective chaplaincy is the ability of a chaplain to be mindful and become aware of how patients' stories trigger their emotions and memories.[224]

Mindfulness will help chaplains remain conscious of and receptive to newer and ever-changing emotions. It helps them stay calmly aware of their emotions triggered by various traumatic situations and remain dynamic to a Soldier's ever-changing momentary emotions. Since mindfulness and self-compassion improve listening skills, which help in better understanding a patient's emotions and thoughts, chaplains practicing mindfulness and self-compassion will be able to reflectively and vicariously feel and accurately understand their patients' pain and suffering. Susan and her colleagues (2021) also recommended self-care and self-compassion, given that self-care practice is an emerging and evolving profession concerned with a highly traumatic environment that predisposes counselors to different forms of trauma.[225]

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[224] Whiting et.al, *Military Chaplains and Intimate Partner Violence*, 1–17.

[225] Susan M. Knier, Julie L. Watson, and Jennifer O'Connor Duffy, "Effects of Mindful Self-Compassion Training on Increasing Self-Compassion in Health Care Professionals," *American Journal of Occupational Therapy* 75, no. Supplement_2 (August 1, 2021): 7512515315p1, https://doi.org/10.5014/ajot.2021.75s2-po315.

In summary, the findings successfully address the research question and contribute to the previous literature by providing critical information concerning self-compassion—practiced through compassionate detachment and mindfulness practice—as an effective strategy for reducing STS among military chaplains.

Table 5.1: Study Findings using the Themes

Research question	Study findings
RQ1 - Theme 1. Empathizing with traumatized Soldiers' and their families' pain caused STS	Participants experienced traumatic stress after assisting Soldiers and their families with their traumatic depression. The results indicate that the painful experiences felt by Soldiers are transferred to chaplains who counsel Soldiers with painful military stories, thereby potentially negatively affecting the chaplains' wellbeing.
RQ1 - Theme 2. Strategies for coping with secondary traumatic stress included spirituality, self-reflection, and letting go	Listening to traumatized Soldiers during counseling sessions, participants experienced shared pain, and they needed to use coping strategies to alleviate that pain. Spirituality was the primary coping strategy. Letting go of the shared pain they experienced during and after spiritual counseling sessions with traumatized Soldiers was an effective coping strategy Participants used prayers, reflecting, studying scriptures, meditating, and engaging in other spiritual activities for effective counseling among the Soldiers and their families.
RQ2 - Theme 3. Self-compassion was perceived as an effective strategy for reducing STS	Self-compassion is an effective strategy chaplains use to treat themselves with the same compassion with which they treated the Soldiers in their care.

Limitations of the Study and Recommendations for Future Research

There are some notable limitations in this study that can inform future research on the need to formulate a self-care plan for chaplains to reduce their pain after helping Soldiers and their families diagnosed with trauma through different interventions. Though the study's positives deserve to be highlighted—its random participant demography and its inclusion of a professional working sample (most of the past studies used student samples)—its limitations should be addressed in follow-up studies.

The first limitation concerns the demographics of the sample. Only military chaplains working with Soldiers were used in the study, which hinders the transferability of the findings to other populations of chaplains. Future studies are thus recommended to be conducted using different chaplain populations.

The second limitation concerns the study's single geographical setting—Schofield Barracks, Hawaii, United States—which may hinder the transferability of the findings to different geographical settings. The unique experiences of the 15 participants might not represent over 2,800 military chaplains the United States Army has. The study thus recommends that future studies be conducted in different graphical locations.

The study also focused on examining how the chaplains in their first and second, even to third, active-duty assignments engaged in self-compassion compared to others on their fourth to eight active-duty tours. Future studies are thus recommended to examine how chaplains who are on their first and second active-duty assignments cope with increased exposure to traumatic experiences through self-compassion training for self-care management and increased resilience.

Applying the MSC mental and physical wellness paradigm also has several shortcomings, the most significant one being some of the participants' aversion to change or refusal to respond to some components of the self-care and physical and mental well-being included in the framework. For example, some military chaplains were likely to consider the approach superfluous for dealing with the mental health concerns of deployed troops and were reluctant to engage in the care provided to their family members. This reluctance was probably because of their religious fundamentalism or extremism, which might have made them dismiss everything that did not directly connect to or arise from their religious views Future

Implications of the Study

This study has several implications for practice. The first implication is that the findings might be helpful to Soldiers and family members seeking therapeutic services from military chaplains. The Soldiers and their families may use these findings to understand the chaplains' importance and the challenges they go through. The Soldiers may also understand coping strategies to manage stress and painful experiences encountered in garrison and during the war.

Another implication is that military chaplains may use these findings to understand the challenges encountered and the strategies to cope with traumatic stress experienced during and after counseling sessions of the Soldiers and their families. The government may also find these results helpful because they may help make and implement policies on how to manage Soldiers from war and the welfare of their families. The DoD may find the results helpful resources for her personnel going through pain and suffering.

The findings may also inspire the Chaplain Corps in various military branches (Army, Navy, and the Air Force) to include self-compassion education as part of the earlier training military chaplains receive at Basic Officers Training. Moreover, spiritual leaders may also use the findings to understand the requirements of becoming military chaplains and the expected challenges of the profession.

Finally, by studying the findings, military chaplains can better understand the challenges they encounter daily, learn appropriate strategies to cope with the STS they experience during and after counseling sessions, and come away with a better picture of their role in the lives of traumatized Soldiers and their families.

Conclusion

The problem addressed in this study was that chaplains stationed at Schofield Barracks were inadequately trained to deal with the pain they experienced when helping Soldiers and their family members with trauma. This study aimed to determine a need to formulate a self-care plan for chaplains at Schofield Barracks to reduce their pain after helping Soldiers and their families diagnosed with trauma through different interventions. The analysis procedure applied to the data was the inductive, thematic procedure recommended by Terry et al. (2017). The findings demonstrated that chaplains assisting soldiers and their families experienced significant stress and emotional pain while listening to their clients' traumatic stories.

Military chaplains used strategies such as spirituality and self-compassion to cope with secondary traumatic stress. Self-compassion through a compassionate detachment helped military chaplains reduce stress. These findings are significant to this study because they indicate

the need for self-care among military chaplains counseling soldiers and their families regarding their traumatic stress experiences. This study help understands the concept of the importance of self-care among chaplains who counsels soldiers rather than only focusing on their clients' needs.

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APPENDIX A

Interview Questions

I. Filtering question.

1. Have you ever counseled or provided care and support to traumatized Soldiers or family members who experienced pain and suffering in the military? If yes, continue with the interview. If no, stop.
2. How many years of military service as a chaplain do you have, and what is your rank?
3. How many military assignments have you had as a chaplain?
4. Do you have an education or specialized training on mindful self-compassion? If yes, discuss briefly.
5. How many Soldiers and family members (approximately) suffering from trauma, pain have you counseled during your career as a military chaplain - to the best of your recollection.
6. Do you have any other ministry experience that focuses on self-care? If yes, discuss briefly.

II. Examining military chaplains' experience with Soldiers' and family members experiencing pains and suffering and their ability to demonstrate empathy and provide care for them.

1. How would you describe your role as a chaplain and counselor to traumatized Soldiers and their families? (Follow-up question: probe about empathy if not mentioned spontaneously).
2. In what ways can it be challenging for you to cope with your own emotions when you empathize with traumatized Soldiers and their families?
3. How do the emotions you experience when you empathize with traumatized Soldiers and their families influence your self-perception?
4. Do you suffer in any way after hearing the experiences of the Soldier? If yes, explain. If no, why?
5. Do you believe that you have all that is required to alleviate their suffering (s)?
6. Do the suffering and pain experienced by Soldiers and their families trigger any negative emotions in you? If yes, explain how?
7. How do you feel as Soldiers and family members narrate their horrifying experience(s)?
8. How do you feel when they leave after narrating their horrifying experience(s)?
9. Research suggests that caregivers are prone to second traumatic stress (STS). What strategies and supports do you use to cope with any negative or painful emotions you might experience when you empathize with traumatized Soldiers and their families? Explain.

10. Is there a guiding framework on how you care for yourself after providing care for the traumatized Soldiers and family members?
    - If yes, could you talk more about it?
    - If no, do you think it is important, and what should it include?
11. Spirituality is a pertinent trait of chaplains. How would you describe spirituality and its potential or actual benefits for coping with any negative or painful emotions you might experience when you empathize with traumatized Soldiers and their families?
12. Are you aware of your inner pains and traumas when dealing with Soldiers and family members who experience pain and suffering?
    - If yes, how?
    - If no, explain because research explains otherwise.
13. If aware, what do you do to ensure they do not affect your well-being, and how do you interact with the Soldiers coming to you for help?
14. Do you have time for yourself and reflect on these Soldiers' stories on you?
    - If yes, how do you go about it, and does it help?
    - If no, do you think this reflection is needed? Why?

III. Understanding military chaplains' perception of self-compassion as a framework for self-care.

Self-compassion has the same qualities as compassion for others but turns inward. It is not selfish or self-centered. It gives an individual the emotional resources needed to care for others. Self-compassion can be conceptualized as openness to and acceptance of one's pain, the desire to ease one's pain with kindness, and an understanding that one's failures and shortcomings are a common characteristic of the human experience. It is a pathway for individuals to respond to suffering from kindness emotionally. Rather than being judgmental, they cognitively understand their predicament as part of the human experience and pay attention to pain by being mindful rather than overly identified. Self-compassion is important for chaplains as they provide care to their clients in that it does not mean neglecting or rejecting negative thoughts or experiences. Rather, it is about being aware of these experiences without being consumed by common humanity.

1. Do you train in psychology programs that you can apply when dealing with traumatized Soldiers and families? If yes, briefly discuss.
2. Are you able to maintain a rationale perspective to, and detach from, Solders' sufferings? If no, do you think that training would help?
3. What do you understand by the terms self-kindness and self-compassion?
4. Do you apply self-compassion as a framework for self-care as you interact with agonizing Soldiers and family members? If yes, explain.
5. Do you know of anyone who applies self-kindness and compassion?

6. (*For those who are aware of what self-kindness and self-compassion entails*) Do you believe that these two approaches used for enhancing efficacy in care delivery are beneficial? Explain.
7. (*For those without knowledge about self-compassion*) What do you think would help a chaplain alleviate their inner pains and traumas due to interactions with these soldiers?
8. How would you describe the practice of mindfulness and its potential or actual benefits for coping with any negative or painful emotions you might experience when you empathize with traumatized Soldiers and their families?
9. How would you describe the practice of self-compassion and its potential or actual benefits for coping with any negative or painful emotions you might experience when you empathize with traumatized Soldiers and their families?
10. What are the actual or potential barriers to military chaplains practicing mindful self-compassion?

APPENDIX B

Consent

Title of the Project: Self-compassion education, a framework for Self-care plan for Military Chaplains: A Qualitative Study

Principal Investigator: Opeyemi Samuel Oluwafisoye

Invitation to be Part of a Project Study

You are invited to participate in a project study. To participate, you must be a military chaplain stationed at Schofield Barracks, Hawaii. You are in the past or currently providing care and support, counseling to Soldiers suffering from the trauma inflicted during military service. You must have been in this position for at least one year. Taking part in this project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this project.

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

The purpose of the study is to formulate a self-care plan for chaplains at Schofield Barracks to reduce their pain after helping Soldiers and their families diagnosed with trauma through different interventions.

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. Participate in a one-on-one interview that will be conducted through the online videoconference application Zoom at the time of each participant selected.

2. The interview will be audio-recorded using Zoom's integrated audio-recording feature and is expected to last not more than 45 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society include creating awareness to better understand the need for self-care/self-compassion training in to maintain emotional stability.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Project records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of codes. Interviews will be conducted in a location 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
- Interviews and focus groups will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings. Interviews will be recorded and transcribed. Recordings will be password protected and will be stored on an external hard drive for three years and then erased. Only the researcher and the faculty chair (as needed) will have access to these recordings. Any physical transcriptions of the interviews will be stored inside a locked cabinet, to which only the researcher has access.
- Confidentiality in both the interview and the focus group setting are guaranteed. While discouraged, other members of the focus group will not 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 or not to participate will not affect your current or future relations with Liberty University or the United State Army. If you decide

to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

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

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus 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 Opeyemi Samuel Oluwafisoye. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [redacted] or [redacted]. You may also contact the researcher's faculty sponsor, Dr. Jacob Dunlow, at [redacted]

Whom do you contact if you have questions about your rights as a project 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.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects project will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

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

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

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

_____

Printed Subject Name

_____

Signature & Date

APPENDIX C

Permission Request

18 February 2022

[redacted]

Dear Sir,

As a graduate student in the Department of Christian Leadership and Church Ministries at Liberty University, I am conducting a project to understand better chaplains' perception of self-compassion as a self-care strategy. The title of my project is **Self-compassion education, a framework for Self-care plan for Military Chaplains: A Qualitative Study,** and the purpose of my project is to formulate a self-care plan for chaplains at Schofield Barracks to reduce their pain after helping Soldiers and their families diagnosed with trauma through mindful self-compassion intervention.

I am writing to request your permission to contact 25th Infantry Division Chaplains through the centralized Unit Ministry Team (UMT) distribution list to invite them to participate in my project study. Participants will be presented with informed consent information before participating. 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, please respond by email to [redacted]. A permission letter document is attached for your convenience.

Very Respectfully,

CH (CPT) Opeyemi Oluwafisoye

APPENDIX D

Recruitment Email

Dear Fellow Chaplain:

As a Doctoral Candidate in the School of Divinity at Liberty University, I am conducting project as part of the requirements for a Doctor of Ministry Degree. The purpose of my project is to formulate a self-care plan for chaplains at Schofield Barracks to reduce their pain after helping Soldiers and their families diagnosed with trauma or going through suffering. The proposed study problem exists because of a lack of self-compassion, where chaplains consciously or unconsciously deny themselves a quality self-care. Therefore, I am writing to invite eligible participants to join my study.

Participants must be military chaplains stationed at Schofield Barracks, Hawaii, who counsel Soldiers going through pain, suffering, and trauma irrespective of their faith- heritage, sexual orientation, and rank. Participants, if willing, will be asked to take part in an interview via Zoom with the researcher. The interview will take forty-five minutes to complete. Participation will be completely anonymous, and no personal, identifying information will be collected. All interviews will be recorded to gain verbatim quotes for this study, and names or other identifying information will be requested as part of this study, but the information will remain confidential.

A consent document is attached to this email. The consent document contains additional information about my project. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview. If you have any questions, you may call me at my cell number: [redacted] or contact me via email: [redacted].

Thank you so much for your consideration of this important study.

Very Respectfully,

Opeyemi S. Oluwafisoye

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APPENDIX E

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 16, 2022

Oluwafisoye Opeyemi
Jacob Dunlow

Re: IRB Application - IRB-FY21-22-726 Self-compassion education, a framework for Self-care plan for Military Chaplains: A Qualitative Study

Dear Oluwafisoye Opeyemi and Jacob Dunlow,

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 does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

(1) Your project will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46. 102(l).

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

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word research with the word project throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office